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Treatment of Sciatica by HIJAMA (Regimental Therapy- Cupping)

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ABSTRACT

Though cupping therapy has been used in UNANI MEDICINE (Greco Arabic Medicine) for thousands of years but there has been no vast literature and clinical research studies on it. It has been widely practiced in the Middle East and the rest of the world for centuries. In the present study using pre and post research design, thirty five patients with sciatic pain were enrolled at baseline and two weeks following treatment having back pain (54.4 %), sciatica pain (65.5%) and headache (12.7%). Results suggest that by using cupping therapy (Wet Cupping) compared to baseline, sciatic pain was decreased more efficiently which indicated that wet cupping may leads to more clinical benefit for treating various chronic diseases. However, further more rigorous designed trials in relevant conditions are warranted to support this regimental therapy in practice.

Keywords: Cupping Therapy, Hijama, Sciatica, Unani Medicine, Wet Cupping.

INTRODUCTION

Cupping therapy has been used in UNANI MEDICINE (Greco Arabic Medicine) for thousands of year [1-3]. Hijama may provide quicker relief of leg pain in sciatica than conservative treatment. Authors reported that cups are normally used only on softer tissue that can develop a good seal with the edge of the cup. The suction through specific cupped instrument was used since prehistoric time for the treatment of disease [4-6]. There are two types of cupping therapy which are dry and wet

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cupping. In dry cupping, the suctioning cups simply pulls the local skin to create vacuum into the cup and in wet cupping same technique was used but the difference is that skin is lacerated so that blood is drawn into cups [7]. Reports indicated that cupping has frequently used for lowering back pain and also it helps to release harmful toxins by stimulating lymphatic system and clearing the blood vessels [8]. Cupping therapy is often used by alternative medicine practitioners for treating hundreds of patients of various disorder in Karachi, Pakistan (Abu Abdullah Muhammad Bin Ismail Bukhari, Hadith no. 5683) [9]. Kim et al in 2011 conducted a randomized trial

that compared non-steroidal anti-inflammatory drugs with Hijama for acute sciatica in primary care [10]. Results indicated that 60% of the patients recovered within three months and 70% within 12 months. About 50% of patients with acute sciatica included in Hijama groups in randomized trials of non-surgical interventions reported improvement within 10 days and about 75% reported improvement after four weeks. The aim of this study was to evaluate the therapeutic effect of cupping therapy using evidence-based approach for treatment of sciatica.

METHODOLOGY

This study was conducted at PRIEM Clinic, Karachi, Pakistan. For this purpose we selected thirty five patients of 20 – 75 years after taking informed consent, patients selection were based on inclusion criteria. The detailed history of the patients was noted at every follow up visits particularly cupping therapy equipments included a hand suction pump, 6-12 plastic cups and anti-septic wipes. This therapy required about 20 minutes. Initially the point was selected on back and cleaned with cotton swab and the cup was adhered with the help of suctioning cupped instrument. The cups are typically left in place for 5-10 minutes or sometimes more. After removal of cups the skin was cleaned with normal saline or spirit swab. Most patients with acute sciatica have a favorable prognosis but about 20%-30% have repeated problems after one or two years. The diagnosis is based on history taking and physical examination. Imaging is indicated only in patients with “red flag” conditions or in whom disc surgery is considered.

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Inclusion Criteria

- The cases suffering from only sciatic pain.
- Patients between age group of 20 to 70 years.
- Patients having no obvious pathological findings on routine examination.

- Patients living in Karachi, Pakistan.
- All socio-economical classes including lower, middle and upper.

Exclusion Criteria

- The cases suffering from Chronic Medical illness were excluded on the following lines.
- Patients with concurrent physical illness for example uncontrolled hypertension and diabetes or anemia, hemophilia or other bleeding disorders etc.
- Patients having hyper pyrexia (103o F or more).

Criteria for Assessment

- Complete improvement from sciatic pain.
- When there is mild improvement from the pain.
- When there is moderate improvement from the pain.
- No noticeable response of the cupping therapy is observed subjectively within a period of 12 weeks.

