Clinical Efficacy of Hijamat (Cupping) in Waja-ul-Mafasil (Arthritis)

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Cupping is one of the oldest and most practiced therapies of the Unani System of Medicine. Unani physicians have described it thoroughly and indicated in various diseases e.g. arthritis, migraine, asthma, headache, hemorrhoids, etc. Arthritis is a very common problem in present day scenario. In this study, an attempt is being made to evaluate the efficacy of cupping in patients of arthritis. 30 patients were randomly selected, of which 20 patients were kept in the test group i.e. these patients were given the cupping therapy, while the rest 10 patients were in the control group and were not receiving the cupping therapy. At the end of the study, it was concluded that cupping is an effective therapy for the patients of arthritis.

Key words: Arthritis, Cupping, Unani Medicine, Hijamat

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Cupping or Hijamat is a method used for local evacuation or diversion of morbid humours in which a horn is attached to the surface of the skin of the diseased part through negative pressure created by vacuum. The vacuum is created by the introduction of heat or suction. In the late period, this horn (Singhi) is replaced by a glass cup and hence the procedure came to be known as cupping.

Cupping is a widely discussed therapeutic regimen in the Unani classical literature. Physicians have been indicating its use for the treatment of arthritis. According to the Unani System of Medicine, diseases are due to the disproportionate distribution of humours or Akhlat (blood or dam, phlegm or balgham, bile or safra, black bile or sauda) inside the body. These humours, which are out of proportion, collect in various parts of the body, at times producing inflammation, and leading to presentation of various diseases. Arthritis is a troubling pain, which causes immobilization of the joint or cessation of function. In case of arthritis, the humours collect in the joints, thereby leading to pain, swelling and other articular tissue damage.

Drug therapy in Unani medicine is although quite effective in the treatment of arthralgia due to inflammatory conditions of big and smaller joints, Unani physicians have also advised Ilaj-Bil-Tadabir or regimensal therapy which includes cupping or Hijamat, cauterization or Kai, leeching or IRSAL-e-ALAQ, venesection or Fasd, etc., which were commonly practiced and were the main stays of surgical practice in ancient and medieval times. Cupping is of two types, cupping with blood letting i.e. Hijamat bilshurt and cupping without blood letting i.e. Hijamat bilashurt. The last one can be done in two ways, vacuum is created by using fire i.e. Bil-naar and vacuum is created not by fire i.e. Bila-naar but instead suction pumps or manual suction is used to create a vacuum that helps in the adhesion of the cup.

The principle for each type of cupping is different, Hijamat bilshurt works according to the principle of TANGIYA-e-MAVAD i.e. evacuation of morbid matters from the affected area. It also improves circulation to the area and provides better nutrition to the area where it is applied. Hence, swelling, etc. is resolved. Where as cupping without blood letting works on the principle of IMALA-e-MAVAD i.e. diversion of morbid humors from one site to the other.

Hijamat bilshurt is used in various diseases like heaviness of head, asthma, dyspnoea, migraine, quinsy, palpitation, hemorrhoids, amenorrhea, renal and ureteric colic, plethora, pustules and boils.

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sciatica, gout, pain of the knee, headache, diseases of the liver, spleen and psoriasis, etc.

Hijamat bilashurt is used in various diseases like menstrual bleeding, removal of deep swelling, scrotal hernia, sciatica, piles, hydrocele, gout, renal calculi, and epistaxis, etc.

Methodology

The study was conducted in Majeedia Hospital, Jamia Hamdard, New Delhi and Regional Research Institute, Okhla, New Delhi on 30 patients (20, in test and 10 in control groups), both Hijamat bil-shurt and bila-shurt were used randomly in the study however, a comparative study between the types of cupping needs to be done and can therefore be carried out in future. The cases were included in the study according to Standard Unani diagnostic parameters Alamaat-ul-Amzija like complexion, built, touch, hair colour and texture, sleep, diet and weather most liked, pulse and emotional behaviour along with that modern diagnostic parameters were used, based on the external manifestations of the joint and temperament of the individuals as well as on the type of disease.

Since, hip and knee osteoarthritis are two most common forms of osteoarthritis affecting the general population. In view of this distribution of osteoarthritis and the ease of application of the Mehjama (cupping instrument) and measurement of the girth, knee osteoarthritis was specifically selected for the study. The diagnostic parameters used for inclusion of the patient in the study included X-Ray of the affected joint, RA Factor and ESR apart from the clinical symptoms and signs. The clinical signs and symptoms were recorded on every visit and the hemoglobin level, total leucocytes count, and hepatic profile, renal profile and radiograph were done before and after study to evaluate the safety of the trial.

Patients having heart diseases like ischaemic heart diseases, hepatic diseases like hepatitis, cirrhosis, renal diseases like nephritis, renal failure, severe anemia, diabetes mellitus, pregnant and lactating women were excluded from the study.

Observations

Of 30 patients of the study, 66.66% were kept in the study group and other 33.34% were kept in the control group. There were 60% males and 40% females.

Osteoarthritis is a degenerative disease of the diarthrodial joints affecting the general population.

Below the age of 45-50 years, there is no difference in distribution of osteoarthritis in males and females, while those above the age of 45-50 years, the incidence of osteoarthritis are more in females. The incidence of hip osteoarthritis although is more in males.

However, since the sample size was small, the negative demographic observations need to be evaluated for any change in the demographic presentation of the disease by further studies with a large sample size.

Of all the symptoms that were followed up for a period of 4 weeks the following results were obtained.

