



Clinic Efficacy of Hijamah –Bi- Shurt (Wet Cupping) in Low back ache

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ABSTRACT

Low back ache is the most common musculoskeletal disorder affecting 80% of people. It is a pain or discomfort in the lower part of the back. *Hijamah bi-Shurt* (Wet Cupping) is a regimen in Unani System of medicine to manage various pain condition. This modality of treatment is very effective in different aetiological pathogenesis e.g. Rheumatoid arthritis, Osteoarthritis, Spondylosis, hypertension, migraine, cellulites e.t.c. The present study is on clinical efficacy of wet cupping on management of low back ache. The sample size was 50 Clinically diagnosed cases of low back ache, both male and female between 20-60 years of age were enrolled for the study after obtaining the written informed consent. The duration of treatment was 30 days as per schedule and improvement in VAS was assessed before and after treatment. Mean \pm -SD score were assessed before and after the treatment which suggest highly significant with p value <0.001. The study revealed that *Hijamah bi shurt* has potential effect in reducing low back ache without any side effect.

Key Words: Low back ache, *Hijamah bi shurt*, Unani system of Medicine, VAS

INTRODUCTION

Hijama is the Arabic term for wet cupping. It is a modality where blood is drawn by vacuum after giving multiple small incisions to the skin for therapeutic purpose¹ Low back ache is not a specific disease rather it is a symptom that may occur from variety of different ailments. Low back pain is usually described as discomfort in the lumbosacral region of the back that may or may not radiate to the lower legs. The pain may be due to several causes. In unani System of medicine low back pain is known as *Wajauz Zahr*. It is defined as a disease in which pain arises from the interior and exterior muscles, ligaments surrounding the lumbosacral region. The cause of low back ache in Unani system of medicine is *Sue Mizaj* due to excessive coldness, raw phlegm and *Riyah*.

Humoural imbalance is the root cause in the development of the particular disease² and Regimental therapy is the intervention in *Asabi-e-sittah zaruriyah* for therapeutic purpose^{3,4,5} Cupping therapy has been used for thousands of years in traditional medicine in China, Babylonian, Greeks, Romans, Arabs and Indians for different

treatment modalities especially musculoskeletal disorders and respiratory disease⁶.

In Complementary System of medicine, the incidence of Low back ache is highest at the age of 45-65 years. The most common age group affected are adults and elderly and is more common among females. In developed countries the prevalence of low back ache is 80%. The episodes of low back ache are mild, moderate and sometime severe. The management in allopathic system of medicine is usually done by NSAIDS and Muscle relaxants, however these medicines have their own limitations and dependency. Bed rest, Supportive corsets and braces are being used customarily. In Ancient System of medicine the management of low back ache is use of analgesic, anti-inflammatory drugs for local applications. In regimental therapy, *Hijamah bi shurt*, *Hijamah bila shurt*, massage cupping, dry cupping is used for management of low back ache. In our study *Hijamah bi shurt* is used for the management of low back ache. *Hijamah bi shurt* (Wet Cupping) is a technique used for local evacuation of morbid matter in which a horn or a specially designed cup is attached to the surface of skin of diseased part through negative pressure. It works according to

the principle of evacuation of morbid matter. Cupping therapy is one of the oldest and well effective way of releasing toxins from the body's tissues. Cupping therapy has been proved effective in different ailments like chronic low back ache, neck pain, headache, musculoskeletal disorders, chronic hepatitis, eye disease, dermatological disease, inflammatory conditions, mental and physical relaxation, migraine, dyslipidemia, renal colic, diabetes mellitus etc. Wet cupping is believed to drain excess fluids and toxins and also ensure adequate blood flow to skin and muscles. Cupping is thought to reduce the pain and inflammation as well as modulate neurohormones and the immune system^{7,8,9,10,11,12,13}. The complications of the cupping therapy are very rare, however Anaemia, local skin pigmentation and occasional infection can be observed³.

MATERIAL AND METHODS

A cross-sectional study was conducted on 50 eligible Participants to assess effect of Wet cupping in LBA. The inclusion criteria were women aged between 20- 60 years of age of both male and female. After taking informed consent of the patient, the complete history and examination of the patient was taken using a interview schedule which was divided into three parts. First part comprised demographic data of the participants. Second part comprised history and examination of the participants and pain was assessing by verbal analogue scale of pain (1-10 point, 10 being the most severe pain). Third part comprised of the wet cupping, site and effect of wet cupping on pain. The data was analysed using descriptive analysis in the form of minimum, maximum, mean, and Standard Deviation (SD). The paired sample t-test was employed to determine the difference between subjects before and after cupping.

