

HERBAL THERAPIES IN FIBROMYALGIA: A REVIEW OF CURRENT EVIDENCE

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ABSTRACT

Fibromyalgia (FM) is a chronic disorder characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, cognitive dysfunction, and psychological symptoms such as anxiety and depression. It significantly affects the quality of life of patients and poses a major challenge due to its complex pathophysiology and the absence of a permanent cure. Current treatment mainly focuses on symptom management using pharmacological and non-pharmacological approaches. However, conventional medications often provide only partial relief and may produce undesirable side effects, encouraging many patients to explore complementary and alternative medicine (CAM) as an additional or alternative treatment option. In recent years, there has been increasing interest in the role of traditional medical systems, herbal medicines, and other complementary therapies in the management of fibromyalgia.

This review summarizes the available evidence regarding the effectiveness of complementary and alternative medicine in the treatment of fibromyalgia. The literature was reviewed and categorized into four major groups based on the origin of the therapies, including Traditional Chinese Medicine, Japanese natural harmonization therapies such as Reiki, Ayurvedic medicine, and other non-drug interventions. Various herbal medicinal products and traditional treatment approaches have been investigated for their potential to reduce pain, improve sleep quality, decrease fatigue, enhance physical function, and support mental well-being. Several studies have reported that Traditional Chinese Medicine, including herbal formulations and acupuncture, may help reduce pain intensity and improve overall quality of

life. Similarly, Reiki and other mind-body therapies have shown beneficial effects in reducing stress, anxiety, and pain perception. Ayurvedic interventions, including herbal medicines, yoga, and lifestyle modifications, have also demonstrated encouraging outcomes in improving both physical and psychological symptoms associated with fibromyalgia. In addition, several herbal medicinal products possessing analgesic, anti-inflammatory, antioxidant, and neuroprotective properties have shown potential benefits in managing fibromyalgia and neuropathic pain. Other complementary approaches such as meditation, exercise, massage therapy, relaxation techniques, and cognitive behavioral interventions have also been found to improve functional capacity and emotional health in many patients. Although many clinical studies have reported positive findings, the available evidence remains limited by small sample sizes, differences in treatment protocols, variations in study quality, and short follow-up periods. Therefore, the current evidence should be interpreted with caution. Overall, complementary and alternative medicine appears to be a promising supportive approach for the management of fibromyalgia and may improve both physical and psychological outcomes when used alongside conventional therapy. Since fibromyalgia has no definitive cure, achieving effective symptom control and improving the quality of life remain the primary goals of treatment. Further well-designed, large-scale clinical trials are required to establish the long-term safety, efficacy, and standardization of herbal medicines and other complementary therapies before they can be routinely recommended in clinical practice.

KEYWORDS: Fibromyalgia; Complementary and Alternative Medicine; Herbal Medicine; Traditional Chinese Medicine; Ayurveda; Non-pharmacological Therapy.

1. INTRODUCTION

Fibromyalgia (FM) is a chronic and complex disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep disturbances, skin hypersensitivity, gastrointestinal complaints, cognitive dysfunction, and psychological symptoms such as anxiety and depression. These persistent symptoms significantly impair daily functioning and reduce the overall quality of life of affected individuals. The condition is considered a chronic pain syndrome involving abnormalities in pain processing rather than tissue damage or inflammation, making its diagnosis and treatment particularly challenging.^[1]

The term *fibromyalgia* originates from the Latin word *fibro*, meaning fibrous tissue, the Greek word *myo*, meaning muscle, and *algos*, meaning pain, collectively referring to pain

involving muscles and connective tissues.^[9] Although the American College of Rheumatology (ACR) recognizes fibromyalgia as a distinct clinical disorder, its exact pathophysiology remains incompletely understood. Increasing evidence suggests that central sensitization, altered neurotransmitter activity, neuroendocrine dysfunction, genetic predisposition, and environmental factors contribute to the development of the disease. However, no single mechanism fully explains the wide range of symptoms experienced by patients.^[9]

