



## Case Study

### AYURVEDIC MANAGEMENT OF ALCOHOL-INDUCED HYPERSENSITIVITY (AAHAR ASATMYATA): A LONGITUDINAL CLINICAL CASE REPORT

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#### Article info

##### Article History:

Received: 23-02-2026

Accepted: 19-03-2026

Published: 10-04-2026

##### KEYWORDS:

Hypersensitivity,  
Hypotension,  
Aahar Asatmya,  
Agnimandya,  
Amla.

#### ABSTRACT

Alcohol-induced hypersensitivity is characterized by symptoms such as flushing, palpitations, hypotension, and heat sensation following alcohol intake. It is primarily associated with histamine intolerance, mast cell activation, and impaired alcohol metabolism due to aldehyde dehydrogenase deficiency, leading to the accumulation of acetaldehyde and exaggerated vascular responses. Hepatic dysfunction further contributes by impairing detoxification mechanisms. In Ayurveda, this condition can be correlated with *Aahar Asatmya*, where incompatible dietary intake leads to systemic imbalance. Alcohol (*Madya*), being *Ushna* and *Tikshna*, aggravates *Pitta* and vitiates *Rakta*, especially in the presence of *Agnimandya*. This results in *Ama* formation, *Yakrit Dushti*, and *Srotorodha*, manifesting as hypersensitivity reactions and various autonomic disturbances in the body. **Objective:** To evaluate the effectiveness of Ayurvedic management in alcohol-induced hypersensitivity and to assess restoration of metabolic tolerance. **Materials and Methods:** A 34-year-old male patient presenting with alcohol-induced redness of eyes, palpitations, hypotension, and heat sensation, along with Grade 1 fatty liver, was treated with a structured Ayurvedic management protocol. The treatment included *Pitpapra*, *Bhoomi Amla*, *Anthra Mithram Gulika*, *Triphala*, and other supportive formulations administered over multiple follow-ups, along with dietary and lifestyle modifications. **Results:** The patient showed progressive and sustained improvement. Complete tolerance to alcohol was achieved during intermediate follow-ups without hypersensitivity reactions. Occasional mild relapses associated with dietary triggers were noted but resolved spontaneously. Overall, there was a marked reduction in symptom frequency and severity, along with improved metabolic stability.

#### INTRODUCTION

Alcohol-induced hypersensitivity is a clinically significant, yet under-recognized condition characterized by symptoms such as facial flushing, redness of the eyes, palpitations, hypotension, and generalized heat sensation following alcohol consumption. Unlike classical IgE-mediated allergic reactions, this condition is predominantly non-immunological and arises due to underlying biochemical and metabolic disturbances.<sup>[1]</sup>

From a modern biomedical perspective, impaired ethanol metabolism plays a central role in its pathogenesis. Reduced activity of aldehyde dehydrogenase (ALDH) leads to accumulation of acetaldehyde, a toxic metabolite responsible for vasodilation, tachycardia, and autonomic instability.<sup>[1,2]</sup> Additionally, alcohol can induce mast cell degranulation, resulting in histamine release, which contributes to flushing, hypotension, and hypersensitivity-like reactions.<sup>[3,4]</sup> Histamine intolerance further exacerbates this condition, as alcohol either contains histamine or inhibits diamine oxidase (DAO), thereby increasing circulating histamine levels.<sup>[3]</sup> Chronic alcohol exposure also affects hepatic detoxification pathways and lipid metabolism, often presenting with early changes such

Access this article online	
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	<a href="https://doi.org/10.47070/ijapr.v14i4.4077">https://doi.org/10.47070/ijapr.v14i4.4077</a>
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as fatty liver, which further aggravates metabolic imbalance.<sup>[5,6]</sup>

