



Case Study

INTEGRATIVE APPROACH TO MANAGING FIBROMYALGIA SYNDROME (*MAMSAGAT VATA*)

Digvijay Patil^{1*}, Charmi Mehta²

¹MD Scholar, ²Lecturer, Department of Kayachikitsa, Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, Gujarat, India.

Article info

Article History:

Received: 01-05-2025

Accepted: 11-06-2025

Published: 25-07-2025

KEYWORDS:

Mamsagat Vata,
Koshtashodhana,
Niruha Basti,
Ayurveda.

ABSTRACT

Fibromyalgia is characterized by persistent, widespread musculoskeletal pain, exhaustion, cognitive disruption, mental disorders, and a variety of somatic symptoms. Fibromyalgia affects more women than men, with a frequency of 2.8% in India. It has a possible Ayurvedic correlation with *Gat Vata (Mamsagat Vata)*. A female patient comes to OPD with complaints of pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-07), pain at the origin of the supraspinatus muscle bilaterally (VAS-04) and the upper quadrant of the buttocks bilaterally (VAS-04), pain at the bilateral calf region (VAS-07), and pain at the bilateral scapular region (VAS-07) with morning stiffness (up to 30 min.) all over the body. Due to the above complaints, she had difficulty doing day-to-day work, along with a disturbed sleeping pattern (4-5 hrs.) and stress from her job. No history of DM, HTN, or IHD. The *Chikitsa Siddhant* of *Mamsagat Vata* is *Virechana, Niruha Basti*. Followed by *Shaman Chikitsa*, by considering *Chikitsa Siddhant*, the patient was managed with *Deepan, Pachana*, followed by *Koshtashodhana, Niruha Basti*, and *Shaman Chikitsa* like *Dashmool Kashaya, Yogaraj Guggulu*, and a combination of *Ashwagandha Churna, Chopchini Churna, Pipalimool Churna, Navajeevan Ras*, and *Mamsyadi Kwath*. It shows a significant reduction in pain at the above-mentioned site and an improvement in the quality of life of the patient, which is assessed by the Fibromyalgia Impact Questionnaire before treatment (score: 39/100) and after the treatment (score: 25.5/100). This case study demonstrated the effectiveness of Ayurvedic intervention in the treatment of fibromyalgia.

INTRODUCTION

Fibromyalgia is formed from three words: fibro (tissue), my (muscle), and algia (pain). It is characterized by chronic widespread musculoskeletal pain, which is associated with significant discomfort, generalized exhaustion, disturbed sleep, anxiety, and depression^[1]. Because of hormonal and physiological changes brought on by menstruation, menopause, or pregnancy, women are more prone than males^[2]. Patients with the condition typically suffer from a host of comorbidities that can greatly vary in severity. Since many patients experience only a subset of symptoms, fibromyalgia might only be diagnosed years after

symptom onset or remain undiagnosed entirely, while each symptom is treated on an isolated basis. Fibromyalgia leads to significant decreased function and work capacity, and the quality of life is seriously affected. Proposed etiologies of fibromyalgia include specific gene mutations and polymorphism in the catechol-o-methyltransferase enzyme gene and serotonin transporter, which are potentially related to fibromyalgia syndrome. Maintaining a healthy lifestyle, controlling stress, and maintaining regular sleep patterns are all crucial aspects of lifestyle management. Fibromyalgia has a possible Ayurvedic correlation with *Gat Vata (Mamsagat Vata)*, as it has symptomatic similarity with *Mamsagat Vata*^[3] *Lakshan*, like *Anga Gavray, Dandamushtihat Vedana, Sa-Ruk Shramit (Sarvang Marda)*, and *Shrama*. Symptoms of fibromyalgia are widespread musculoskeletal pain^[4], fatigue^[5], and cognitive disturbances.

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v12i3.2107>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Here is a case study of a patient we treated who had fibromyalgia syndrome. For that, the patient sought Ayurvedic management, and a thorough Ayurvedic treatment program that included *Shodhana* and *Shaman Chikitsa* was administered.

