Fibromyalgia is a rheumatological disorder characterized by chronic widespread body pain, stiffness, fatigue, disturbed sleep, tender points, and poor quality of life. High rates of anxiety, depression, maternal stress, fatigue, mood changes, cognitive impairments and fear of childbirth have been associated with fibromyalgia during pregnancy and thus affecting the quality of life at greater extent. This case study represents a 33 year old, 20 weeks of pregnancy woman diagnosed with fibromyalgia with a positive genetic and family history had overall poor quality of life. The benefits of myofascial release technique on pain, anxiety, quality of sleep, depression and quality of life in patients with fibromyalgia were studied previously. Hence the aim of this study was to find out the effectiveness of myofascial release technique on pregnant woman with fibromyalgia. At the end of the 6 weeks of myofascial release there was significant improvement in ADL’S. The stress factor, anxiety, fatigue, pain sensitivity to tender points was significantly reduced. Release of fascial restrictions improves physical function and overall quality of life.

**ABSTRACT**

Fibromyalgia is a rheumatological disorder characterized by chronic widespread body pain, stiffness, fatigue, disturbed sleep, tender points, and poor quality of life (QOL). The other characteristic symptoms include chronic soft tissue neck and back pain that is aching, throbbing or burning in nature usually accompanied by neck, shoulder, spine, shoulder or hip stiffness. Fibromyalgia patients may also experience undue fatigue, insomnia, joint pain, headache, chest pain, jerky leg movements, numbness and tingling in various body parts. It affects women (3.4%) more frequently than men. The proposed mechanisms for the etiology of FM include lack of physical fitness, sleep deprivation, chronic muscle spasm, genetic abnormalities, infectious agents, viral agents have been associated.

There is little research into how pregnancy and fibromyalgia affect each other. Pain, fatigue and stress can be particularly bothersome for women with FM during the first and last trimesters of pregnancy. Low back pain and leg pain is more common symptom in FM during pregnancy. Pregnancy related hormonal alterations might be one of the mechanism of FM.

Numerous studies report on comorbidity of FM and psychosocial component. High rates of anxiety, depression, maternal stress, fatigue, mood changes, cognitive impairments and fear of childbirth have been associated with FM during pregnancy and thus affecting the quality of life at greater extent.

Myofascial release (MFR) is defined as the facilitation of mechanical, neural and psychophysiological adaptive potential interfaced via the myofascial system. It is a massage technique in which the therapist uses gentle, sustained pressure on the areas to release adhesions and smooth out the fascia. It is a combination of manual traction and postural correction, scapular strengthening and core muscle strengthening exercises. Along with MFR for 2-3 months she had 20-25% relief in her symptoms in the year of 2017. Somehow she used to manage her activities and daily chores, but again her symptoms used to relapse. Eventually it used to affect her ADL’s, sleep, mental status and overall quality of life. In the year of September 2019 she had an episode of viral fever which lasted upto 1 week and resulted into generalised weakness for following 15-20 days. The weakness flared the painful symptoms at left hip joint aggravating to right hip joint and bilateral SI joints. Morning stiffness at the low and upper back areas, fatigue and tender points in the bilateral gluteal region, bilateral thighs, neck region, frontal chest region, bilateral scapular, shoulder and elbow was at peak leading to discomfort and poor quality of life.

**KEYWORDS**: Fibromyalgia, Myofascial release, pregnancy, tender points, fatigue, anxiety, quality of life

**INTRODUCTION**

Fibromyalgia (FM) is a rheumatological disorder. It is characterized by chronic widespread body pain, stiffness, fatigue, disturbed sleep, tender points, and poor quality of life (QOL). The other characteristic symptoms include chronic soft tissue neck and back pain that is aching, throbbing or burning in nature usually accompanied by neck, shoulder, spine, shoulder or hip stiffness. Fibromyalgia patients may also experience undue fatigue, insomnia, joint pain, headache, chest pain, jerky leg movements, numbness and tingling in various body parts. It affects women (3.4%) more frequently than men. The proposed mechanisms for the etiology of FM include lack of physical fitness, sleep deprivation, chronic muscle spasm, genetic abnormalities, infectious agents, viral agents have been associated.

There is little research into how pregnancy and fibromyalgia affect each other. Pain, fatigue and stress can be particularly bothersome for women with FM during the first and last trimesters of pregnancy. Low back pain and leg pain is more common symptom in FM during pregnancy. Pregnancy related hormonal alterations might be one of the mechanism of FM.

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**METHODS**

The pregnant woman visited the physiotherapy out-patient department (OPD) with the following chief complaints of difficulty in bed transfer activities, difficulty in walking, difficulty in stair climbing, sleep disturbances and widespread pain in bilateral body segments. On detailed history and evaluation it was diagnosed to have fibromyalgia. According to 2010 Fibromyalgia Diagnostic Criteria her widespread...
There are few studies which evaluated the effects of symptoms of pain, physical function and physical role. Restrictions in patients reduces anxiety levels and improves sleep condition with depression, negative mood symptoms frequently. Pregnancy may be a vulnerable time period for females' psychosocial, fatigue, pain sensitivity to tender points was significantly reduced. The WPI score of post 6 weeks session was 6 out of 19 and positions and had 80% improvement in walking. Her widespread pain while sleeping, reduced the discomfort while changing the body. At the end of the 6 weeks of MFR technique there was significant improvement in her ADL's, it eased her to maintain the body postures. After initial 5 sessions of MFR, patient had 50% relief. The MFR technique for achieving reduction in various symptoms of pain, sleep disturbances, anxiety and improving the quality of life in pregnant woman.

CONCLUSION
The present study concludes that myofascial release therapy is helpful in reducing symptoms of pain, sleep disturbances and anxiety in case of fibromyalgia in pregnant woman. Release of fascial restrictions improves physical function and overall quality of life.

Conflict of interest
There are no conflicts of interest.

REFERENCES