In clinical practice, such presentations are frequently observed in individuals who develop reproducible adverse reactions even with small quantities of alcohol, often requiring antihistaminic support and lifestyle restrictions.<sup>[3]</sup> The presence of associated hepatic changes, such as Grade 1 fatty liver with otherwise normal biochemical parameters, further supports the role of functional metabolic disturbance rather than structural pathology.<sup>[5]</sup> From an Ayurvedic perspective, this condition can be correlated with *Aahar Asatmya*, wherein the body exhibits intolerance to incompatible or unsuitable dietary substances.<sup>[7]</sup> Continuous exposure to such *Asatmya Ahara* leads to impairment of *Agni* (digestive fire), resulting in *Agnimandya* and subsequent formation of *Ama*, a toxic metabolic intermediate.<sup>[7,8]</sup> This *Ama* circulates within the body and vitiates *Doshas*, particularly *Pitta* and *Rakta*, producing systemic manifestations.<sup>[7]</sup>

Alcohol (*Madya*) is described in Ayurvedic texts as possessing *Ushna* (hot), *Tikshna* (sharp), *Ashu* (rapidly acting), and *Vyavayi* (quickly spreading) properties.<sup>[7,8]</sup> These attributes facilitate rapid systemic distribution and potent physiological effects. When consumed improperly or in individuals with reduced tolerance, it leads to aggravation of *Pitta Dosh* and vitiation of *Rakta Dhatu*.<sup>[7,8]</sup> Clinically, this manifests as *Daha* (burning sensation), *Hridaya Spandana* (palpitations), *Netra Roga* (redness of eyes), and *Bhrama* (giddiness), which closely resemble the features of alcohol-induced hypersensitivity observed in contemporary clinical settings. The pathogenesis (*Samprapti*) can be understood as a sequential process beginning with *Agnimandya*, followed by *Ama* formation, leading to *Pitta* and *Rakta Dushti*, and subsequent *Srotorodha* (microchannel obstruction). This ultimately results in systemic hypersensitivity reactions and autonomic disturbances. In chronic cases, involvement of *Rasa* and *Rakta Dhatu* further compromises the body system and predisposes to recurrent episodes.<sup>[7,8]</sup>

Management in Ayurveda is based on correction of the underlying pathophysiology (*Samprapti*) rather than symptomatic suppression. Therapeutic principles include *Agnideepana* (enhancement of digestive function), *Ama Pachana* (metabolic detoxification), *Pitta Shamana* (pacification of aggravated *Pitta*), *Rakta Prasadana* (purification and stabilization of blood), and *Yakrit Shodhana* (support of hepatic function).<sup>[7,8,9]</sup> Along with this, *Rasayana* therapy and strict adherence to *Pathya-Apathya* (dietary and lifestyle measures) play a crucial role in restoring homeostasis and preventing recurrence. Considering the limitations of modern approaches,

which primarily focus on symptomatic management through antihistamines and avoidance strategies without addressing the underlying metabolic dysfunction, Ayurveda provides a comprehensive and causative approach. Therefore, the present case study evaluates the effectiveness of an Ayurvedic therapeutic protocol in a patient presenting alcohol-induced hypersensitivity associated with functional hepatic involvement, to restore metabolic tolerance and prevent recurrence.

## Case Presentation

### Patient Details

- Age/Sex: 34 years / Male
- Date of case initiation: 08/05/2025
- Treating institution: Institute of Applied Food Allergy (IAFA), India.
- Consent: Written informed consent for case publication was obtained from the patient.

### Chief Complaints

- Recurrent alcohol-induced hypersensitivity reactions are characterized by redness of the eyes, palpitations, hypotension, and generalized heat sensation.
- Symptoms triggered specifically after alcohol consumption.
- Dependence on antihistamine medication for symptomatic relief.
- Episodes associated with discomfort and inability to tolerate alcohol intake.
- Occasional aggravation with dietary factors (e.g., heavy or incompatible food intake along with alcohol).

### Diagnosis

**Modern Diagnosis:** Alcohol-induced hypersensitivity (alcohol intolerance) associated with autonomic symptoms and histamine-mediated response, with Grade 1 fatty liver.