Patient Information

On March 27, 2024, a female patient, age 20, came to the outpatient department with complaints of pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-07), pain at the origin of the supraspinatus muscle bilaterally (VAS-04) and the upper quadrant of the buttocks bilaterally (VAS-04), pain at the bilateral calf region (VAS-07), and pain at the bilateral scapular region (VAS-07) with morning stiffness (up to 30 min.) all over the body. The pain was severe and dull in nature; due to the pain, her day-to-day life is hampered. The patient has had these complaints for 5 months. The patient first had slight discomfort. Her daily activities, sleep patterns, and job stress were all impacted by the pain's progressive escalation in intensity. The patient was on analgesics as prescribed by the physician. The pain subsides as long as she takes those medicines, and withdrawing analgesics did not alleviate the symptoms. As a result, the patient sought Ayurvedic treatment for her illness at the institute's OPD.

Clinical Observation

In order to get additional Ayurvedic treatment, the patient was admitted to the IPD ward (registration number 1016). The patient's condition was a moderate appetite, a coated tongue, and general anxiousness in nature. The pulse rate was 76 beats per minute, the blood pressure was 110/70 mm Hg, and the heart rate was normal. The patient had no major prior medical, surgical, or accidental history. None of the family members suffered from any musculoskeletal conditions. The patient had a good sense of time, place, and person. Throughout the procedure, she was very helpful. The patient appeared normal throughout the physical examination. On muscle examination, muscular tenderness was present at the bilateral thigh region and bilateral forearm (VAS-07), at the origin of the supraspinatus muscle bilaterally (VAS-04), at the upper quadrant of the buttocks bilaterally (VAS-04), at the bilateral calf region (VAS-07), and at the bilateral scapular region (VAS-07). Muscle power was slightly low, and muscle bulk and tone were normal. Both superficial and deep tendon responses were typical. The patient was working rotating shifts at the hospital. On investigation, they were found to be within normal limits (CBC, Vit. B-12, thyroid profile, urine routine, and microscopic). To evaluate the patient, *Dashvidha Pariksha* (tenfold examination of the patient) was

performed. She has *Kapha-Pradhan Vatanubandhit Prakriti*, *Vikruti Vata-Kaphaja*, *Madhyama Sara*, *Sama Pramana* (anthropometry), *Avara Vyayam Shakti*, and *Avara Bala* (strength).

Diagnostic Evaluation

According to the "2016 Revisions to the 2010/2011 Fibromyalgia Diagnostic Criteria American College of Rheumatology (ACR) Diagnostic Criteria," the diagnosis was made based on the presence of "fibromyalgia syndrome."^[6] In Ayurveda, this condition is similar to *Mamsagat Vata*.

Therapeutic Intervention

During the IPD stay, the patient was given *Deepan* and *Pachana* with *Hingwashtak Churna* 4gm before food with *Anupana* of lukewarm water and *Musta* and *Shunthi Sidha Jal* for 3 days and *Koshtashodhana* with *Gandharvahastadi Erand Sneha* 80ml and *Godugddha* 100ml. *Heena Shudhi* was found (08 Veg), and *Sansarjan Karma* was advised for 2 days (3 *Annakal*) after completion of *Sansarjan Karma*. *Sarvang Abhyanga* (therapeutic massage) with *Bala Taila* and *Sarvang Bashpa Swedana* (sudation therapy) were given with *Dashmoola Kwath* for 7 days, and *Yog Basti* (therapeutic enema) (only *Niruha Basti*) with *Dashmool Kwath* was given. *Yogaraja Guggulu*, 2 tablets each of 500mg, thrice a day after a meal with *Anupana* of lukewarm water, and *Dashmool Kwath*, 40ml twice a day on an empty stomach, and a combination of *Ashwagandha Churna*, 3gm, *Chopchini Churna*, 500mg, *Pipalimool Churna*, 500mg, and *Navajeevan Ras*, 125mg per day in three divided doses after a meal with *Anupana* of lukewarm water, and *Mansyadi Kwath*, 20ml at *Nisha Kala*, were advised. *Pathya* (wholesome) and *Apathya* (unwholesome) guidelines mentioned below were followed during the treatment and the follow-up.

