AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

A CASE STUDY ON SUCCESSFUL AYURVEDIC MANAGEMENT OF FIBROMYALAGIA

Shivani Rawat[1]*, Abhishek Bhushan Sharma[2]
*[1]MD Scholar, [2]Professor, Dept. of Kayachikitsa, Patanjali Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttrakhand, India.

Article info
Article History:
Received: 02-01-2022
Revised: 28-01-2022
Accepted: 06-02-2022
KEYWORDS:
Fibromyalagia, Musculoskeletal pain, Fatigue, Sleep disruption, *Shodhan*, *Shaman*.

ABSTRACT

Fibromyalagia is mainly characterized by pain, fatigue, and sleep disruption, it is also characterized by tiredness, anxiety, depression, and disturbances in bowel functions, which can exhibit significant variation not only between different patients, but also in the same patient during the course of the disease. Management of FMS at the present time is very difficult as it has multiple etiological factors and psychological predispositions. Here is a case of 42 year old female patient suffering from fibromyalagia since 3 years. Excellent relief in patient's symptoms was noted by treatment of 22 days of Ayurvedic drugs (*Shaman*) and therapies (*Shodhan*) on VAS, MAF and HAM-D scales before and after treatment, which clearly indicates the efficacy of Ayurvedic treatment in Fibromyalagia.

INTRODUCTION

Fibromyalgia is characterised by chronic widespread musculoskeletal pain and tenderness. It is defined primarily as pain syndrome [1]. Fibromyalgia is more common in women compared to men, and its prevalence is 2 to 3% in USA and other countries [2]. It increases with age to reach a peak of 7% in women aged over 70. There is strong female predominance of around 10:1[3]. The main presenting feature is widespread pain, which is typically above and below the waist on both sides of body and involves the axial skeleton (neck, back or chest), pain should have been present most of the day on most days for at least 3 months. In clinical practice, it is determined by a tender point examination in which the examiner uses the thumbnail to exert pressure of approximately 4 kg/m2. American college of Rheumatology classification criteria previously required that 11 of 18 sites be perceived as painful for a diagnosis of Fibromyalagia [4].

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v9i1.870

In addition to the widespread pain, FM patients typically complain of fatigue, stiffness, sleep disturbances, cognitive dysfunctions, anxiety, and depression. Pain, stiffness and fatigue often worsened by exercise. Cognitive complaints of patients are characterized as slowness in processing, difficulties with attention or concentration, problems with word retrieval and short term memory loss [5].

The cause of FM is poorly understood but there are two abnormalities that may be interrelated and have been consistently reported in affected patients are disturbed, non-restorative sleep and pain sensitisation, probably caused by abnormal central pain processing[6].

Routine laboratory and radiographic tests are normal in patients with FM, and so diagnostic testing is focussed on excluding the other diagnoses and evaluating for pain generators or comorbid conditions. Certain polymorphisms or haplotypes have been associated with the disease FM, polymorphisms of β-adrenergic receptor and dopamine receptor are also associated with FM. Genes which are associated with metabolism, transport, and receptors of serotonin and other monoamines have also been implicated in FM.

Psychosocial testing of FM patients has demonstrated altered sensory afferent pain processing and impaired descending noxious inhibitory control leading to hyperalgesia and allodynia [7].

Some patients with fibromyalgia experience mental fog, which is often known as fibro fog which includes cognitive issues and lasting memory problems that interfere with their ability to concentrate. Also, patients with fibromyalgia are more likely to be hospitalized for any or some reason compared to the general population [8].

Non-pharmacologic Treatment: Patients with chronic pain, fatigue, and other neuropsychological symptoms require a framework for understanding the symptoms that have such an important impact on their functions and quality of life. Treatments that incorporate improved physical functions with relaxation, such as yoga may be helpful. Cognitive-behavioural strategies to improve the sleep hygiene and reduce illness behaviours can also be helpful in the management [9].

Pharmacologic Approaches: Low dose amitriptyline (10-75 mg at night), with or without fluoxetine, may help by encouraging the delta sleep and reducing the spinal cord wind-up. There is limited evidence for use of tramadol, serotonin-noradrenaline (nor-epinephrine) re-uptake inhibitors (SNRIs) such as duloxetine, and the anticonvulsants pregabalin and gabapentin [10]. In patients with pain associated with fatigue, anxiety or depression, drugs that have both analgesic and anti-depressant/ anxiolytic effects, such as duloxetine or milnacipran, may be the best first choice [11].