Fibromyalgia is one of the most frequently encountered chronic pain disorders, with an estimated global prevalence of approximately 2% in the general population. The condition occurs more commonly in women than in men and is characterized by chronic widespread pain associated with multiple tender points identified during clinical examination.^[6] Despite its relatively high prevalence, fibromyalgia remains considerably underdiagnosed. This underdiagnosis is influenced by several factors, including the absence of specific laboratory or imaging biomarkers, overlap of symptoms with other rheumatic and neurological disorders, variability in clinical presentation, and social stigma associated with the disease. Gender-related misconceptions, where fibromyalgia is often considered primarily a disorder affecting women, further contribute to delays in diagnosis and treatment. In addition, the continuous evolution of diagnostic criteria published by the American College of Rheumatology in 1990, 2010, 2011, and 2016 has created challenges in achieving uniform diagnosis across healthcare settings.^[8]

The management of fibromyalgia remains difficult because there is currently no permanent cure. Existing treatment strategies primarily aim to reduce pain, improve sleep quality, minimize fatigue, enhance physical function, and improve psychological well-being. Pharmacological therapies, including antidepressants, anticonvulsants, and analgesics, may provide symptomatic relief; however, their effectiveness is often limited and many patients continue to experience persistent symptoms or treatment-related adverse effects. Consequently, patient satisfaction with conventional therapy is frequently low, highlighting the need for more comprehensive and individualized treatment approaches.^[6]

In recent years, complementary and alternative medicine (CAM) has gained considerable attention as an adjunctive approach for the management of fibromyalgia. The World Health Organization (WHO) has actively encouraged member countries to strengthen the integration of traditional medicine into healthcare systems through policies and action plans that promote

safe, effective, and evidence-based use of these therapies.^[8] As a result, the use of CAM has increased substantially among patients with chronic pain disorders. Studies have reported that nearly 90–98% of individuals with fibromyalgia have used one or more complementary therapies within the previous year to alleviate pain and improve their overall health status.^[5]

Complementary and alternative medicine encompasses a wide range of interventions, including Traditional Chinese Medicine, Ayurveda, herbal medicine, acupuncture, Reiki, yoga, meditation, dietary therapies, massage, and other mind-body practices. Several systematic reviews have suggested that homeopathy, herbal therapies, and dietary interventions may improve pain, tender point sensitivity, sleep quality, and mood in patients with fibromyalgia. Similarly, acupuncture has demonstrated beneficial effects in reducing pain, fatigue, sleep disturbances, and emotional distress, while practices such as Tai Chi and meditation have been associated with improvements in physical function, mental health, and overall quality of life.^[5]

Although many complementary therapies have shown promising clinical outcomes, the available evidence remains heterogeneous because of differences in study design, treatment protocols, outcome measures, and sample sizes. Therefore, further high-quality clinical research is required to establish standardized treatment recommendations and confirm their long-term safety and effectiveness. This review aims to summarize and critically evaluate the current evidence regarding the role of complementary and alternative medicine, particularly herbal medicine and traditional therapeutic systems, in the management of fibromyalgia. By providing an updated overview of available therapies, this review seeks to highlight their potential benefits, limitations, and future prospects in improving patient care.

2. Search Strategy

A comprehensive literature search was conducted independently by two reviewers to identify relevant studies published up to December. Electronic databases including **Scopus**, **CINAHL**, **PsycINFO**, and **Web of Science** were systematically searched to retrieve studies investigating the role of complementary and alternative medicine (CAM) in the management of fibromyalgia. The search strategy combined Medical Subject Headings (MeSH) and free-text keywords related to fibromyalgia and complementary therapies. The primary search terms included "**fibromyalgia**" OR "**fibromyalgia treatment**" combined with "**non-pharmacological treatment**," "**traditional Chinese medicine**," "**traditional medicine**," "**alternative medicine**," "**complementary medicine**," and "**cultural practice**." Reference

lists of the selected articles were also manually screened to identify additional relevant studies that might have been missed during the electronic database search. The literature search was designed to ensure a comprehensive and unbiased identification of eligible studies relevant to the objectives of this review.^[4,5]