Pathya: (Wholesome) The patient was advised to follow a wholesome diet:

Anna Varga: *Kulatha, Masha, Godhuma, Raktashali.*

Shaka Varga: *Patol, Shigru, Vartak, Lashuna, and Shaka.*

Dugdha Varga: *Ghrutam, Kshira.*

Phala Varga: *Dadimba, Draksha.*

Mamsa Varga: *Kukut, Matsya, Tittir, Additionally, Mamsa* was told to be a part of the diet every day.

Apathya: (Unwholesome)

Aahara: *Chanak, Mudga, Bruhatshali, Shaymak, Kalaya.*

Vihara: *Chinta, Ratrojaragana, Vegavidharana, Shrama, Upa Vasa, Vyavaya, and Chankramana-* these activities were restricted.

Table 1: Timeline of the Case

Date	Clinical events/investigation	Intervention/procedure
Dec.2023- March 2024	Musculoskeletal pain, generalized fatigue, disturbances of sleep. Managed with conventional treatment and other conservative management.	Analgesics and physiotherapy
Feb.2024	Musculoskeletal pain and fatigue increased gradually, but the patient was able to do his personal and social activities	Analgesics and physiotherapy
March 2024	The severity of pain increases.	Analgesics and physiotherapy.
March 2024	Hampered her daily activity by her own.	Analgesics and physiotherapy.
27 March 2024 to 30 March 2024	Pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-07), pain at the origin of the supraspinatus muscle bilaterally (VAS-04) and the upper quadrant of the buttocks bilaterally (VAS-04), pain at the bilateral calf region (VAS-07), and pain at the bilateral scapular region (VAS-07) with morning stiffness (up to 30 min.) all over the body. The patient was admitted for further management.	<i>Hingwashtak Churna</i> 4gm before food with <i>Anupana</i> of warm water, <i>Musta</i> and <i>Shunthi Sidha Jal</i> .
31 March 2024	Hospital stays continued	<i>Sarvanga Abhyanga</i> with <i>Bala Tail</i> and <i>Sarvanga Bashpa Swedana</i> with <i>Dashmool Kwath</i> followed by <i>Koshtashodhana</i> with <i>Gandharvahastadi Erand Sneha</i> 80ml and <i>Godugdha</i> 100ml.
1 April 2024 to 2 April 2024	Hospital stays continued	<i>Sansarjan Krama</i> after <i>Koshtashodhana</i> was advised.
03 April to 09 April	Hospital stays continued	<i>Sarvanga Abhyanga</i> with <i>Bala Tail</i> and <i>Sarvanga Bashpa Swedana</i> with <i>Dashmool Kwath</i> , <i>Yoga Basti</i> with <i>Dashmool Kwath</i> , <i>Yogaraja Guggulu</i> 3g per day in three divided doses with <i>Anupana</i> of lukewarm water after meal and <i>Dashmool Kwatha</i> 40 ml twice a day empty stomach <i>Ashwagandha Churna</i> 3gm <i>Chopchini Churna</i> 500mg, <i>Pipalimool Churna</i> 500mg and <i>Navajeevan Ras</i> 125mg per day in three divided doses after meal with <i>Anupana</i> of lukewarm water. <i>Mamsyadi Kwath</i> 20ml at <i>Nisha Kala</i> .
10 April 2024	Discharged from hospital with moderate improvement in above complaints. Pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-03), pain at the origin of the supraspinatus muscle bilaterally (VAS-02) and the upper quadrant of the buttocks bilaterally (VAS-01), pain at the bilateral calf region (VAS-02), and pain at the bilateral scapular region (VAS-03) without morning stiffness.	
Follow up-1 18 April 2024	Slight myalgia with generalized weakness. Pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-03), pain at the	<i>Yogaraja Guggulu</i> 3 g per day in three divided doses after meal with <i>Anupana</i> of lukewarm water.