### Ayurvedic Diagnosis

*Aahar Asatmya* (dietary incompatibility) with *Pitta-Rakta Dushti* and involvement of *Yakrit* (liver), leading to systemic hypersensitivity manifestations.

### Triggers

- Alcohol consumption (primary trigger)
- Type and quantity of alcohol (variation in response observed with different beverages).
- Intake of incompatible or heavy food along with alcohol.
- Possible contribution of metabolic status and digestive impairment.

### Associated Findings

- Liver function tests: Within normal limits
- Sonography: Normal

- Fatty Liver: Grade 1 detected
- No major structural pathology identified.
- Functional metabolic disturbance suspected.

**Clinical Course Before Treatment**

- Persistent hypersensitivity reactions following alcohol intake.
- Reliance on antihistamines for symptom control.
- No long-term resolution despite symptomatic management.
- Recurrent episodes affecting quality of life.

**MATERIALS AND METHODS**

**Intervention Protocol**

The patient received a personalized Ayurvedic intervention comprising internal herbal medications, metabolic correction therapy, and dietary-lifestyle regulation. The treatment protocol was designed to correct underlying metabolic dysfunction, reduce hypersensitivity reactions, support hepatic function, and restore systemic tolerance to alcohol. The therapeutic approach focused on *Agnideepana* (enhancing digestive and metabolic function), *Ama Pachana* (elimination of metabolic toxins), *Pitta*

*Shamana* (pacification of aggravated *Pitta*), and *Yakrit Shodhana* (hepatic detoxification). *Rasayana* support was incorporated in later phases to improve tissue resilience and prevent recurrence. Clinical monitoring was carried out through regular follow-ups, assessing symptom frequency, severity, alcohol tolerance, digestive status, and overall well-being. Progressive response to alcohol exposure was used as a key indicator of treatment efficacy.

**Ayurvedic Diagnosis**

Based on the clinical presentation of alcohol-induced redness of eyes, palpitations, hypotension, and systemic heat sensation, along with chronic recurrence and metabolic involvement, the condition was diagnosed as *Aahar Asatmya* with predominance of *Pitta-Rakta Dushti* and involvement of *Yakrit*.

The pathogenesis involved impaired *Agni*, leading to *Ama* formation, followed by vitiation of *Pitta* and *Rakta*, and subsequent systemic hypersensitivity response. Functional disturbance of hepatic metabolism further contributed to disease progression.

**Table 1: Samprapti Ghataka (Pathogenesis Factors)**

Samprapti Ghataka (Pathogenesis factors)	Evaluation
Dosha	<i>Pitta</i> dominant with <i>Rakta</i> involvement, <i>Vata</i> association in autonomic symptoms.
Dushya	<i>Rasa</i> and <i>Rakta</i> indicate circulatory and metabolic involvement.
Srotas	<i>Rasavaha</i> , <i>Raktavaha</i> , <i>Annavaha Srotas</i>
Srotodushti	<i>Sanga</i> (functional obstruction) due to <i>Ama</i> and metabolic imbalance.
Agni	<i>Manda Agni</i> leads to improper metabolism and toxin accumulation.
Udbhava Sthana	<i>Amasaya</i>
Adhithana	<i>Yakrit</i> (liver)
Vyaktasthana	Systemic (circulatory manifestations like flushing, palpitations).
Roga Marga	<i>Abhyantara Marga</i>

**Ayurvedic Treatment Protocol**

Treatment was initiated on 08 May 2025 and continued in a phased manner over multiple follow-ups.

- Internal medications targeting *Pitta Shamana*, *Ama Pachana*, and *Yakrit Shodhana*, including *Pitpapa Swaras*, *Bhoomi Amla*, *Anthra Mithram Gulika*, *Triphala*, and supportive formulations.
- Addition of detoxifying and metabolic-correcting formulations such as *Skin Beau Tea* and *Aam Visha* balance during progression.
- Incorporation of *Rasayana* and metabolic stabilizing agents such as *Aahar Amrutham* and *Changeri* in later phases.

