

**AYURVEDIC MANAGEMENT OF FIBROMYALGIA: A CASE STUDY**<sup>1</sup>\*Dr. Akash M. R., <sup>2</sup>Dr. Amol Pawar, <sup>3</sup>Dr. Keshava D. V.<sup>1,2</sup>3rd Year P.G Scholar Department of Kayachikitsa, A.L.N Rao Memorial Ayurvedic Medical College Koppa, Karnataka.<sup>3</sup>Professor, Department of Kayachikitsa, A.L.N. Rao Memorial Ayurvedic Medical College Koppa, Karnataka.**\*Corresponding Author: Dr. Akash M. R.**

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**ABSTRACT**

Fibromyalgia (FM) is a chronic pain disorder characterized by widespread musculoskeletal pain, fatigue, and psychological distress, often coexisting with migraine, irritable bowel syndrome, and depression, suggesting shared pathophysiology involving genetic factors like polymorphisms in COMT and serotonin transporter genes. In Ayurveda, FM correlates with *Vata Vyadhi*, particularly vitiation of *Mamsavaha*, *Asthivaha*, and *Majjavaha Srotas*. This case study evaluated a FM patient using modern diagnostic criteria, interpreting it as *Mamsagata Vata*. Treatment comprised *Vata-shamana* and *Balya* therapies, including internal medications, *Abhyanga*, and *Basti Karma*. The patient exhibited significant improvements in pain, stiffness, fatigue, sleep quality, and functional activity. These findings indicate that Ayurvedic management rooted in *Vata Vyadhi* principles, emphasizing *Mamsagata Vata*, effectively alleviates FM symptoms, offering a holistic integrative approach.

**KEYWORDS:** Fibromyalgia, *Vata Vyadhi*, *Mamsagata Vata*, *Srotodushti*, *Vata-shamana Chikitsa*, *Balya Chikitsa*, *Abhyanga*, *Basti Karma*.**INTRODUCTION**

Fibromyalgia (FM) is a multifactorial chronic pain disorder that rarely manifests in isolation. It is frequently associated with several comorbid conditions such as migraine, chronic fatigue syndrome, irritable bowel syndrome, and psychological disorders including depression and anxiety.<sup>[1]</sup> Epidemiological studies indicate that patients with FM exhibit a significantly higher prevalence—ranging from 2.14 to 7.05 times greater—of these associated disorders compared to the general population, suggesting a possible shared pathophysiological mechanism.<sup>[2]</sup> The proposed etiological factors of FM include specific gene mutations and polymorphisms, particularly in the *catechol-O-methyltransferase* (COMT) enzyme gene and the serotonin transporter gene, which may contribute to altered pain perception and neurotransmitter dysregulation.<sup>[3]</sup>

From an Ayurvedic perspective, there is currently no well-established conceptual framework or standardized clinical guideline for the diagnosis and management of fibromyalgia. Limited literature exists regarding the

Ayurvedic approach to this condition, posing a challenge for clinicians attempting to interpret and manage FM within traditional paradigms. Some Ayurvedic scholars have correlated Fibromyalgia Syndrome (FMS) with *Vata Vyadhi*, characterized by the vitiation of *Mamsavaha*, *Asthivaha*, and *Majjavaha Srotas*.<sup>[4]</sup> In this context, the present case is reported as *Mamsagata Vata*, providing an Ayurvedic interpretation and management perspective of fibromyalgia.

**CASE REPORT****Patient Profile**

A 49-year-old male patient with a prior diagnosis of fibromyalgia presented with chronic low back pain localized to the lumbosacral region (L4–L5), radiating to both lower limbs, along with cervical pain radiating to the upper limbs, persisting for the past 15 years.

**Symptoms**

The patient also reported generalized body pain, a burning sensation throughout the body, loss of appetite, disturbed sleep accompanied by vivid dreams, numbness in the hands and feet, and generalized weakness. The

symptoms were noted to worsen in the early morning hours and aggravate with physical exertion.

### Previous Treatment

The patient had previously undergone allopathic treatment, which provided only temporary symptomatic relief. However, the symptoms recurred periodically, each time with increased severity and frequency, indicating a progressive and relapsing nature of the condition.

### History of present illness

A male patient with a known history of diabetes mellitus, hypertension, and fibromyalgia presented with chronic low back pain localized to the L4–L5 region, radiating to both lower limbs up to the ankle joints, along with pain in the cervical region (C5–C6) radiating to both upper limbs, persisting for the past 15 years. The pain was associated with a burning sensation throughout the body, numbness in the hands and feet, and generalized weakness. The patient also reported he had previously sought loss of appetite and disturbed sleep accompanied by vivid dreams. He took treatment from various allopathic hospitals, where the prescribed medications provided only temporary symptomatic relief. However, the pain progressively worsened, showing increased intensity and recurrence. The symptoms were noted to aggravate in the early morning hours and after strenuous physical activity, while rest provided partial relief.

### Past history

The patient has a known history of systemic disorders including diabetes mellitus, hypertension, and fibromyalgia. His diabetes mellitus is well controlled

through dietary management, and hypertension is maintained under control with medication – Tab. Nocardia 10 mg once daily before food (1-0-0 B/F).