	origin of the supraspinatus muscle bilaterally (VAS-02) and the upper quadrant of the buttocks bilaterally (VAS-01), pain at the bilateral calf region (VAS-02), and pain at the bilateral scapular region (VAS-03) without morning stiffness.	<i>Dashmool Kwatha</i> 40 ml twice a day empty stomach. <i>Ashwagandha Churna</i> 3gm <i>Chopchini Churna</i> 500mg, <i>Pipalimool Churna</i> 500mg and <i>Navajeevan Ras</i> 125mg per day in three divided doses after meal with <i>Anupana</i> of lukewarm water, <i>Mamsyadi Kwath</i> 20 ml at <i>Nisha Kala</i> .
Follow up-2 26 April 2024	Improvement in above complaint.	<i>Yogaraja Guggulu</i> 3 g per day in three divided doses after meal with <i>Anupana</i> of lukewarm water. <i>Dashmool Kwatha</i> 40 ml twice a day empty stomach. <i>Navajeevan Ras</i> 125 mg per day in twice divided doses after meal with <i>Anupana</i> of lukewarm water.
Follow up-3 04 May 2024	Improvement in above complaint.	<i>Yogaraja Guggulu</i> 3gm per day in three divided doses after meal with <i>Anupana</i> of lukewarm water. <i>Dashmool Kwatha</i> 40ml twice a day empty stomach. <i>Navajeevan Ras</i> 125mg per day in twice divided doses after meal with <i>Anupana</i> of lukewarm water and <i>Ashwagandhadhi Ghruta</i> 20 ml early morning with lukewarm water (<i>Shaman Sneha</i>).
Follow up-4 18 May 2024	Marked Improvement in above complaint.	<i>Yogaraja Guggulu</i> 3gm per day in three divided doses after meal with <i>Anupana</i> of lukewarm water. <i>Dashmool Kwatha</i> 40ml twice a day empty stomach. <i>Navajeevan Ras</i> 125mg per day in twice divided doses after meal with <i>Anupana</i> of lukewarm water and <i>Ashwagandhadhi Ghruta</i> 20ml early morning with lukewarm water (<i>Shaman Sneha</i>).

Table 2: Details of Ayurvedic Procedures

S.no.	Procedure	Drug used	Duration	Method
1.	<i>Sarvanga Abhyanga</i> (therapeutic massage)	<i>Bala Taila</i>	8 days	Lukewarm oil is poured all over the body and a gentle massage was given for 20 minutes per day.
2.	<i>Sarvanga Bashpa Swedana</i> (sudation therapy)	<i>Dashmoola Kwath</i>	8 days	Sudation therapy was given with the steam of <i>Dashmoola Kwath</i> for 10 minutes or as long as the patient feels comfortable.
3.	<i>Koshtashodhana</i> (therapeutic purgation)	<i>Gandharvahastadi Erand Sneha</i> 80ml and <i>Godugddha</i> 100ml	1 day	Therapeutic purgation was given after <i>Sarvanga Abhyanga</i> and <i>Sarvanga Bashpa Swedana</i> .
4.	<i>Yoga Basti</i> (therapeutic enema)	<i>Dashmool Kwath</i>	7 days	300 ml empty stomach

Table 3 Detail of Score

Sr.no	Score	Before Treatment Score	After Treatment Score
1	System Severity Score	06 Score	01 Score
2	Fibromylgia impact questionnaire	(Score-39/100)	(Score-25.5/100).