Pain is the predominant symptom that prompts the diagnosis of osteoarthritis, more so pain on movement. In test group, the improvement was 53% at the end of the study i.e. 28 days. The improvement in pain in this group was found to be statistically significant (p<0.05).

In the control group, the improvement was 19.23%. This improvement in pain in this group over a period of 28 days was not found to be statistically significant (p<0.05).

At the end of the study, the improvement in test group was found to be more than that in the control group, which was found to be statistically significant (p<0.05) (Table 1).

Morning stiffness or stiffness after a period of inactivity is the second most common symptom found in the patients of osteoarthritis. In test group, the improvement was 47%. The improvement in morning stiffness in this group over a period of 28 days was found to be statistically significant (p<0.05). In the control group, improvement in the grade of morning stiffness was 18%. This improvement in morning stiffness in the control group over a period of 28 days was not found to be statistically significant (p<0.05).

At the end of the study, the improvement in morning stiffness in test group was found to be more than that in the control group, which was found to be statistically significant (p<0.05)(Table 1).

In the present study, 25 patients had restriction of movement at base line. Hence, the incidence of restriction of movement in our study was 83%. In test group, the improvement (52%) in restriction of movement in this group over a period of 28 days was found to be statistically significant (p<0.05). In the control group, the improvement in the grade of restriction of movement (36%) was not statistically significant (p<0.05). At the end of the study, the
improvement in restriction of movement in test group was found to be more than that in the control group, which was found to be statistically significant (p<0.05)(Table1).

The improvement in swelling above knee (61.11%) was found to be statistically significant (p<0.05). The improvement in swelling above knee in the control group (15.79%) over a period of 28 days was not found to be statistically significant (p<0.05).

At the end of the study, the improvement in swelling above knee in test group was found to be more than that in the control group which was found to be statistically significant (p<0.05).

Restriction of movement

Morning stiffness

Swelling above knee

Swelling below knee

Discussion

In the present study, the efficacy was evaluated over a period of 4 weeks (28 days) on the basis of improvement in the clinical subjective parameters. Of the parameters evaluated, pain, restriction of movement, morning stiffness, swelling above knee and swelling below knee showed 53%, 52%, 47%, 61% and 60%, improvement, respectively.

The improvement in pain can be correlated with the Tanqiya (evacuation) of the local humours caused by cupping.2,4,7

In patients of osteoarthritis swelling is due to the collection of morbid humours around the affected joint which is partially because of the increased collection of Akhlat in the joint16 and partially because of an over production of humours in the body combined with the a condition of stasis in the joint. In this case cupping improves blood circulation to the area leading to the abolition of stasis and a decrease in the swelling.

Morning stiffness or stiffness after a period of inactivity is due to synovitis17, peri articular damages and capsular thickening.18 The exact mechanism of improvement in morning stiffness can although but a disease modifying effect due to evacuation of humours seems to be responsible. The restriction of movement can be attributed to the articular and bony changes19 in the joint as well as to the vicious circle formed between pain, lack of movement and muscular weakness of the supporting muscles around the joint, with one leading to the other.

The efficacy of any treatment depends upon how well the patient tolerates it and how long he can undergo treatment without experiencing any serious side effects.

On comparing it with the available NSAID’s used for the treatment of OA. NSAID administration is associated with a whole lot of side effects like gastritis, etc. Since the procedure is external well

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Duration of treatment</th>
<th>Mean difference± SD</th>
<th>T-stats</th>
<th>P -value</th>
</tr>
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<tr>
<td></td>
<td></td>
<td>Test (n=20)</td>
<td>Control (n=10)</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>14 days</td>
<td>0.75±0.85</td>
<td>0.50±1.19</td>
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<td>28 days</td>
<td>1.50±0.71</td>
<td>0.50±0.71</td>
<td>2.43</td>
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<td>Restriction of movement</td>
<td>14 days</td>
<td>1.90±1.07</td>
<td>1.25±1.37</td>
<td>1.76</td>
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<tr>
<td></td>
<td>28 days</td>
<td>2.00±1.41</td>
<td>1.80±1.32</td>
<td>2.13</td>
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<tr>
<td>Morning stiffness</td>
<td>14 days</td>
<td>1.80±1.28</td>
<td>1.30±1.20</td>
<td>2.72</td>
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<td></td>
<td>28 days</td>
<td>1.60±1.42</td>
<td>1.50±1.49</td>
<td>1.479</td>
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<tr>
<td>Swelling above knee</td>
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<td>0.66±0.71</td>
<td>0.81±1.41</td>
<td>2.258</td>
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<tr>
<td></td>
<td>28 days</td>
<td>1.29±1.04</td>
<td>0.40±0.70</td>
<td>2.847</td>
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<tr>
<td>Swelling below knee</td>
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<tr>
<td></td>
<td>28 days</td>
<td>0.80±0.80</td>
<td>0.00±0.41</td>
<td>2.952</td>
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</tbody>
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tolerated by the body, it is not associated with any systemic side effects hence it is safe and superior.

Hemoglobin level for assessment of tolerance depends upon as to how well it is tolerated by the body or for how long the patient can undergo treatment without any serious side effects. The clinical assessment of tolerance was done by measuring the difference in the level of hemoglobin before and at the end of the treatment. Since the difference in the levels of hemoglobin before and at the end of the treatment was not significant statistically, the procedure was considered well tolerated (Table 2).

The present study creates ample room for further studies specially a comparative study between the types of cupping and the efficacy of cupping in arthritis classified with respect to the humours.

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