### Personal history

Appetite – Decreased  
Bowel – 1 time in a day (Hard)  
Micturition - Regular (5 to 6 times /day)  
Sleep - Disturbed due to body pain  
Addiction – No  
Diet - Mixed (takes non veg once a week)

### General Examination

Pallor: Absent  
Icterus: Absent  
Cyanosis: Absent  
Clubbing: Absent  
Lymph node: Not palpable  
Oedema: Absent  
BP: 140/70 mmhg  
Pulse: 78bpm  
Respiratory rate: 15/min  
Temperature: 98°F

### Ashtasthana Pariksha

1. Nadi - Vata, Pitta
2. Mala - Vibhanda
3. Mutra - Prakruta
4. Jihva - Lipta
5. Drik - Prakruta
6. Shabdha - Prakruta
7. Sparsha - Ushna Sparsha
8. Aakriti - Madhyama

### Musculoskeletal system examination

Table 1.

<b>Gait</b>	Antalgic
<b>Arms</b>	No abnormality detected
<b>Inspection</b>	No Visible deformity.
	No swelling or Discoloration.
	Normal spinal alignment.
	Discomfort in walking and standing for long duration. Restriction of Spinal and hip movements
<b>Palpation</b>	
<b>Tenderness +++</b>	L4-L5 and C5-C6 Region.
<b>Muscle tone lower limbs</b>	Good
<b>ROM</b>	<ul style="list-style-type: none"> <li>• Painfully restricted in cervical region</li> <li>• Hip painfully restricted bilaterally</li> </ul>

### Parameters of Assessment

#### 1. Before vs After Table Format

Table 2.

Test	Pre-treatment	Post-treatment
Spurling Test	Elicited radiating pain to both upper limbs	Mild discomfort only on extreme neck extension
Cervical Compression Test	Marked pain and radiation bilaterally	Minimal discomfort, no radiation
Neer's Test	Pain throughout abduction range	Pain only beyond 160° abduction

Jobe's Test	Marked shoulder pain and weakness	Mild discomfort beyond 150° abduction
Drop Arm Test	Unable to smoothly lower the arm	Partial control regained during arm lowering
SLR (Straight Leg Raise) Test	Pain at 50° (L), 60° (R)	Improved to 70° (L), 75° (R) with mild tightness
Bragard's Test	Pain radiating to lower limbs	Mild stretch discomfort, no radiation
FABER Test	Pain and restriction in both hips	Mild end-range tightness, improved movement
Cross SLR Test	Pain radiated to opposite limb	Minimal discomfort, no radiation
Femoral Nerve Stretch Test	Pain and tightness in anterior thigh	Mild stretch sensation without pain

**Objective functional scores**<sup>[5,6,7,8,9]</sup>**Table 3.**

Outcome Measure	Pre-treatment	Post treatment
VAS(Pain)	8/10	2/10
Oswestry disability index	58% disability	18% disability
Neck Disability Index	46% disability	12% disability
Range of Motion	Restricted	Full, pain free
Sleep Disturbance	Present	Mildly Resolved

**Treatment**

**Procedures:** On 19/07/2025 and 29/07/2025.

**Table 4.**

SL NO	Procedure	Duration
O1	Sarvanga Abhyanga with Yasti taila	10 days
O2	Baspa sveda with Dashamoola kwatha choorna	3days
O3	Shiro Abhyanga with Yasti taila	5 days
O4	Shirodhara with Musta, Amalaki, Jatamamsi Kashaya	5 days
05	Sadyovamana With Madhanaphala-5gm, Yastichoorna-5gm, Vacha choorna-3gm, Honey-50ml, Saindhava-50gm, Yastimadhu kwatha 3Litres, Milk-2 Litres Finding: Maniki- Madhyama shuddi Antiki- Pittantaka Vamana Vaigiki-No of Vegas=08 No of Upavega=02 Laingiki-Lightness in the body, Proper response to external stimuli, No flatulence.	1 day[20/7/25]
06	Matrabasti with Madhu Yastadi taila(30ml)+Maha tiktaka gritha(30ml)	6 days
07	Sarvanga ksheeradhara with Dashamoola, Yastimadhu, Panchakola choorna	5days
08	Kati basti with M.N Taila	5days
09	Ksheerabasti with Honey-50ml, Saindhava lavana-10gm, Sneha-Madhu yastadi choorna(30ml)+Mahatiktaka gritha(30ml), Kalka-Shatapushpa, Musta, Kwatha-Guduchadi kashaya(50ml), Ksheera(200ml)+Water(100ml)	3 days
10	Greeva basti with M.N Taila	3 days

**Internal Medications****Table 5.**

Yoga	Dosage	Anupana	Action	No of Days
Guduchadi Kashaya	3tsp-0-3tsp(B/F)	Warm water	Reduces burning sensation Kaphapittahara	10days
Cap Ksheera Guduchi	1-0-1(B/F)	Warm water	Reduces hyperacidity Rasayana Pitta shamaka	10 days
Dhanvantari Vati	2-0-2(B/F)	Warm water	Amahara Vatahara	3 days