3. Eligibility Criteria

Studies were selected based on predefined inclusion criteria to ensure the quality and relevance of the evidence included in this review. Randomized controlled trials (RCTs) and quasi-randomized controlled trials, including crossover study designs, were considered eligible. Only studies with a double-blind design evaluating the efficacy and effectiveness of herbal medicinal products or herbal preparations in the management of fibromyalgia and neuropathic pain were included. In addition, clinical studies investigating complementary and alternative medicine interventions, such as herbal medicine, Traditional Chinese Medicine, Ayurveda, and other non-pharmacological therapies, were considered when they reported clinically relevant outcomes related to pain, fatigue, sleep quality, physical function, or quality of life. No language restrictions were applied during study selection to ensure broad coverage of the available scientific literature. Studies lacking sufficient methodological details, duplicate publications, conference abstracts without full-text availability, and articles unrelated to the objectives of this review were excluded.^[4,5]

4. Types of Participants

This review included studies involving adult participants aged **18 years and above** who had been diagnosed with **fibromyalgia, neuropathic pain**, or both, with symptoms persisting for at least **three months**. Chronic neuropathic pain conditions considered for inclusion comprised painful diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia, phantom limb pain, postoperative or traumatic neuropathic pain, complex regional pain syndrome (CRPS), cancer-related neuropathy, HIV-associated neuropathy, spinal cord injury, and fibromyalgia. Studies that included participants with more than one neuropathic pain condition were also considered eligible, and the findings were interpreted according to the primary condition investigated in each study. No restrictions were applied regarding the gender of participants, allowing both male and female subjects to be included. However, studies focusing exclusively on headache or migraine were excluded because these conditions are generally classified as acute pain disorders and differ in their underlying pathophysiology from chronic neuropathic pain and fibromyalgia.^[2]

Neuropathic pain is a common clinical feature observed in many of these conditions and results from injury or dysfunction of the somatosensory nervous system. It is often associated with persistent pain and altered sensory perception, which substantially affect patients' physical functioning, emotional well-being, and quality of life. Since fibromyalgia shares several clinical features with neuropathic pain, many complementary and alternative therapeutic approaches have been evaluated for their potential to reduce pain intensity and improve overall patient outcomes.

5. Neuropathic Pain

Neuropathic pain is a chronic pain condition that arises due to injury or dysfunction of the somatosensory nervous system. It is broadly classified into **peripheral neuropathic pain** and **central neuropathic pain**, depending on the site of nerve damage. Peripheral neuropathy (PN) occurs as a result of damage to the peripheral nerves, including sensory and motor neurons, their axons, and the myelin sheath. Patients with peripheral neuropathy commonly experience persistent pain, muscle weakness, numbness, and sensory impairment, which can significantly reduce their quality of life.^[10]

The development of peripheral neuropathic pain involves several complex pathophysiological mechanisms. One of the major mechanisms is **ectopic neuronal activity** originating from injured primary afferent nerves and the **dorsal root ganglion (DRG)**, leading to abnormal pain signal transmission. In addition, alterations in voltage-gated sodium channels, increased sensitivity of nociceptors, abnormal interactions between sympathetic and sensory nerves, and changes in nerve fiber communication contribute to the generation and persistence of neuropathic pain.^[11]

Neuropathic pain is associated with symptoms such as spontaneous burning pain, tingling, electric shock-like sensations, hyperalgesia, allodynia, and sensory loss. These symptoms often persist for long periods and are difficult to manage using conventional analgesics alone. Therefore, understanding the underlying mechanisms of neuropathic pain is essential for developing effective therapeutic strategies, including pharmacological agents and complementary approaches such as herbal medicines and other alternative therapies.

Symptoms of Neuropathic Pain

Patients with neuropathic pain may experience a variety of sensory abnormalities depending on the severity and location of nerve injury. The most common symptoms include.