But these drugs have lots of side effects such as- long term use of Amitriptyline produces sedation, mental confusion, weakness, sweating, increased appetite, Fluoxetine produces agitation and dermatological reactions, tramadol produces dizziness, nausea, sleepiness, dry mouth, sweating, Duloxetine produces agitation, insomnia and rise in BP. Gabapentin produces mild sedation, tiredness, dizziness and unsteadiness and Pregabalin produces poor concentration, rashes and allergic reactions [12].

Fibromyalgia can mimic other conditions due to multiple nonspecific symptoms. The differential diagnosis includes polymyalgia rheumatica, spondyloarthritis, inflammatory myopathy, systemic inflammatory arthropathies, and hypothyroidism. The limited laboratory findings along with the history and physical examination can help differentiate fibromyalagia from other differentials.

Overall the prognosis is poor for many FM patients. Factors which are associated with poor prognosis include:

- A long duration of disease
- High-stress levels
- Presence of depression or anxiety that has not been adequately treated
- Long-standing avoidance of work
- Alcohol or drug dependence
- Moderate to severe functional impairment [13]

In this case it has been correlated with *Snayugata vata* due to similarity of clinical manifestations. Aggravation of *Vayu* in the *Snayu* (nerves and ligaments) gives rise to the following signs: opisthotonous (*Bahayama*) and emprosthotonous (*Anatarayam*), *Khalli* (neuralgic pain in feet, shoulders etc), hunch back (*Kubja*), and *Vatika* diseases pertaining to the entire body or a part [14]. *Vata* in *Snayu* (ligaments) causes stiffness, trembling, pain and convulsions [15].

Case Report

A 42 year old woman came to Kaychikitsa OPD. The patient was asymptomatic before 30 years. Gradually she felt on and off headaches, 3 years back she complains of lower and upper limb pain, pain while walking, numbness in upper limb and lower limb 1 and ½ years back for which she visited allopathic hospital and was diagnosed with fibromyalagia. She was prescribed amitriptyline but did not get any relief. After 6 months she was prescribed Gabapentin 300 mg and then prescribed with Cymbalta, after 6 months lyrica 75mg BD then the dose was reduced to 25 mg OD, then Ibuprofen 600mg BD but no relief attained. She has a history of C section in 2003 and 2012, hypertension since 6 years for which she is taking Amlodipine 5mg 1OD, hysterectomy in March 2019. In Feb 21 she visited OPD of Kayachikitsa Department, Patanjali Ayurveda Hospital, Haridwar for better management and was admitted in IPD on Feb 2021 where she was prescribed with Ayurvedic drugs and therapies for 22 days and marked relief in symptoms (fatigue, anxiety, sleep disruption) was noticed.

Parameters of Assessment

Pain

Visual Analogue Scale (VAS) Scale [16]

Before treatment	After treatment	Duration of treatment
Pain in right hand - 4 Pain in left hand - 4 Pain in right foot - 5 Pain in left foot - 5	Pain in right hand - 2 Pain in left hand -2 Pain in right foot -3 Pain in left foot -3	22 days

Fatigue

Multidimensional Assessment of fatigue (MAF) Scale [17]

Questions	Pre Treatment (4/2/21)	Post Treatment(23/2/21)
1.	8	4
2.	8	4
3.	8	4

Depression

Hamilton Depression Rating Scale (HAM-D)[18]

< 17 – Mild

18-24 – Moderate

25-30 - Severe

Symptoms	Pre Treatment	Post Treatment
Depressed mood	3	2
Feelings of guilt	3	3
Suicide	2	1
Initial insomnia	2	1
Insomnia during night	2	2
Delayed insomnia	0	0
Work and interests	3	1
Retardation	2	2
Agitation	1	1
Psychiatric anxiety	4	2
Somatic anxiety	3	0
Gastrointestinal somatic symptoms	2	2
General somatic symptoms	2	1
Genital symptoms	0	0
Hypochondriasis	0	0
Weight loss	1	1
Insight	1	1
Total	31	20

Pre Treatment Score – 31 (Severe)

Post Treatment Score – 20 (Moderate)

Therapeutic Intervention

Total Duration – 22 days

Considering the history and clinical examination, following treatment was given-

Table 1: Showing Oral management of *Snayugatavata* as

No.	*Dravya*	Dose	Duration
1.	*Peedantak kwath*	100ml on empty stomach	BD
2.	*Maharasnadi kwath*		

