

Integrative approach in the Management of Fibromyalgia: A Case ReportNeethu C Mohan,^{1*} Saranya K.²¹ Clinical Research Expert, Ayurveda – Neurology, LYBL Healthcare Technology India Pvt. Ltd, New Delhi, India² Assistant Professor, Department of Kayachikitsa, PNNM Ayurveda Medical College & Hospital, Cheruthuruthy, Trissur, Kerala, India.**ABSTRACT:**

Fibromyalgia (FM) is a complex syndrome characterized by widespread chronic pain, which often eludes detection on standard laboratory and imaging tests. This is a case report of a 35-year-old female patient with severe episodic pain all over her body, accompanied by loss of sleep for the past 15 years. Despite normal blood parameters and no detectable abnormalities in imaging studies, the patient's symptoms were extremely severe leading to a diagnosis of fibromyalgia. In this scenario, the focus was on *rasadhatugata-jvara*. By incorporating ayurvedic treatments including *Amrutotharam kashayam*, *Punarnavasavam*, *Tab. Shaddharanam*, *Dasamoola-rasnapanchakam kashayam*, *Balarishtam*, *Aswagandha* tablet *Rasadhatu gata jvara kashayam* internally and *Dhanyamla dhara*, *Rukshavasti*, *Ruksha-pindasveda* and *Takradhara* externally, *Yoga* and *Smriti* meditation alongside significant reductions in symptoms were observed. This case study highlights how crucial an integrated approach is for clinical settings, particularly psychosomatic illnesses.

KEY WORDS: *Ama*, Ayurveda, Fibromyalgia, *Jvara*.

Received: 25.01.2025 Revised: 04.03.2025 Accepted: 06.03.2025 Published: 10.03.2025



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

Quick Response Code***Corresponding Author:**

Dr. Neethu C Mohan

Email: neethucmohan@gmail.comDOI: <https://doi.org/https://doi.org/10.70805/ija-care.v9i1.699>Link: <https://ijacare.in/index.php/ijacare/article/view/699>**INTRODUCTION:**

Fibromyalgia (FM) is a complex syndrome characterized by widespread chronic pain, which often eludes detection on standard laboratory and imaging tests.^[1] It affects more than 5% of the world population, with a high female predominance.^[2] Alongside musculoskeletal pain, individuals with FM

frequently experience somatosensory complaints that significantly impair their quality of life. Despite advancements in modern diagnostics, this condition frequently goes unrecognized, leaving patients in a frustrating limbo where their experiences are doubted and their reports deemed normal. In such scenarios, the

principles of Ayurveda provide substantial support by focusing on the patient's subjective symptoms rather than solely on objective parameters. Ayurveda, a holistic and divine science, offers various concepts applicable to fibromyalgia. By identifying the symptoms, *dosha* (regulatory functional factors), and *dushya* (factors which gets vitiated by dosha), treatments can be tailored based on conditions akin to *jvara* (fever). Regardless of the disease's name, recognizing the *nidana* (causes) and *samprapti* (pathogenesis) is sufficient for treatment through Ayurveda.

This case report presents the journey of a fibromyalgia patient who experienced significant relief through Ayurvedic treatment along with Smriti meditation and yoga. The treatment principles derived from *rasadhatu gata jvara* (Fever due to vitiated primary product of digestion) provided remarkable symptom relief, underscoring the authenticity and efficacy of Ayurveda's foundational principles. The patient's condition significantly improved as a result of the *smriti* meditation and *yoga* that helped her manage her mental stress. For this reason, in these clinical situations, an integrated approach is always advantageous.

CASE HISTORY:

A 35-year-old female patient with no history of systemic diseases, including diabetes (DM) and hypertension (HTN), presented with complaints of severe episodic pain all over her body, accompanied by loss of sleep for the past 15 years. The patient had been in normal health until 15 years ago when,

following her graduation, she found herself unemployed and facing moderate stress due to family issues. It was during this period that she experienced her first episode of pain, characterized by mild body pain and difficulty in sleeping. Over the next five years, the frequency and severity of these episodes increased, occurring every two months and significantly impacting her daily routine. Despite consulting multiple physicians and undergoing extensive testing, including blood tests and imaging studies, no abnormalities were detected, leading to a diagnosis of fibromyalgia. She did not find relief from various treatments and resorted to using painkillers during her episodes. The pain was predominantly on the left side of her body. After childbirth, her condition worsened, necessitating psychiatric therapy. Although she experienced a temporary period of symptom relief, the symptoms reappeared three years ago. Upon further discussion, it was revealed that the patient had experienced childhood trauma that disrupted her sleep with recurring dreams and thoughts. Her personal history included low appetite and disturbed sleep. During pain episodes, she was immobile. She is currently on thyroid medication and uses NSAIDs during pain attacks.