- **Hyperalgesia:** An exaggerated pain response to a stimulus that is normally painful.
- **Allodynia:** Pain resulting from a stimulus that does not normally cause pain, such as light touch or mild pressure.
- **Anaesthesia:** Partial or complete loss of normal sensation in the affected area due to nerve damage.
- **Dysesthesia:** An unpleasant or abnormal sensation, often described as burning, electric shock-like, or painful, occurring either spontaneously or in response to stimulation.
- **Paresthesia:** Abnormal but usually non-painful sensations such as tingling, numbness, or "pins and needles."

Recognition of these symptoms is important for the accurate diagnosis of neuropathic pain and for selecting appropriate therapeutic interventions aimed at improving pain control and quality of life in affected patients.

6. Fibromyalgia

Fibromyalgia (FM) is a chronic pain disorder characterized by widespread musculoskeletal pain accompanied by a variety of physical, psychological, and cognitive symptoms. Patients with fibromyalgia commonly experience persistent fatigue, sleep disturbances, depression, anxiety, and cognitive impairment, often referred to as "*fibro fog*." These symptoms significantly affect daily activities and reduce the overall quality of life.^[12,13]

In addition to chronic widespread pain, individuals with fibromyalgia frequently report symptoms such as hyperalgesia (increased sensitivity to painful stimuli), burning sensations, tingling, numbness, and generalized body stiffness. Unlike inflammatory musculoskeletal disorders, fibromyalgia is not associated with tissue inflammation or structural damage. Instead, the condition is believed to result from abnormalities in central pain processing, leading to an increased sensitivity to pain despite the absence of detectable tissue injury.^[13]

The pain associated with fibromyalgia is usually diffuse and affects multiple regions of the body, including the neck, shoulders, arms, chest, back, hips, and buttocks. A characteristic clinical feature of the disorder is the presence of **tender points**, which are specific areas that become painful on palpation and may be associated with muscle stiffness or spasms. Although the diagnosis of fibromyalgia has evolved over time, widespread pain, fatigue, sleep disturbances, and cognitive symptoms continue to be the hallmark features of the disease.^[14]

The exact cause of fibromyalgia remains unclear; however, current evidence suggests that genetic susceptibility, altered neurotransmitter levels, neuroendocrine dysfunction, psychological stress, and central sensitization all contribute to its development. Because there is no definitive cure, current treatment strategies focus on relieving symptoms, improving physical function, enhancing sleep quality, and improving the overall quality of life through both pharmacological and non-pharmacological approaches.

Treatment of Fibromyalgia

The management of fibromyalgia primarily focuses on relieving symptoms, improving physical function, and enhancing the patient's overall quality of life, as there is currently no definitive cure. A multidisciplinary approach combining pharmacological and non-pharmacological therapies is considered the most effective strategy for managing the condition.^[15]

Several medications have been used for symptom management, including **acetaminophen, ibuprofen, aspirin, tramadol, codeine, propoxyphene, rofecoxib**, and other **non-steroidal anti-inflammatory drugs (NSAIDs)**. Although these drugs may provide temporary relief from pain, particularly NSAIDs and simple analgesics, their long-term effectiveness in fibromyalgia is generally limited because the condition is not primarily inflammatory in nature.^[15]

Among pharmacological therapies, certain **antidepressants**, particularly **amitriptyline** and **duloxetine**, have demonstrated beneficial effects in reducing pain, improving sleep quality, and alleviating fatigue. Similarly, the anticonvulsant **pregabalin** has shown efficacy in decreasing pain intensity and improving overall patient well-being by modulating abnormal pain signaling pathways. These medications are widely recommended as part of the pharmacological management of fibromyalgia.^[15]

Non-pharmacological interventions also play a crucial role in the treatment of fibromyalgia. Regular **aerobic exercise**, stretching exercises, and physical activity have been shown to improve physical fitness, enhance sleep quality, reduce fatigue, and decrease pain intensity in many patients. Exercise is therefore considered one of the cornerstone therapies in fibromyalgia management.^[16]