Day	Procedure
1	*Erand Taila* (Castor oil) *Paan* 30ml with milk at bed time single dose for mild purgation
2-14	*Niruh Basti* *Anuvasan Basti* *Shirodhara* *Pada Abhyanga* *Sarvang Vashpa Sweda* *Sarvang Patra Pinda Sweda*

Table 2: Showing *Panchkarma* management of *Snayugatavata* as

Panchkarma	
Therapy	**Drugs used**
1. *Sarvang patra pinda swedana*	
2. *Sarvang Vashpa Swedan*	
3. *Shirodhara + Pada Abhyanga*	*Ksheerbala taila*
4. *Anuvasan Basti*	*Mahanarayan Taila* 80 ml was given after meal
5. *Niruh Basti*	*Madhu* 60 g *Lavana* 5g *Ashwagandha Ghrita* 50ml *Dashmool taila* 80 ml ***Kalka-*** *Erandmool choorna* 10g *Ashwagandha choorna*10g *Rasna Choorna* 30g *Panchkol Choorna* 5g ***Kwath-*** *Ksheerpak- Giloy + Bala Moola* 300ml

Then Patient was Discharged on *Shaman Chikitsa* (for 1 month) as follows

1. *Kwath*	*Maharasnadi Kwath* 100g *Medha kwath* 100g *Mulethi Kwath* 100g *Kayakalp kwath* 100g *Triphala churna* 100g (Add 2 tsf *Triphala* in *kwath* while boiling) Take 1 tsf of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day an hour before meal for 30 days.)
2. *Vati*	*Orthogrit* 120pc *Peedanil Gold* 120pc *Medha vati extrapower* 120pc *Acidogrit* 120pc *Kanchnar Guggul* 40gm (Take 2 tablet of medicines after meal with lukewarm water for 30 days)
3. *Bhasma*	*Tamra bhasm* 2g *Shila Sindoor* 1g *Giloy sat* 20g *Prawal Panchamrit Ras* 5g (Mix all the powder together and divide it in 60 parts. Take one part before meal in morning and evening with honey for 30 days.
4. *Taila*	*Bala Taila* 300ml (local application over affected area)

Diet Plan

1. Eat bottle gourd, sponge gourd, apple gourd, pointed gourd, drum stick, green vegetables, beans, finger millet tortilla *(roti),* barley tortilla, green gram, red lentil, pigeon peas, brown rice, cow milk, clarified butter (*ghee*), buttermilk.
2. Eat apple, papaya, kiwi and pomegranate, gooseberry, almond (4-5 soaked).
3. Drink lukewarm water, coconut water.
4. Avoid food: Brinjal, chickpeas, kidney beans, pea, blackgram. Avoid fasting.

DISCUSSION

According to Ayurveda due to aggravation of *Vata dosha* contraction (*Sankoch*), stiffness (*Stambh)* of joints and pain (*Bheda*) in the bones as well as joints, sleeplessness (*Anidrata*), mental confusion (*Moha*) occurs [19]. In this case *Vayu* vitiation is observed, so for the treatment drugs which have *Vatanulomak, Vatashamak, Deepan-pachan* and *Shula prashman* properties should be taken. Castor oil has mild purgation (*Mridu virechan*) property, thus it is given before *Basti* for proper evacuation of the bowel [20].

Niruh Basti

Honey (*Madhu*) has *Yogwahi* (catalytic) property [21]

Rock salt (*Saindhav*) has properties of – *Tridoshahara, Deepan, Rochan* [22]

Ashwagandha ghrita has *Balya* (immunomodulatory action) property. Among the contents *Ashwagandha, Goksheera, Ghrita* has *Rasayana* properties. *Rasasindura* is having *Yogavahi*, *Nadi balya*, *Rasayana* properties, increases the strength of *Snayu*. *Tamra bhasma* has *Nadi balya* property [23]

Dashmool taila contains *Punarnava, Rohisha* which have *Shoolaghna* property and *Kulatha* has *Swedopag* property thus it reduces *Shoola.* Stiffness is reduced by *Ushna veerya dravya* like *Rasna, Guduchi, Erand, Bharangi, Atasi, Varahi, Sahachara, Ashwagandha, Kulatha, Punarnava* [24]

Erandmoola churna, *Eranda* pacifies *Kapha-vata doshas*. It alleviate various diseases conditions like *Shula* (pain) in *Vatavyadhis* [25]

***Ashwagandha churna*,** *Ashwagandha* enhances the function of brain and nervous system and improves the memory. [26]

Rasna choorna*, Rasna* has *Shulahara* property.