After proper assessment the treatment was provided. The details of treatment provided is mentioned in table-1. The assessment criteria adopted is subjective parameters which includes Widespread Pain Index (WPI) ^[3], Symptom Severity Scale (SS) ^[3], and Visual Analogue Scale (VAS) ^[4] as explained in table-2.

Table- 1: Intervention Timeline

Medicine	Dose	Mode of administration	Duration
First Visit			
<i>Amrutbotharam Kashayam</i>	15ml with 45ml water	Internally, Morning and evening empty stomach	7 days
<i>Punarnavasavam</i>	25 ml	Internal: morning and night after food	
<i>Dhanyamla dhara</i>		External	
Second Visit			
<i>Amrutbotharam Kashayam</i>	15ml with 45ml water	Internally, Morning and evening empty stomach	7 days
<i>T. Shaddharanam</i>	1 tablet	twice a day	
<i>Punarnavasavam</i> + <i>Balarishtam</i>	30 ml	Internal: morning and night after food	
Third Visit			
<i>Dasamoola rasna panchakam kashayam</i>	15ml with 45ml water	Internally, Morning and evening empty stomach	7 days
<i>Gandharvabasta eranda tailam</i>	5 ml	Internally with kashayam	
<i>Balarishtam</i> + <i>Punarnavasavam</i>	30 ml	Internal: morning and night after food	7 days
<i>T. Asmagandha</i>	1 tablet	Internal twice a day	
<i>Rooksha vasti</i>	Amruthotharam kashayam + Shaddharana churnam		3 days
<i>Dhanyamla dhara</i>		External	7 days
<i>Yoga</i>			7 days

<i>Smriti</i> meditation			1 sitting
Fourth visit			
<i>Amruthotharam Kashayam</i>	15ml with 45ml water	Internally, Morning and evening empty stomach	7 days
<i>Rasa dhatugata jvara hara kashaya</i>	15ml kashaya with 45 ml warm water	Internal: morning and night	
<i>T. Aswagandha</i>	1 tab twice a day	Internal	
<i>Smriti</i> meditation			2 sitting
Fifth Visit			
<i>T. Aswagandha</i>	1 tablet	Internally, Morning and evening	7 days
<i>Dhanyamla dhara</i>		External	
<i>Rookshapinda sweda</i>		External	
<i>Takra dhara</i>		External	

Table-2: Assessment Parameters

Parameters	BT	Intermediate	AT
Widespread Pain Index	12	10	5
Symptom Severity Scale	9	7	3
Visual Analogue Scale	8	6	2

DISCUSSION:

Despite normal blood parameters and no detectable abnormalities in imaging studies, the patient's symptoms were extremely severe. A comprehensive analysis indicated a *sama* (dosha associated with ama) condition. The in-detail timeline of intervention is mentioned in Table No:1. Initial treatment included *Amruthotharam kashayam*^[5] and *Punarnavasavam*^[6] internally, along with *dhanyamla dhara*^[7] externally, for 7 days,

owing to their *ama-pacana* (toxin-digesting) properties. *Amruthotharam kashayam* is recommended for *ama* resulting from any type of *dosha*, while *Punarnavasavam* is beneficial for *shopha* (inflammation), *jvara*, and other challenging diseases.

During the second visit, due to minimal relief, Tab. *Shaddharanam*^[8] and *balarishtam*^[9] were added, along with *rooksha vasti*^[10] for 3 days, to enhance the *pacana* (digestion) of deeply seated *ama* (products of incomplete

digestion). *Shaddharana* is useful for *amashaya-gata-dosha*, and *Balarishtha* is known for its *agni-varbhaka* (fire-enhancing), *balya* (strengthening), and *dbatu-pushti* (nourishing tissues) properties. *Rooksha-vasthi* can be administered in the inflammatory phase of the disease, as it produces *Deepana-pachana* (enhancing absorption and digestion) effects in the body faster than the oral administration of medicine.

The patient showed improvement, prompting a change in the *kashayam* to *Dasamoola Rasnapanchakam* with *Ashwagandha* tablets added. Additionally, *smriti* meditation^[11] and *yoga* were introduced, which helped the patient's condition even more. *Smriti* meditation can effectively address the emotional aspects of a disease, thereby preventing its further physical manifestations. It has proven therapeutic benefits in alleviating numerous psychosomatic symptoms. *Yoga* also helps to reduce the stress.

By the fourth visit, the *kashayam* was changed again to *Amruthotharam* and *Rasa dhatugata-jvara kashaya*^[12]. The patient's condition continued to improve with the continuation of *smriti* meditation. On the fifth visit, T. *Aswagandha* was continued, and all other internal medications were stopped. *Takradhara*, *Rukshapinda-Sweda*, and *dbanyamladhara* were administered externally. These treatments collectively led to a 50% reduction in symptoms. Significant improvements were noted on assessment scales, including WPI, SS, and VAS.