WET CUPPING ITS INDICATIONS, CONTRAINDICATIONS, DIFFERENT SITES AND BENIFITS

Wet cupping (Hijamah bi shurt) is the way of istafragh i.e evacuation of morbid humors from the body, this procedure is carried out in different body ailment and also in order to modify the functioning of the human body from disease condition to health. In view of achieving the maximum benefits of wet cupping it is important that the affected area should be rubbed moderately to increase the local blood perfusion and to get the utmost advantages. Wet cupping should be done preferably in the mid of lunar month as the humors are highly agitated at this time^{14,15,16,17,18,19,20,21,22,24,25,26,27}

The preferred time for wet cupping is the afternoon because it is considered the moderate time of the

day^{27,14,16,17,18,19,21}. The patient to whom the cupping therapy is given should not be empty stomach however the use of eggs before and after wet cupping should be avoided as it may cause facial paralysis⁶. The procedure of wet cupping is also advised to avoid below two years and above sixty years^{8,10,11,12,13,17}. It is of paramount importance to avoid cupping after vigorous exercises, before and after coitus^{14,15,21} and the person who has underwent the wet cupping procedure should not sleep immediately^{28,29}. Wet cupping is being performed according to the type and site of the ailment .

AT NAPE: Performing wet cupping at this site is also a substitute of venesection of median vein^{14,15,17,20,21,24,25,26}. The indication of wet cupping at this is in various ailments like conjunctivitis, otalgia, halitosis, aphthous stomatitis, meningitis, diphtheria and amnesia.

AT LATERAL SIDES OF NECK: Wet cupping at this site is substitute of venisection of cephalic vein and basilica vein. And is indicated in head tremor, disease of face, teeth, ear, nose, throat and nose .**CHIN:** Wet cupping to this site is a substitute of venisection of basilica, cephalic, median cubital and axillary veins¹⁶.

INTRA SCAPULAR REGION: Wet cupping at this site is substitute of venisection of median cubital and basilica vein^{14,15,17,26}. And is very beneficial for cough, dyspnea, asthma and palpitation.

BETWEEN THE BREASTS OR BELOW THE BUST LINE: Wet cupping at this junction is well indicated in metrrhogia or menorrhogia. **BUTTOCKS:** Wet cupping at this site is useful for haemorrhoids and menorrhogia.

LUMBAR REGION: Wet cupping at this area is indicated in Gout, haemorrhoids and lung disease.

ANUS: Wet cupping around anal cavity is beneficial in haemorrhoids, Wound in the lower part of the body. It is also useful in proctitis, intestinal colic, lower back ache and amenorrhoea.

Hijama at this site is useful in increasing size of female buttocks and thighs. **THIGHS:** Wet cupping at dorsal aspect of the thigh is beneficial in Orchitis, infected wounds, metritis, abnormal uterine bleeding^{15,18} boils, carbuncles, haemorrhoids, gout, filariasis and arthritis^{30,31}.

KNEE JOINT: Wet cupping of the knee joint is indicated in pain and swelling of knee joint and also in lower leg ulcer.

OBSERVATION AND RESULTS

A cross-sectional study was conducted on 50 eligible Participants to assess effect of wet cupping in LBA. The observations and results are as under: Majority of the patients were below 20-40 years {Table1}. Majority of the participants were from

middle and lower class {Table 2}. Majority of the participants were bachelor {Table 3}. Intensity of pain in dysmenorrhoea was more in *Balghami Mizaj* {Table4}. Intensity of pain in LBA was more in participants with high school education and was statistically significant. $\chi^2 = 7.6$ at D.F 1, C.I 95% {Table 7}. It means that education status is related to LBA. Intensity of pain in LBA was more in participants in the age group of 20-40 years and was statistically significant $\chi^2 = 5.05$ at D.F 1, C.I 95% {Table 8}. Intensity of pain in LBA was more in participants with *Balghami* temperament and it

was found statistically significant $\chi^2 = 3.5$ at D.F 1, C.I 95% {Table 9}. Effect of cupping on pain during periods was reduced and was statistically significant. The Mean and Standard Error Mean for pain intensity before and after the treatment was 8.75 (1.06) and 3.45 (1.79) respectively with $P < 0.001$. The table 9 & 10 show that there is a statistically significance difference in Pain Visual Analogue Scale in LBA before and after Cupping Therapy; $p \leq 0.05$ in all outcome measures. $T = 5.89$ d.f 39 at P value .001 which is considered significant.

Table1: AGE WISE DISTRIBUTION OF PATIENTS

Age in yrs	Test Group	Percentage	Control Group	Percentage	Total
20-30yrs	8	32%	5	20%	13
30-40yrs	4	16%	9	36%	13
40-50 yrs	3	12%	9	36%	12
50-60yrs	10	40%	2	8%	12
>60yrs	0	0%	0	0%	0
Total	25	100%	25	100%	50

Inference: The highest incidence of Low back ache (52%) was observed in the group of 20-40years and less (48%) in the age group of above 40-60 years.