- Gradual reintroduction of alcohol under observation to assess restoration of tolerance.
- Continuous dietary and lifestyle regulation to support metabolic correction and prevent recurrence.

**Diet and Lifestyle Advice (Pathya and Apathya)**

A structured dietary and lifestyle regimen was advised to support the therapeutic outcomes and prevent recurrence. The patient was recommended to follow a light, warm, and easily digestible diet to enhance *Agni* (digestive and metabolic function). Regular meal timings were emphasized, with strict avoidance of fasting, overeating, and irregular eating habits, as these contribute to *Agnimandya* and *Ama*

formation. Supportive dietary measures included the intake of fennel water, coconut water, and buttermilk processed with roasted cumin to aid digestion and maintain hydration. Foods known to aggravate *Pitta*, such as spicy, sour, fermented, and excessively heat-producing items, were strictly restricted. Additionally, coffee, carbonated beverages, and incompatible food combinations were avoided to minimize metabolic

stress and hypersensitivity triggers. Lifestyle modifications included stress management through practices such as meditation and *Pranayama*, along with maintenance of adequate hydration and a regular sleep routine. These measures collectively aim to restore metabolic balance, improve digestive efficiency, and enhance systemic tolerance.

### Ayurvedic Treatment Follow-up Protocol

**Table 2: Treatment Follow-up Protocol**

Date	Phase	Clinical Outcome	Treatment Prescribed	Mode of Action
08/05/2025	Acute phase (Initiation)	Severe alcohol hypersensitivity: redness, palpitations, hypotension, heat sensation.	<i>Pitpapra Swaras</i> , <i>Bhoomi Amla</i> capsules, <i>Anthra Mithram Gulika</i> no.2, liver cleanse capsules, <i>Triphala</i> capsules.	<i>Pitta Shamana</i> , <i>Rakta Prasadana</i> , <i>Yakrit Shodhana</i> , <i>Ama Pachana</i> , correction of <i>Agnimandya</i> .
06/06/2025	Early response phase	Alcohol intake- No reaction observed.	Same as above, along with Skin Beau Tea	Enhanced <i>Ama Pachana</i> , deeper detoxification, metabolic correction, improved hepatic processing.
16/07/2025	Stabilization phase	Alcohol intake- No reaction sustained.	Same treatment continued (including Skin Beau Tea).	Maintenance of corrected <i>Agni</i> , stabilization of <i>Pitta-Rakta</i> , and prevention of hypersensitivity response.
15/08/2025	Corrective phase (relapse management)	Mild symptoms (body heat) after whiskey intake.	<i>Pitpapra Swaras</i> , <i>Bhoomi Amla</i> , <i>Anthra Mithram</i> , <i>Aahar Amrutham</i> capsules, <i>Triphala</i> , <i>Aam Visha</i> balance tablets.	Targeted <i>Ama Pachana</i> , <i>Rasayana</i> , immunomodulation, and correction of residual metabolic toxins.
06/09/2025	Adaptive phase	Alcohol tolerated, mild episode with food combination resolved spontaneously.	<i>Pitpapra</i> capsules, <i>Bhoomi Amla</i> , <i>Anthra Mithram</i> (reduced dose), <i>Changeri</i> capsules, <i>Triphala</i> , <i>Aahar Amrutham Gulika</i> .	Gut-level correction ( <i>Annavaha Srotas</i> ), improved digestion, adaptation to triggers, and strengthening tolerance.
21/10/2025	Maintenance phase	Reaction triggered by different alcohol brands (external trigger).	Same regimen continued	Sustained <i>Pitta</i> balance, continued <i>Rasayana</i> , and prevention of relapses due to external factors.
20/11/2025	Stable maintenance phase	No significant symptoms.	Same medicines continued	Long-term stabilization of metabolism and immune tolerance.
22/12/2025	Tapering phase	Stable, no hypersensitivity.	Same medicines with reduced dose (once daily).	Sustained remission, gradual withdrawal, preservation of <i>Agni</i> and <i>Dhatu bala</i> .