Panchkol choorna has *Deepan* property [27]

Balamoola, *Bala* has *Vatapitta shamak*, *Vedanasthapan, Balya, Vatahara* properties [28]

Anuvasan basti is given after meal through the anorectal route (*Guda*) with *Mahanarayan taila*. It has *Katu, Tikta rasa; Laghu, Ruksha guna; Ushna veerya* and *Katu vipaka* and *Vatakaphshamaka doshaghnta* which ultimately leads to *Deepan, Pachan, Anuloman karma* [29]

Shirodhara* and *Pada abhyang is given by *Prasarini taila* which has *Vedanasthapan, Nadibalya, Vatanuloman, Balya* properties.

Probable Mechanism of Action of Therapies

Snehan– Oleation therapy alleviates the aggravated *vayu,* softens the body and disintegrates the adhered morbid materials in the channels of circulation.[30]

Swedan- After oleation therapy, fomentation liquefies the adhered morbid materials in the fine channels of the body [31]. It also reduces the pain in the body.

Basti- When *Vata* gets exceedingly aggravated there is no remedy other than the *Basti* for its alleviation. Therefore it is considered as the half management of entire therapeutic measures. Some of them even go to extent of suggesting that *Basti* represents not half but whole of therapeutic measures. While moving in the umbilical region, lumbar region, sides of the chest and pelvic region churns up the stool including all other morbid matters located there, and appropriately eliminates them with ease after nourishing the whole body.[32]

Internal Medicinal Drugs

Maharasnadi kwath contains *Bala, Erandmoola, Vacha, Musta, Devdaru, Ashwagandha* which have *Vatashamaka, Shoolahara* properties, which are helpful in decreasing pain [33]

Peedantak kwath has prominent anti-allodynic and anti- hyperalgesic effects [34]

CONCLUSION

On the basis of the case study, it can be concluded that *Niruh basti, Anuvasana basti, Sarvang patra pinda sweda, Sarvang vashpa sweda, Shirodhara* and *Pada abhyanga* with *Sanshaman* therapy is significantly effective in the management of Fibromyalagia.

Declaration of Patient Consent

It is certified that I have taken appropriate patient consent. In the form the patient has given her consent for clinical information to be reported in the journal. The patient understood that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

1. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, 18th Ed. Harrisson's Principles of Internal Medicine, Chapter Fibromyalagia P. no.2849.
2. Vincent A, Lahr BD, Wolfe F, Clauw DJ, Whipple MO, Oh TH, Barton DL, St Sauver J. Prevalence of fibromyalgia: a population- based study in Olmsted County, Minnesota, utilizing the Rochester Epidemiology Project. Arthritis Care Res (Hoboken). 2013 May; 65(5):786-92.
3. Ralston, Penman, Strachan, Hobson, 23rd Ed. Davidson's Principles and Practice of Medicine, Chapter 24, P.no. 1018.
4. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, 18th Ed. Harrisson's Principles of Internal Medicine, Chapter Fibromyalagia P. no.2849.
5. Ibid; P. no.2850.
6. Ralston, Penman, Strachan, Hobson, 23rd Ed. Davidson's Principles and Practice of Medicine, Chapter 24, P.no. 1018.
7. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, 18th Ed. Harrisson's Principles of Internal Medicine, Chapter Fibromyalagia P. no.2850 and 2851.
8. Bhargava J, Hurley JA. Fibromyalgia. [Updated 2021 Oct 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Available from: https://www.ncbi.nlm.nih.gov /books/NBK540974/
9. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, 18th Ed. Harrisson's Principles of Internal Medicine, Chapter Fibromyalagia P. no. 2851.
10. Ralston, Penman, Strachan, Hobson, 23rd Ed. Davidson's Principles and Practice of Medicine, Chapter 24, P.no. 1018,1019.

11. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo, 18th Ed. Harrisson's Principles of Internal Medicine, Chapter Fibromyalagia P. no. 2852.
12. KD Tripathi, 7th edition. Essentials of Medical Pharmacology, 2013; P. no. 420, 459, 461, 477, 462.
13. Bhargava J, Hurley JA. Fibromyalgia. [Updated 2021 Oct 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Available from: https://www.ncbi.nlm.nih. gov/ books/NBK540974/
14. P V Sharma, Reprint edition. Charak Samhita, 2010; Charak Chikitsa 28/35.
15. P V Sharma, Reprint 2013. Sushrut Samhita, Nidan Sathan; 1/27.
16. Klimek L, Bergmann KC, Biedermann T, Bousquet J, Hellings P, Jung K, Merk H, Olze H, Schlenter W, Stock P, Ring J, Wagenmann M, Wehrmann W, Mösges R, Pfaar O. Visual analogue scales (VAS): Measuring instruments for the documentation of symptoms and therapy monitoring in cases of allergic rhinitis in everyday health care: Position Paper of the German Society of Allergology (AeDA) and the German Society of Allergy and Clinical Immunology (DGAKI), ENT Section, in collaboration with the working group on Clinical Immunology, Allergology and Environmental Medicine of the German Society of Otorhinolaryngology, Head and Neck Surgery (DGHNOKHC). Allergo J Int. 2017; 26(1): 16-24.
17. Belza B, Miyawaki CE, Liu M, Aree-Ue S, Fessel M, Minott KR, Zhang X. A Systematic Review of Studies Using the Multidimensional Assessment of Fatigue Scale. J Nurs Meas. 2018 Apr 1; 26(1): 36-75.
18. Carneiro AM, Fernandes F, Moreno RA. Hamilton depression rating scale and montgomery-asberg depression rating scale in depressed and bipolar I patients: psychometric properties in a Brazilian sample. Health Qual Life Outcomes. 2015 Apr 2; 13:42. doi: 10.1186/s12955-015-0235-3. PMID: 25889742; PMCID: PMC4391145.
19. P V Sharma, Reprint edition. Charak Samhita, 2010; Charak Chikitsa 28/20-23.
20. Ibid; 28/84.
21. Ibid; 27/249.
22. Ibid; Charak Sutra Sthan 27 Chapter.
23. Dr.Amrita Raveendran, Dr. Niveditha BM, Dr. Sangeeta Rao, Dr.Vikram S. A Review on Ashwagandha Ghrita, Journal of Ayurveda and Integrated Medical Sciences. ISSN 2456-3110, Vol 5, Issue 2, March-April 2020.
24. Dr Ritu Wadhwa. Role of Dashmooladi Taila Matra Basti in Janu Sandhigata Vata, Unique Journal of Ayurvedic And Herbal Medicines. ISSN 2347-2375.
25. Doshi, Krunal & Acharya, Rabinarayan & Scholar,. (2013). Therapeutic Importance Of Eranda (Ricinus communis Linn.) In Ayurveda - A Review. Ayurpharm Int J Ayur Alli Sci. 22. 281-295.
26. Singh N, Bhalla M, de Jager P, Gilca M. An overview on ashwagandha: a Rasayana (rejuvenator) of Ayurveda. Afr J Tradit Complement Altern Med. 2011; 8(5 Suppl): 208-13.
27. Shastri P, editor. 6th ed. Varanasi: Chaukhambha Orientalia; 2005. Acharya Sharangdhara, Sharangdhara Samhita, Madhyama Khanda, 6/13-14; p. 178.
28. PV Sharma, Reprint edition 2015. Dravyaguna Vigyan, Vol 2 p no.734)
29. Donga KR, Donga SB, Dei LP. Role of Nasya and Matra Basti with Narayana Taila on anovulatory factor. Ayu. 2013 Jan;34(1):81-5.
30. P V Sharma, Reprint edition. Charak Samhita, 2010; Charak Siddhi 1/7.
31. Ibid; 1/8.
32. Ibid; 1/39, 40.
33. Govinda Dasji Bhisagratna, Reprint 2014. Bhaisajya Ratnawali Vol. 2, Amavata chikitsa, page 291, 29/28-35.
34. Balkrishna A, Sakat SS, Karumuri S, Singh H, Tomer M, Kumar A, Sharma N, Nain P, Haldar S, Varshney A. Herbal Decoction Divya-Peedantak-Kwath Alleviates Allodynia and Hyperalgesia in Mice Model of Chemotherapy-Induced Peripheral Neuropathy via Modulation in Cytokine Response. Front Pharmacol. 2020 Oct 30;11:566490.

Cite this article as:
Shivani Rawat, Abhishek Bhushan Sharma. A Case Study on Successful Ayurvedic Management of Fibromyalagia. AYUSHDHARA, 2022;9(1):40-45.
https://doi.org/10.47070/ayushdhara.v9i1.870
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Shivani Rawat
MD Scholar,
Dept. of Kayachikitsa,
Patanjali Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttrakhand.
Email:
shivanirawatofficial@gmail.com