Tricyclic antidepressants such as **amitriptyline** and **nortriptyline**, as well as **trazodone**, are frequently prescribed to improve sleep disturbances and reduce pain. Clinical studies have reported short-term improvements in sleep quality and tenderness at painful points; however, evidence supporting their long-term efficacy remains limited. Consequently, treatment should be individualized according to symptom severity, patient response, and tolerability, with regular follow-up to optimize therapeutic outcomes.^[15]

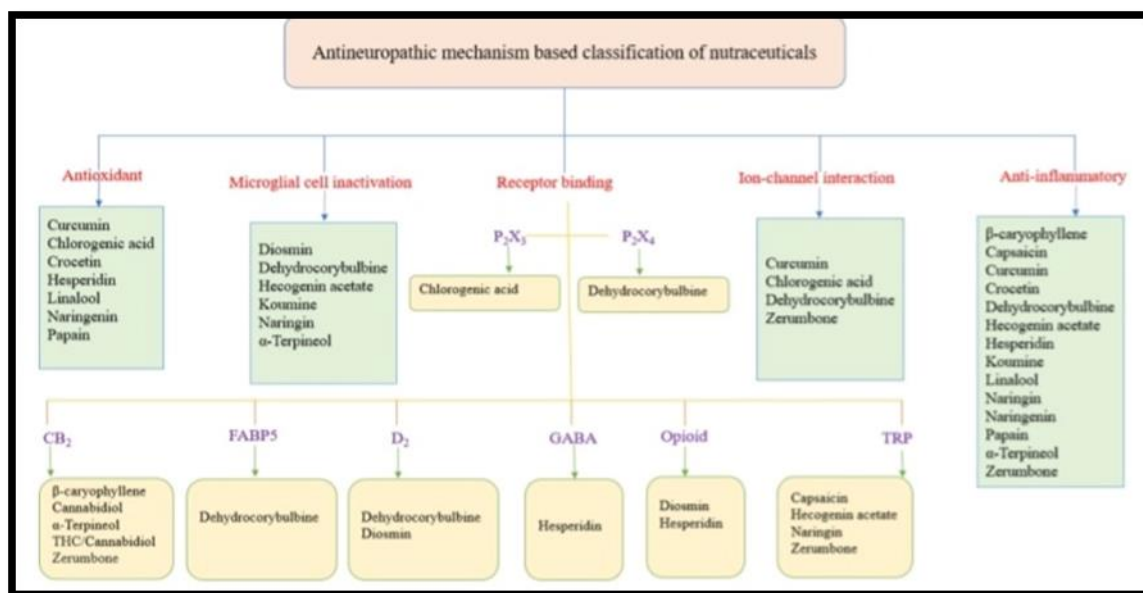


Fig.1: Antineuropathic mechanism based classification of nutraceuticals.

7. Nutraceuticals for neuropathic pain and fibromyalgia

Despite the widespread availability of targeted therapies for neuro-pathic pain, nutraceuticals (dietary supplements and herbal/natural products) are gaining popularity due to their low cost, high nutritional and therapeutic values, and ability to bind to multiple molecular targets.^[2]

8. Role of Ayurveda and Herbal Medicine

Ayurveda is one of the world's oldest traditional systems of medicine, originating in India more than 3,000 years ago. It emphasizes a holistic approach to health by maintaining harmony between the body, mind, and spirit. The Ayurvedic system utilizes herbal medicines, mineral preparations, dietary modifications, lifestyle changes, yoga, meditation, and various therapeutic procedures to prevent and manage diseases. Unlike conventional medicine, Ayurveda focuses not only on symptom relief but also on restoring the body's natural balance and improving overall well-being.^[17]

According to Ayurvedic principles, fibromyalgia can be correlated with **Mamsa Dhatugata Vikara** (disorders affecting the muscle tissue) and **Mamsavrita Vata**, a condition caused by the aggravation of *Vata dosha* within the muscular tissues. This imbalance is believed to produce symptoms such as widespread body pain, stiffness, fatigue, disturbed sleep, and reduced physical strength. Therefore, Ayurvedic management aims to restore the balance of *Vata dosha*, improve muscle function, reduce pain, and enhance the patient's quality of life through individualized treatment approaches.^[17]

Several Ayurvedic herbal formulations containing medicinal plants with anti-inflammatory, analgesic, antioxidant, and adaptogenic properties have shown promising results in reducing pain, fatigue, and stress associated with fibromyalgia. In addition, therapies such as **Panchakarma**, yoga, meditation, and dietary regulation are commonly recommended as supportive treatments to improve both physical and mental health.