**RESULTS**

**Monthly Progress and Clinical Status**

**Table 3: Chronological Clinical Progress**

Date	Clinical Status
08-05-2025	Severe hypersensitivity, redness, palpitations, hypotension, heat sensation, and alcohol intolerance.
06-06-2025	No reaction after alcohol intake, marked improvement.
16-07-2025	Sustained tolerance, no symptoms
15-08-2025	Mild heat sensation after whiskey
06-09-2025	Alcohol tolerated, one mild episode with food
21-10-2025	Occasional reaction to different alcohols
20-11-2025	Stable, no major symptoms
22-12-2025	Complete stability, no hypersensitivity

**Symptom Severity Scoring System**

To objectively assess clinical improvement, a symptom severity scale was applied:

Score	Severity
0	No symptoms
1	Mild
2	Moderate
3	Severe

**Quantitative Symptom Analysis**

**Table 4: Symptom Severity Score Over Time**

Date	Redness	Palpitations	Hypotension	Heat Sensation	Overall Score
08-05-2025	3	3	2	3	11 (Severe)
06-06-2025	0	0	0	0	0 (No symptoms)
16-07-2025	0	0	0	0	0 (No symptoms)
15-08-2025	0	0	0	1	1 (Mild)
06-09-2025	0	0	0	1	1 (Mild)
21-10-2025	1	0	0	1	2 (Mild)
20-11-2025	0	0	0	0	0 (No symptoms)
22-12-2025	0	0	0	0	0 (No symptoms)

**Alcohol Tolerance Assessment**

**Table 5: Functional Outcome (Tolerance Restoration)**

Phase	Alcohol Tolerance
Baseline	Completely intolerant
Early phase (June)	Fully tolerated (no reaction)
Mid phase (Aug-Sept)	Mild occasional reaction
Late phase (Oct-Dec)	Stable tolerance
Final outcome	Complete tolerance restored

**Symptom-wise Comparative Outcome****Table 6: Before vs After Treatment**

Parameter	Before Treatment	After Treatment
Redness of the eyes	Severe, frequent	Absent
Palpitations	Present	Absent
Hypotension	Present	Absent
Heat sensation	Severe	Occasional to absent
Alcohol tolerance	Absent	Fully restored
Antihistamine use	Required	Not required
Digestive function	Impaired	Improved
General well-being	Disturbed	Normal

**Clinical Progression**

A clear declining trend in symptom severity was observed over the treatment period. The overall symptom score reduced sharply from 11 (severe) at baseline to 0 (no symptoms) within one month of treatment, indicating a rapid therapeutic response. Sustained remission was observed in subsequent follow-ups, with only minor and transient increases in symptom score during the mid-treatment phase, primarily associated with external triggers such as the type of alcohol or dietary combinations.

This demonstrates rapid initial response due to *Pitta Shamana* and detoxification, then transient fluctuations due to residual *Ama* and trigger exposure; long-term stabilization occurs due to *Rasayana* and metabolic correction.

**Clinical Analysis**

The progressive reduction in symptom severity scores, along with restoration of alcohol tolerance, indicates effective correction of underlying metabolic dysfunction. The early disappearance of symptoms suggests rapid detoxification and *Pitta* balancing, while sustained improvement reflects stabilization of *Agni* and resolution of *Ama*.

The ability of the patient to tolerate alcohol without hypersensitivity reactions in later stages demonstrates restoration of hepatic processing and improved gut-liver axis function. Mild relapses observed during the treatment course were self-limiting and highlighted improved physiological resilience rather than disease persistence.

**Summary of Outcomes**

- Symptom severity reduced from severe to absent.
- Alcohol tolerance completely restored.
- No dependence on antihistamines.
- Improved digestive and metabolic function.
- Sustained remission with minimal relapse.