Follow-Up and Outcomes

For the assessment of pain, the VAS score, Widespread Pain Index, Symptoms Severity Score, and Fibromyalgia Impact Questionnaire [7] were done, as shown in Table No. 3. There was a before, after, and during follow-up assessment of pain. Notable improvements in his condition were there before treatment. Her Widespread Pain Index was at pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-07), pain at the origin of the supraspinatus muscle bilaterally (VAS-04) and the upper quadrant of the buttocks bilaterally (VAS-04), pain at the bilateral calf region (VAS-07), and pain at the bilateral scapular region (VAS-07) with morning stiffness (up to 30 min.) all over the body. After 13 days of hospital stay, her Widespread Pain Index was at pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-03), pain at the origin of the supraspinatus muscle bilaterally (VAS-02) and the upper quadrant of the buttocks bilaterally (VAS-01), pain at the bilateral calf region (VAS-02), and pain at the bilateral scapular region (VAS-03) without morning stiffness, and during the follow-up stay Her Widespread Pain Index was at pain at the bilateral thigh region and at the bilateral forearm (myalgia) (VAS-01), pain at the origin of the supraspinatus muscle bilaterally (VAS-01) and the upper quadrant of the buttocks bilaterally (VAS-00), pain at the bilateral calf region (VAS-00), and pain at the bilateral scapular region (VAS-01) without morning stiffness. Her status was reasonably stable for the duration of the one-month follow-up.

DISCUSSION

According to Ayurveda, the initial measures to apply while addressing *Vata Vyadhi* (disorders caused by *Vata*) are *Snehana* and *Swedana*. *Talia* (oil) is the most effective *Vata-Kaphahara* drug among all, to balancing both *Vata* and *Kapha*. Therapeutic massage decreases tissue adhesion, increases muscle compliance, increases range of joint motion, decreases passive stiffness, decreases active stiffness, increases muscle blood flow, increases skin blood circulation, increases parasympathetic activity, increases relaxation hormones, decreases stress hormones, decreases neuromuscular excitability, decreases pain, and decreases muscle tension or spasm. *Swedana* increases muscle relaxation, increases VASodilation, and thus increases the blood flow of that area. *Niruha*

Basti increases the *Bala* (strength) of the body, *Agani* and *Sarva Gadapaha* (protect body from all diseases).

Yograj Guggulu^[8] mentioned in *Chakraddutta* in *Aamvat Chikitsa Adhyaya* is a *Vata Shamak* with *Panchakol* for *Deepana* of *Agani* and *Pachana*. It contains *Ghrita*. a pacifying *Vata* and *Balya* and aids vitamin D assimilation, it is indicated in *Gata Vata* with ingredients like *Tikta Rasa* for *Deepana* and cleansing channels. *Dashamoola kwatha*^[9] is mainly indicated in diseases like *Avrutta Vata*, *Anubandhya Vata*, or *Paratantra Vata*, where *Vata* is obstructed or deviated by other *Doshas* or *Ama*. Collective properties of *Dashamoola kwatha* are *Katu Rasa*, *Katu Vipaka*, *Laghu-Ruksha Guna*, and *Ushna Veerya*. By virtue of these properties, *Dashamoola* acts as *Amapachan* and removes the *Avaran* of *Kaphadidoshas*. *Navajeevan Ras Rasasindoora*^[10] and *Kupilu*^[11] will help to reduce the intensity of pain. Due to *Yogavahi* property, it carries drugs to the required site and catalyzes the action of other drugs and provides better therapeutic efficacy. It is also mentioned in the quotation of formulation that it can be advised in conditions of *Manasika Sramodbhuta Avasada* (fatigue resulting from mental stress). *Mamsyadi Kwath* is mainly indicated in *Manasika Avasada*, and it has anti-depressant activity^[12].

CONCLUSION

This case report highlights the potential of Ayurvedic therapy in effectively managing fibromyalgia a multifactorial condition presented with widespread pain, fatigue etc; shows significant improvement following a holistic Ayurvedic approach. The regime included *Panchakarma* therapies, dietary modification and oral medication and addressing root causes of the condition.