9. Ayurveda Massage Therapy

Massage therapy is one of the oldest healing practices and has been used for centuries in many traditional systems of medicine, including Ayurveda. Ayurvedic massage, commonly known as **Abhyanga**, involves the application of warm herbal oils combined with gentle rhythmic massage techniques to promote relaxation, improve blood circulation, reduce muscle stiffness, and relieve pain.^[18]

Massage therapy is widely accepted as a complementary treatment for fibromyalgia because it provides both physical and psychological benefits. Many patients report improvements in muscle pain, fatigue, sleep quality, stress, and overall well-being following regular massage sessions. The relaxing effect of massage may also help reduce anxiety and improve emotional health, which are common concerns among individuals with fibromyalgia.

Several clinical studies have suggested that massage therapy can effectively reduce pain intensity and tenderness while improving functional ability and quality of life in patients with fibromyalgia. Due to its safety, patient acceptance, and minimal adverse effects, massage therapy is often recommended as part of a comprehensive, multidisciplinary treatment approach alongside pharmacological therapy and lifestyle modifications.^[18]

10. Herbs and Herbal Medicines

Herbal medicines have gained considerable attention as supportive therapies for the management of fibromyalgia (FM). Since conventional treatments often provide only partial relief, many patients seek herbal remedies to reduce pain, fatigue, sleep disturbances, and improve their overall quality of life. Herbal medicines are generally used as complementary therapies alongside lifestyle modifications, physical exercise, and conventional medications rather than as standalone treatments. Several medicinal plants used in Ayurveda have demonstrated promising analgesic, anti-inflammatory, and antioxidant properties that may help in the management of fibromyalgia symptoms.^[19]

10.1 Capsaicin

Capsaicin is a naturally occurring alkaloid obtained from the fruits of **Capsicum** species (chili peppers). It is well known for its analgesic and anti-inflammatory properties and has been widely investigated for the treatment of neuropathic pain and chronic musculoskeletal disorders, including fibromyalgia. Topical capsaicin preparations have shown beneficial effects in reducing pain and tenderness in patients with peripheral neuropathic pain and fibromyalgia.^[20]

The analgesic effect of capsaicin is mainly mediated through the **transient receptor potential vanilloid-1 (TRPV1)** receptor. Repeated topical application reduces the release of **Substance P**. This mechanism helps decrease pain sensitivity without causing permanent nerve damage.^[21]

Clinical studies have shown that **low-strength capsaicin creams (0.025% and 0.075%)** can reduce tenderness and improve pain in patients with fibromyalgia. Higher-concentration formulations, such as **8% capsaicin patches**, have demonstrated greater efficacy in managing peripheral neuropathic pain with prolonged pain relief after a single application. In addition to its analgesic action, capsaicin has been reported to reduce the production of pro-inflammatory cytokines, including **IL-1 β , IL-6, and TNF- α** , which are associated with chronic pain and inflammation.^[20,21]

Overall, current evidence suggests that topical capsaicin may serve as a useful complementary therapy for reducing pain and improving the quality of life of patients with fibromyalgia and other neuropathic pain conditions. However, further well-designed clinical trials are needed to confirm its long-term safety and effectiveness.^[20]



Fig.2: Capsaicin.