L.S.S Vati	1-0-1(A/F)	Warm water	<i>Agnideepana, Amapachana, Rasayana, Vata–Kapha Shamana</i>	3 days
Chandrakala rasa	1-0-1(A/F)	Warm water	Burning micturation Trishnahara Pitta prashamana	5 days
Tab Bravebol	0-0-1(A/F)	Warm water	Smrithi bramsha Nidrajanana	5 days

## DISCUSSION

The clinical presentation of the patient—characterized by chronic widespread musculoskeletal pain, cervical and lumbar stiffness, fatigue, and sleep disturbances—closely aligns with the Ayurvedic entity of *Mamsagata Vata*. According to *Charaka Samhita*, when aggravated *Vata* localizes in the *Mamsa Dhatu* (muscle tissue), it manifests specific symptoms including *Ruja* (pain), *Supti* (numbness), *Gaurava* (heaviness), and *Stabdhatta* (stiffness).<sup>[10]</sup> The fifteen-year chronicity of the condition indicated a state of *Dhatukshaya* (tissue depletion), while the presence of burning sensations and vivid dreams suggested a *Pitta* association (*Anubandha*). Furthermore, early morning stiffness pointed toward *Aama* (metabolic toxins) accumulation, necessitating a comprehensive therapeutic approach involving *Shodhana* (purification) and *Brimhana* (nourishment).<sup>[11]</sup>

The management strategy relied heavily on the complementary roles of external therapies (*Bahya Parimarjana*) and internal medications (*Antar Parimarjana*) to achieve holistic relief.

### Role of External Therapies

Following the initial *Sadyovamana* (emesis) to clear *Kapha* and *Aama*<sup>[12]</sup>, external therapies were pivotal in addressing the physical manifestation of the disease. *Sarvanga Abhyanga* (full body massage) using *Yasti Taila* and *Bashpa Sweda* (steam) were employed to counteract the *Ruksha* (dry) and *Sheeta* (cold) qualities of *Vata*. These procedures reduced muscle stiffness (*Stabdhatta*) and enhanced peripheral circulation, thereby relieving channel obstruction (*Srotorodha*).<sup>[13]</sup> Localized external treatments, specifically *Kati Basti* and *Greeva Basti*, provided targeted relief to the lumbosacral and cervical regions. By retaining warm medicated oil over the affected *Snayu* (ligaments) and *Asthi* (bones), these therapies facilitated deep tissue oleation and restored spinal mobility, effectively managing the radicular pain associated with *Vata* aggravation. Furthermore, *Basti Karma* (enema therapy), comprising *Matra Basti* and *Ksheera Basti*, acted as a systemic *Rasayana*, delivering nourishment directly to the depleted *Mamsa* and *Majja Dhatus* via the rectal route, which is considered the prime site for treating *Vata*.<sup>[14]</sup>

### Role of Internal Medications

While external therapies addressed localized pain and stiffness, internal medications were essential for rectifying the systemic metabolic status (*Agni*) and

breaking the pathogenesis (*Samprapti Vighatana*) from within. *Guduchadi Kashaya* and *Ksheera Guduchi* were prescribed to pacify the *Pitta* involvement, directly reducing the burning sensation and hyperacidity.<sup>[15]</sup> To address the root cause of *Aama* and *Vata-Kapha* obstruction, formulations like *Dhanvantari Vati* and *L.S.S. Vati* were utilized for their *Deepana* (appetizer) and *Amapachana* (digestive) properties. These internal agents ensured that the digestive fire was strong enough to process the oleation provided by external therapies. Additionally, *Chandrakala Rasa* and *Tab Bravebol* played a crucial role in pacifying the *Manovaha Srotas*, thereby resolving sleep disturbances and mental stress, which are intrinsic triggers for Fibromyalgia pain.<sup>[16]</sup>

### Clinical Outcomes

The synergistic effect of combined external and internal modalities resulted in significant functional improvements. The Visual Analogue Scale (VAS) for pain dropped from 8 to 2. Functional disability, measured by the Oswestry Disability Index (ODI) and Neck Disability Index (NDI), improved from 58% to 18% and 46% to 12% respectively. Range of motion was restored to pain-free levels, and sleep disturbances were significantly resolved, validating the necessity of treating both the somatic body and the internal metabolic environment.

## CONCLUSION

This case demonstrates that an Ayurvedic treatment protocol grounded in the principles of *Mamsagata Vata* can significantly alleviate the diverse symptomatology of fibromyalgia. Sequential intervention through *Sadyovamana*, *Vata*-pacifying external therapies, targeted *Basti Karma*, and supportive internal medications resulted in marked reductions in pain, stiffness, sleep disturbance, and functional disability. The improvements observed in validated outcome measures indicate that a treatment approach focused on *Amapachana*, *Agni-deepana*, *Srotoshodhana*, and *Dhatu-poshana* can successfully interrupt the disease *Samprapti* and restore neuromuscular balance. These findings highlight the potential of a systematically planned and individualized Ayurvedic regimen in addressing chronic musculoskeletal and neuromuscular pain conditions.

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