According to Ayurveda, body and mind have an equal role in the development of any disease. The condition may not improve even after taking medicines if we are not properly addressing the mental status of the patient. In this case, the in-depth conversation with the patient relieved the presence of mental stress in the patient.

That is why it was decided to incorporate *Smriti* meditation and *yoga* in this case. When the internal medication tackled the physical *dosha dushti* and *sthana samsraya* (localization) in the body, *Smriti* meditation and *yoga* addressed the patient's psychological well-being. This significantly alleviated the patient's mental stress, which in turn reduced the stress-induced inflammation. This comprehensive approach, combining internal Ayurvedic medicines with *yoga* and meditation, led to significant improvement. This underscores the importance of an integrated approach in managing many health conditions.

CONCLUSION:

In this scenario, the focus was on *dhatugata jvara*, where the primary approach included the *amapachana* (digestion of toxins) and enhancing the *agnideepana* (digestive fire). By incorporating *yoga* and *smriti* meditation alongside ayurvedic treatments, significant reductions in symptoms were achieved, leading to notable improvements in the quality of life. This case study highlights how crucial an integrated approach is for clinical settings, particularly psychosomatic illnesses. Ayurveda always supports an integrated approach since it is a science that aims for a completely harmonious world free of diseases.

Limitation of study:

This is a single case study. To validate the efficacy, it should be done in more subjects.

Patient consent:

Patient consent was obtained for treatment including consent for each procedure

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Neethu C Mohan, Saranya K. Integrative approach in the Management of Fibromyalgia: A Case Report. *Int. J. AYUSH CaRe.* 2025;9(1): 205-210. <https://doi.org/https://doi.org/10.70805/ija-care.v9i1.699>

REFERENCES:

1. Ramteke S, Yadav S, Chandak N. Clinical Features, Socio-cultural Characteristics, Sleep Patterns, and Depression in Fibromyalgia Patients from India: A Cross-Sectional Study . *Open Rheumatol J*, 2023; 17: e18743129267713.
2. Ruschak I, Montesó-Curto P, Rosselló L, Aguilar Martín C, Sánchez-Montesó L, Toussaint L. Fibromyalgia Syndrome Pain in Men and Women: A Scoping Review. *Healthcare (Basel)*. 2023;11(2):223. Published 2023 Jan 11. doi:10.3390/healthcare11020223.
3. Galvez-Sánchez CM, de la Coba P, Duschek S, Reyes Del Paso GA. Reliability, Factor Structure and Predictive Validity of the Widespread Pain Index and Symptom Severity Scales of the 2010 American College of Rheumatology Criteria of Fibromyalgia. *J Clin Med.* 2020 Jul 31;9(8):2460. doi: 10.3390/jcm9082460. PMID: 32752048; PMCID: PMC7464133.
4. Begum, Mst. Rabea & Hossain, Mohammad. Validity and reliability of visual analogue scale (vas) for pain measurement. *Journal of Medical Case Reports and Reviews* 2019; 2(11):394-402.
5. Krishnan Vaidyan K V, Gopalam Pillai SG, Sahasra Yoga Sujanapriyavyakhyana. Jvaraadhikara. Vidyarambham Publications, Alappuzha. 30th edition 2011 p - 29.
6. Gyanendra Pandey. Bhaishajya Ratnavali. Shothadhikara. Chowkhamba Sanskrit Series Office, Varanasi. Edition No. 1, 2007. p - 318
7. R.K. Sharma and Bhagwan Dash, Charak Samhita, Sutrasthana Chapter 14 Chowkhamba Sanskrit Series office, Varanasi, 2009 edition reprint. p - 278
8. Jadavji Trikamji and Narayana Ram Acarya, Susrutha Samhitha, Chikitsa sthana, chapter No. 4, Chaukhambha Orientala , Varanasi, Reprint 2010 edition. p - 56
9. Krishnan Vaidyan K V, Gopalam Pillai SG, Sahasra Yoga Sujanapriyavyakhyana. Arishtayogangal. Vidyarambham Publications, Alappuzha. 30th edition 2011 p - 248.
10. Nimisha Lathiff et al. A Critical Review on Choorna Vasthi. *International Journal of Ayurveda and Pharma Research*, 2022 .9(12), 62-67.
11. R.K.Sharma and Bhagwan Dash, Charak Samhita, Chikitsa sthana Chapter 3 Chowkhamba Sanskrit Studies, Varanasi, 2014 reprint edition, P-178
12. Dilipkumar, K. Smriti (memory) meditation: a tool for diagnosis and the management of psychosomatic symptoms: a clinical observation study. *Int J Ayu Pharm Res* 2016;4(2):28-32.