10.2 Curcumin

Curcumin is the principal bioactive compound obtained from the rhizome of **Curcuma longa** (turmeric), a medicinal plant widely used in traditional Ayurvedic medicine. For centuries, turmeric has been used as a spice as well as a natural remedy for various inflammatory and painful disorders. Curcumin possesses a wide range of pharmacological activities, including **anti-inflammatory, antioxidant, analgesic, antimicrobial, antidiabetic, hepatoprotective, cardioprotective, and anticancer** properties, making it a promising natural agent for the management of chronic diseases.^[22]

The therapeutic effects of curcumin are mainly attributed to its ability to regulate multiple inflammatory and cellular signaling pathways. It suppresses the activation of **mitogen-activated protein kinase (MAPK)** and modulates several important molecular pathways, including **JAK/STAT, Wnt/ β -catenin, Notch, autophagy, apoptosis, and HIF-1**. These actions help reduce inflammation, oxidative stress, and abnormal pain signaling associated with chronic pain disorders such as fibromyalgia.^[23]

Several experimental and clinical studies suggest that curcumin may reduce pain intensity, improve physical function, and decrease inflammatory responses in patients with chronic musculoskeletal disorders. Its antioxidant activity also protects cells from oxidative damage, which is believed to contribute to the development and progression of fibromyalgia. Furthermore, curcumin has demonstrated a favorable safety profile with minimal adverse effects when used at recommended doses.^[22,23]

Although the available evidence is encouraging, further large-scale clinical trials are needed to establish the optimal dosage, long-term safety, and clinical efficacy of curcumin in the management of fibromyalgia. Overall, curcumin represents a promising complementary therapy that may improve symptom control and quality of life when used alongside conventional treatment.



Fig.3: Curcumin.

11. Traditional Chinese Medicine (TCM)

Traditional Chinese Medicine (TCM) is one of the most widely practiced complementary therapies for the management of chronic pain disorders, including fibromyalgia. It includes various treatment approaches such as acupuncture, herbal medicine, moxibustion, and therapeutic massage. Among these, **acupuncture** has been the most extensively studied for its effectiveness in fibromyalgia.

Several randomized controlled trials have reported that acupuncture significantly reduces pain, fatigue, and the overall impact of fibromyalgia while improving patients' quality of life. Some studies have also shown long-term benefits, including reduced tenderness at painful points, improvement in anxiety and depression, and better social functioning. In addition, combining acupuncture with therapies such as music and vibration has demonstrated further improvements in symptom control. However, not all studies have reported consistent results, and some researchers observed only modest pain relief without significant additional benefits

compared to control groups. Therefore, although acupuncture appears promising, further well-designed clinical trials are required to confirm its long-term effectiveness.^[24]

12. Japanese Natural Harmonization

Japanese natural harmonization therapies focus on restoring the body's natural energy balance. One of the most commonly used therapies is **Reiki**, a gentle hands-on healing technique aimed at promoting physical and emotional well-being.

Reiki has been evaluated as a complementary therapy for patients with fibromyalgia to reduce pain, fatigue, and improve quality of life. Although the treatment is generally considered safe and well accepted by patients, clinical studies have reported mixed findings. Some studies did not observe statistically significant improvements in pain intensity, physical health, mental well-being, or fatigue when compared with control groups. Therefore, the current evidence is insufficient to recommend Reiki as a standalone treatment for fibromyalgia, although some patients may experience subjective improvements in relaxation and stress reduction.^[24]

13. Other Non-Drug Therapies

Several non-pharmacological therapies have also been investigated for the management of fibromyalgia. **Balneotherapy**, which involves bathing in mineral-rich thermal water, is one of the commonly used complementary therapies for rheumatic and musculoskeletal disorders.

Clinical studies have shown that balneotherapy can reduce pain, decrease the number of tender points, and improve the overall impact of fibromyalgia after repeated treatment sessions. Some improvements, particularly in pain relief and disease severity, have been maintained for several months after treatment. When combined with regular physical exercise, balneotherapy has also been associated with better sleep quality and improved physical function. However, exercise alone appears to produce greater improvements in depressive symptoms, suggesting that combining multiple non-pharmacological interventions may provide the greatest overall benefit for patients with fibromyalgia.^[24]

14. Homeopathy

Homeopathy is a complementary medical system based on the principle of "**like cures like**," in which highly diluted substances are used to treat symptoms similar to those they produce in healthy individuals. Homeopathic remedies are prepared through repeated dilution and

succussion, resulting in formulations that often contain little or no measurable amount of the original substance.