**DISCUSSION**

This case report describes the Ayurvedic management of alcohol-induced hypersensitivity in a 34-year-old male patient presenting with recurrent

flushing, palpitations, hypotension, and systemic heat sensation following alcohol intake, along with Grade 1 fatty liver. Such conditions are managed symptomatically through antihistamines and strict avoidance of alcohol, without addressing the underlying metabolic dysfunction.<sup>[3]</sup> In contrast, the present case was managed using a personalized Ayurvedic protocol focusing on correction of *Aahar Asatmya*, *Agni Dushti*, and *Pitta-Rakta* imbalance, along with hepatic support.<sup>[7,8]</sup>

Over a treatment period of approximately 7-8 months, the patient demonstrated rapid symptomatic improvement, early restoration of alcohol tolerance, and sustained clinical stability. The absence of hypersensitivity reactions during subsequent alcohol exposure and elimination of antihistamine dependence indicates effective correction of the underlying pathophysiology rather than mere symptomatic suppression.

**Pathophysiological Understanding****Modern Perspective**

Alcohol-induced hypersensitivity is primarily a functional disorder involving impaired ethanol metabolism and exaggerated physiological responses. Deficiency or reduced activity of aldehyde dehydrogenase (ALDH) leads to the accumulation of acetaldehyde, which causes vasodilation, tachycardia, and hypotension.<sup>[1-2]</sup> Additionally, alcohol can trigger mast cell degranulation, resulting in histamine release, further contributing to flushing and hypersensitivity reactions.<sup>[3-4]</sup> Histamine intolerance is another contributing factor, wherein alcohol either introduces exogenous histamine or inhibits diamine oxidase (DAO), leading to increased circulating histamine levels.<sup>[3]</sup> Hepatic dysfunction, even in mild forms such as Grade 1 fatty liver, further compromises detoxification capacity and contributes to metabolic imbalance. Thus, the condition represents a combination of metabolic impairment, immune dysregulation, and autonomic instability.<sup>[5-6]</sup>

**Ayurvedic Perspective**

From an Ayurvedic perspective, the condition closely correlates with *Aahar Asatmya*, wherein incompatible dietary intake leads to systemic intolerance. The repeated intake of *Asatmya Ahara* results in *Agnimandya*, leading to *Ama* formation, which acts as a pathological substrate. Alcohol (*Madya*), being *Ushna*, *Tikshna*, and *Vyavayi*, aggravates

*Pitta Dosha* and vitiates *Rakta Dhatu*, producing symptoms such as *Daha*, *Netra Raga*, and *Hridaya Spandana*. The involvement of *Yakrit* aligns with its central role in *Rakta* metabolism. The pathogenesis can be summarized as *Agnimandya*, *Ama* formation, *Pitta-Rakta Dushti*, *Srotorodha*, and hypersensitivity manifestations.<sup>[7-8]</sup>

**Table 7: Phase-wise Therapeutic Strategy**

Phase	Clinical Focus	Mode of action	Expected Effect
Phase 1	Active hypersensitivity	<i>Pitta Shamana</i> and <i>Ama Pachana</i> .	Rapid symptom relief.
Phase 2	Early tolerance	Detoxification and metabolic correction.	Restoration of alcohol tolerance.
Phase 3	Mild relapse phase	<i>Rasayana</i> and deeper correction.	Stabilization and resilience.
Phase 4	Maintenance	<i>Rasayana</i> and dose tapering.	Sustained remission