DISTRIBUTION OF PATIENTS BASED ON SCIOECONOMIC STATUS

SCIOECONOMIC STATUS	Test Group	Control Group	Total
Upper Class	13	11	24
Middle Class	7	6	13
Lower Class	5	8	13
Total	25	25	50

Inference: - Low back ache were found highest in the upper class (24) followed by middle and lower class (13).

DISTRIBUTION OF PATIENTS BASED ON LIFE STYLE

Life Style	Test Group	Control Group	Total
Sedentary	5	9	14
Hardworking	7	6	13
Very hardworking	13	10	33
Total	25	25	50

Inference: - The incidence of low back ache were found highest in very hardworking people (33) followed by hardworking (13) then sedentary lifestyle (14).

DISTRIBUTION OF PATIENTS BASED ON MIZAJ

HISTORY OF TEMPERAMENT	Test Group	Control Group	Total
Damwi	4	7	11
Balghami	15	13	28
Safrawi	2	2	4
Saudawi	5	3	8
Total	25	25	50

Inference: - The highest incidence of Low back ache (28) was observed in Balghami followed by Damwi(11),Sawdawi(8) and Safrawi (4).

DISTRIBUTION OF PATIENTS BASED ON EDUCATIONAL LEVEL

Educational Status	Test Group	Control Group	Total
Illiterate	6	4	10
Bachelor	14	11	25
Post graduate	4	5	9
Diploma	1	5	6
Total	25	25	50

Inference: - The highest incidence were found among Bachelor (25) followed by Illiterates (10) then postgraduate (9) and diploma (6).

Analysis of Pain in LBA with Education N=50

EDUCATIONAL STATUS	Mild	Severe	Total
Illiterate	6	3	9
Bachelor	11	10	21
Post graduate	6	3	9
Diploma	4	7	11

$\chi^2 = 7.6$ at D.F 1, C.I 95%

Inference: Intensity of pain in LBA was more in participants with high school education and was statistically significant.

Analysis of Pain in LBA with Age N=50

Age Group	Mild	Severe	Total
20-40yrs	8	10	18
40-60yrs	9	7	16
>60 yrs	8	8	16

$\chi^2 = 5.05$ at D.F 1, C.I 95%

Inference: Intensity of pain in LBA was more in participants in the age group of 20-40 years and was statistically significant.

Analysis of Pain in LBA with Mizaj N=50

Mizaj	Mild	Severe	Total
Balghami	15	20	35
Non-Balghami	10	5	15

$\chi^2 = 3.5$ at D.F 1, C.I 95%

Inference: Intensity of pain in LBA was more in participants with *Balghami* Temperament and it was found statistically significant

EFFECTIVNESS OF CUPPING ON PAIN

	Mean	S.D	T-test
Pain (VAS)before cupping	8.75	1.06	
Pain (VAS)after cupping	3.45	1.79	

Paired T-test at 5.89 at d.f 39 and P value 0.001

VAS before and after cupping in LBA

Before treatment	After treatment
10	2
7	2
9	3
10	3
10	5
8	2
4	1
10	2
7	2
8	2
8	1
9	5
10	2
10	3
10	4
10	5
9	5
9	2
9	4
10	3
8	2
7	2
9	6
9	4
10	8
10	7
7	2
8	2
4	1
3	2
6	2
10	3
8	2
9	3
10	5
9	2
10	2
10	4
8	3
9	2
10	2
10	4
10	3
6	2
7	5
7	4
2	0
6	0
10	3
7	0

P ≤ 0.05 in all outcome measures. T=5.89 d.f 39 at P value .001 which is considered significant

Conclusion

Chronic pain is a big challenge for both patients and those working in health systems, Therefore, considering the little Study done on complementary medicine to relieve pain, greater attempts are still needed (39).As the prevalence of LBA is relatively high, there is consequently a need for relieving it. Since the side effects of pain relievers are considerable, health personnel should apply non-drug treatments in total consistence with tradition and beliefs of the patients. According to the present research findings and the relieving effects of wet cupping therapy on LBA, this treatment can be considered as an effective, low cost, and a applicable one accepted by patients. Physicians and other treatment team members are highly

recommended to be aware of the skills and advantages of the techniques in applying cupping, and also the positive effects it has in relieving pain. The researchers faced uncontrollable limitations in this study such as different threshold of pain in subjects, and the study results may be confined to this small size sample.

Procedure of Hijamah bi Shurt

The procedure, benefits and side effects of wet cupping were clearly explained before starting the treatment. The patient were called fortnightly as on 0th, 15th and 30th day for one month. Before starting the procedure all necessary investigation were done.

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