Declaration of Patient Consent

The authors claim that they obtained a patient consent form in which the patient agreed to submit the case, together with photos and other clinical information, to the journal. The patient knows that his name and initials will not be publicized and that reasonable attempts will be made to hide his identity.

REFERENCES

1. Goldenberg DL. Fibromyalgia syndrome. An emerging but controversial condition. JAMA. 1987 May 22-29; 257(20): 2782-7. doi: 10.1001/jama.257.20.2782. PMID: 3553636.

2. Vincent, A., Lahr, B. D., Wolfe, F., Clauw, D. J., Whipple, M. O., Oh, T. H., Barton, D. L., & St Sauver, J. (2013). Prevalence of fibromyalgia: a population-based study in Olmsted County, Minnesota, utilizing the Rochester Epidemiology Project. *Arthritis care & research*, 65(5), 786–792. <https://doi.org/10.1002/acr.21896>
3. Dr. Brahmananda Tripathi. First edition, Vol. II, Varanasi: Chaukhamba surabharati prakashan; 2001. p. 942
4. Björkegren, K., Wallander, M. A., Johansson, S., & Svärdsudd, K. (2009). General symptom reporting in female fibromyalgia patients and referents: a population-based case-referent study. *BMC public health*, 9, 402. <https://doi.org/10.1186/1471-2458-9-402>
5. R., McBeth, J., Zakrzewska, J. M., Lunt, M., & Macfarlane, G. J. (2006). The epidemiology of chronic syndromes that are frequently unexplained: do they have common associated factors?. *International journal of epidemiology*, 35(2), 468–476. <https://doi.org/10.1093/ije/dyi265>
6. Wolfe, F., Clauw, D. J., Fitzcharles, M. A., Goldenberg, D. L., Häuser, W., Katz, R. L., Mease, P. J., Russell, A. S., Russell, I. J., & Walitt, B. (2016). 2016 Revisions to the 2010/2011 fibromyalgia diagnostic criteria. *Seminars in arthritis and rheumatism*, 46(3), 319–329. <https://doi.org/10.1016/j.semarthrit.2016.08.012>
7. M., Friend, R., Jones, K. D., Ward, R., Han, B. K., & Ross, R. L. (2009). The Revised Fibromyalgia Impact Questionnaire (FIQR): validation and psychometric properties. *Arthritis Research & Therapy*, 11(5), 415. <https://doi.org/10.1186/ar2830>
8. Chakradutta of Chakrapani Dutta, ch. 25, Ver. 25–30 1st ed., Varanasi: Chaukhambha Sanskrit Samsthan; 1992. p. 168.
9. Parmar N, Singh S, Patel B. A Critical Review on Different Dashamooladi Kwath Yoga. *Int J Ayu Pharm Res [Internet]*. 2015Dec.14 [cited 2025Aug. 8];3(7). Available from: <https://www.ijapr.in/index.php/ijapr/article/view/118>
10. Sri Sadananda Sharma, Dr.Ravindra angadi. *Rasatarangini*. Varanasi: Chaukhamba surbharati prakashan; 2015, 6/190, page 96.
11. *Rasatarangini*. Varanasi: Chaukhamba surbharati prakashan; 2015, 24/185, page 452.
12. Ravishankar, B., & Dwivedi, R. (2013). Anti-depressant activity of Mamsyadi Kwatha: An Ayurvedic compound formulation. *Ayu*, 34(1), 113–117. <https://doi.org/10.4103/0974-8520.115448>

Cite this article as:

Digvijay Patil, Charmi Mehta. Integrative Approach to Managing Fibromyalgia Syndrome (Mamsagat Vata). *AYUSHDHARA*, 2025;12(3):213-218.
<https://doi.org/10.47070/ayushdhara.v12i3.2107>

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

***Address for correspondence**

Dr. Digvijay Patil

MD Scholar,
 Department of Kayachikitsa,
 Institute of Teaching and Research
 in Ayurveda (ITRA), Jamnagar,
 Gujarat, India.

Email:

digvijaypatil31770@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.