**Pharmacological and Therapeutic Interpretation of Formulations<sup>[10-13]</sup>**

Formulation	Key pharmacological actions	Ayurvedic actions	Clinical outcomes
<i>Pitpapa</i>	Anti-inflammatory, cooling effect	<i>Pitta Shamana</i> , <i>Rakta Prasadana</i>	Reduces heat, flushing, hypersensitivity
<i>Bhoomi Amla</i> ( <i>Phyllanthus niruri</i> )	Hepatoprotective, antioxidant	<i>Yakrit Shodhana</i> , <i>Pittaghna</i>	Improves liver metabolism and detoxification
<i>Anthra Mithram Gulika</i>	Digestive stimulant, detoxifying	<i>Deepana</i> , <i>Pachana</i> , <i>Ama Nashaka</i>	Corrects <i>Agni</i> and reduces toxin load
<i>Triphala</i>	Antioxidant, gut regulator	<i>Rasayana</i> , <i>Anulomana</i>	Improves digestion and systemic balance
Skin Beau Tea	Detoxifying, anti-inflammatory	<i>Ama Pachana</i> , <i>Pitta balancing</i>	Enhances metabolic correction
<i>Aam visha</i> Balance	Detoxification support	<i>Ama Pachana</i>	Removes residual metabolic toxins
<i>Aahar Amrutham</i>	Immunomodulatory, adaptogenic	<i>Rasayana</i> , <i>Balya</i>	Enhances tolerance and prevents relapse
<i>Changeri</i>	Digestive regulator	<i>Deepana</i> , <i>Pachana</i>	Supports gut-level correction

**Mechanism of Action**

The observed clinical improvement can be attributed to a multi-level therapeutic action:

- Metabolic correction: Restoration of *Agni* leading to proper digestion and metabolism.
- Detoxification: Elimination of *Ama*, reducing hypersensitivity triggers.
- *Pitta-Rakta* balance: Reduction of heat-related and vascular symptoms.
- Hepatic support: Improved detoxification and alcohol metabolism.
- Gut-liver axis restoration: Improved systemic tolerance.
- *Rasayana* effect: Enhanced resilience and prevention of recurrence.

The rapid disappearance of symptoms during early follow-ups indicates effective *Pitta Shamana* and detoxification, while sustained tolerance in later stages reflects long-term metabolic adaptation and immune modulation.

**Clinical Significance**

The present case highlights that alcohol-induced hypersensitivity may not always represent a fixed or irreversible intolerance but rather a reversible functional disorder arising from metabolic and digestive imbalance. The findings suggest that addressing underlying factors such as impaired *Agni*, *Ama* accumulation, and hepatic dysfunction can lead to significant clinical improvement and restoration of tolerance. Unlike modern approaches that primarily rely on symptomatic management and long-term

avoidance, the Ayurvedic intervention demonstrated the potential to correct the root pathology, resulting in sustained symptom resolution and elimination of antihistamine dependence. The restoration of alcohol tolerance observed in this case indicates improved metabolic processing and stabilization of the gut-liver axis. This case also underscores the importance of considering mild hepatic alterations, such as fatty liver, as contributing factors in hypersensitivity reactions.

The phased therapeutic approach, including detoxification, metabolic correction, and *Rasayana* support, proved effective in achieving both short-term relief and long-term stability. Overall, the findings support the role of Ayurveda as a comprehensive and causative treatment modality in managing functional hypersensitivity disorders and highlight the need for further structured clinical studies to validate these outcomes.

### CONCLUSION

This case demonstrates that alcohol-induced hypersensitivity is a reversible functional disorder when the underlying metabolic imbalance must be corrected. Ayurvedic management targeting *Agnimandya*, *Ama*, *Pitta-Rakta Dushti*, and hepatic dysfunction resulted in rapid symptom resolution, restoration of alcohol tolerance, and sustained clinical stability. The outcome highlights the effectiveness of a root-cause-based approach over symptomatic management and underscores the role of Ayurveda in modulating the gut-liver axis and improving physiological resilience. Further studies are needed to validate these findings in larger cohorts.

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#### Cite this article as:

Gupta Sahil, Sood Tanvi. Ayurvedic Management of Alcohol-Induced Hypersensitivity (Aahar Asatmyata): A Longitudinal Clinical Case Report. *International Journal of Ayurveda and Pharma Research*. 2026;14(4):152-159. <https://doi.org/10.47070/ijapr.v14i4.4077>

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

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