Statistical Analysis

All the data collected at Priem Clinic, Karachi was subjected to statistical analysis to determine the level of significance of case control study using Statistical Analysis Software SPSS, version 18.0 and Microsoft Access XP2007.

RESULTS AND DISCUSSION

In this study it was found that cupping therapy has as a role in pain control. Table I and II and Figure I and II presented the age and gender distributions of the patients respectively. It was found that wet cupping therapy was associated with clinically significant pain relief within 3-month follow-up. Cupping therapy improved lower back pain intensity, pain-related disability, and medication use ($p < 0.01$), as compared to control group. In the United States, acupuncturists also use cupping therapy to treat low back pain patients. It is believed that cupping therapy can stimulate the pain receptors which lead to increase frequency of impulses, and therefore ultimately lead to closure of the pain gates and hence reduction in pain [11]. Cao et al in 2010 carried out a randomized comparative clinical trial study, about 60 % of patients that were treated with non-steroidal anti-inflammatory

(NSAID) recovered within three months and 70 % within six months [12]. While about 50 % of the patients that were treated with Hijama reported improvement within 10 days and about 70 % reported improvement after four weeks.

CONCLUSION

Present study concluded that cupping therapy improves the quality of life and further studies need to be conducted which will further supports the outcomes of this therapy.

Table I: Gender Statistics

| | | Frequency | % | Valid % | Cumulative Percent |
|-------|--------|-----------|-------|---------|--------------------|
| Valid | Male | 21 | 55.3 | 55.3 | 55.3 |
| | Female | 17 | 44.7 | 44.7 | 100.0 |
| Total | | 38 | 100.0 | 100.0 | |

Table II: Gender Statistics & Age

| N | Gender | | Age of the Patient |
|----------------|--------|---------|--------------------|
| | Valid | Missing | |
| | 38 | 0 | 38 |
| Mean | 1.45 | | 53.79 |
| Std. Deviation | .504 | | 12.314 |
| Percentiles | 25 | | 1.00 |
| | 50 | | 1.00 |
| | 75 | | 2.00 |

Figure 1: Age of Patient

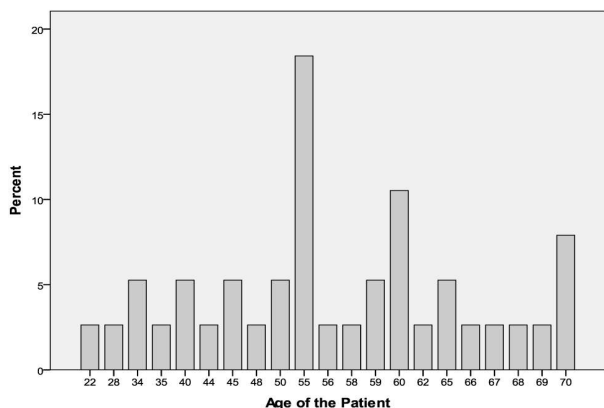
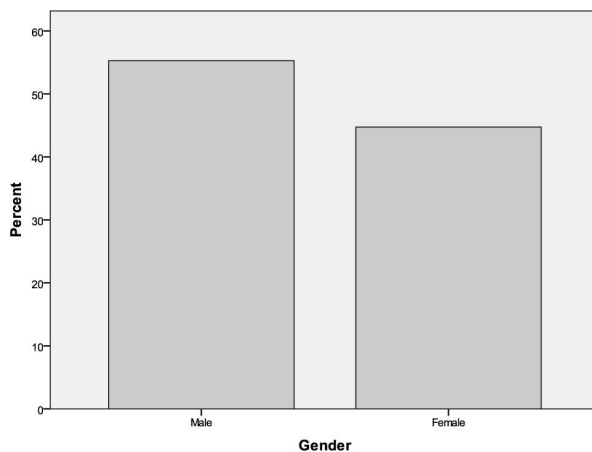


Figure 2: Gender



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