Although homeopathy is widely used by some patients with fibromyalgia, current scientific evidence supporting its effectiveness remains limited. A few studies have reported improvements in pain, sleep quality, and overall well-being; however, these findings are inconsistent and lack strong scientific support. Due to the absence of a well-established biological mechanism and limited high-quality clinical evidence, homeopathy cannot currently be recommended as a primary treatment for fibromyalgia. Further rigorous clinical trials are necessary to determine its safety and therapeutic value.^[25]

15. Clinical Implications

The findings of this review highlight the growing importance of **complementary and alternative medicine (CAM)** in the management of fibromyalgia. Healthcare professionals, including physicians, pharmacists, nurses, and physiotherapists, should be aware that many patients use CAM therapies alongside conventional treatments to manage chronic pain, fatigue, and other symptoms. Therefore, clinicians should routinely ask patients about their use of herbal medicines, acupuncture, yoga, massage, or other complementary therapies during clinical consultations.^[26]

It is equally important to educate patients that CAM should be considered a **complementary approach rather than a replacement for conventional medical treatment**. Combining evidence-based pharmacological therapy with appropriate complementary interventions may improve symptom control, treatment adherence, and overall quality of life. Furthermore, healthcare professionals should receive adequate training regarding the benefits, limitations, and safety of CAM therapies to support informed clinical decision-making and promote a more holistic approach to patient care.^[26]

16. Limitations

This review has several limitations that should be considered while interpreting the findings. Some relevant studies may not have been identified because they used the term "**chronic pain**" instead of "**fibromyalgia**" or described individual therapies without specifically identifying them as complementary and alternative medicine. Consequently, potentially important publications may have been overlooked during the literature search.^[26]

In addition, unpublished studies, conference proceedings, and doctoral theses were not included, as only peer-reviewed publications were considered. Although multiple electronic databases were searched, Chinese-language databases were not included, which may have limited the number of studies related to Traditional Chinese Medicine. Furthermore, restricting the search primarily to articles with "**fibromyalgia**" in the title may have excluded some relevant studies in which fibromyalgia was discussed as a secondary outcome. Despite these limitations, the available evidence provides valuable insight into the potential role of complementary and alternative medicine in improving symptom management and quality of life in patients with fibromyalgia.^[26]

CONCLUSION

Fibromyalgia is a chronic and complex pain disorder that significantly affects the physical, psychological, and social well-being of patients. As conventional treatments often provide only partial symptom relief, complementary and alternative medicine (CAM) has emerged as a valuable supportive approach for improving pain, fatigue, sleep quality, and overall quality of life. This review highlights the potential benefits of various CAM therapies, including Ayurvedic medicine, herbal medicines, Traditional Chinese Medicine, acupuncture, massage therapy, and other non-pharmacological interventions in the management of fibromyalgia.

Most of the available clinical studies have reported positive outcomes, indicating that these therapies may improve both physical and mental health when used alongside conventional treatment. Herbal medicines such as curcumin and capsaicin have demonstrated promising analgesic and anti-inflammatory effects, while acupuncture, massage, yoga, and other complementary therapies have shown benefits in reducing pain, improving sleep, and enhancing functional capacity. However, the available evidence is still limited by variations in study design, treatment protocols, sample sizes, and outcome measures, making direct comparisons difficult.

Therefore, complementary and alternative medicine should be considered as an **adjunct to conventional medical care rather than a replacement**. Healthcare professionals should encourage patients to discuss their use of CAM therapies to ensure safe and evidence-based treatment decisions. Further large-scale, well-designed randomized controlled trials with standardized methodologies are needed to establish the long-term efficacy, safety, and clinical applicability of these therapies. A better understanding of integrative treatment

approaches may ultimately lead to improved patient outcomes and a higher quality of life for individuals living with fibromyalgia.

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