



Evidence Based Cupping Therapy

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The 4th International Conference on Quality and Evidence Based in Prophetic Medicine & Sheikh Zayed International Awards for TCAM 2020

I would like to express my appreciation and gratitude to the conference organisers for inviting me and for the great effort to organise such an important event to support health professionals and patients. I also would like to extend my thanks and gratitude to Lotus Holistic Institute for introducing me to the local Health Community





Complementary or alternative?

The two terms are conceptually distinct and should not be used interchangeably:

- ‘Alternative’ implies the process of excluding one system to favour another
- ‘Complementary’ implies coexistence or enhancement, and two systems complementing each other’s deficiencies.



'Unconventional' healthcare

'Complementary' practitioners, including:

- **Acupuncture**
- Alexander technique
- Applied kinesiology
- Anthroposophic medicine
- Aromatherapy
- Autogenic training
- **Ayurveda**
- **Chiropractic**
- Ozone Therapy
- **Cupping Therapy**
- Environmental medicine
- Healing
- **Herbal medicine**
- **Homeopathy**
- Hypnosis
- Massage
- Meditation
- **Naturopathy**
- Nutritional therapy
- Reflexologists
- Reiki
- Relaxation and visualisation
- Shiatsu
- Therapeutic touch
- **Unani Medicine**
- Yoga

Most practitioners are members of an appropriate registering or accrediting body, but there is no statutory requirement



What is Cupping?

Definition:

Al-Hijamah (Cupping) literally means ‘to suck to return to normality’

Definition:

“Cupping Therapy is a form of minor surgery and an ancient medical treatment that relies upon creating a local suction to mobilise blood flow in order to promote healing” (BCS 2012).



The Perceived Effect of Cupping Therapy and Its Impact On Wellbeing And Health promotion

Dr Hasan Abdulla and Dr Ahmed Younis



Methods

- **For this research project, a non-experimental survey method in the form of a questionnaire was used.**
- **The questionnaire consisted of 34 questions.**
 1. **Six questions to obtain demographic data.**
 2. **Twenty were Likert-scale questions used to obtain opinions and beliefs of the participants.**
 3. **Two questions consisted of the pain visual analogue scale and one question with a diagram of the human body, asking the participants to point out where they received the cupping therapy.**
 4. **Ethical approval was gained from the King's College, London Research Ethics Committee**

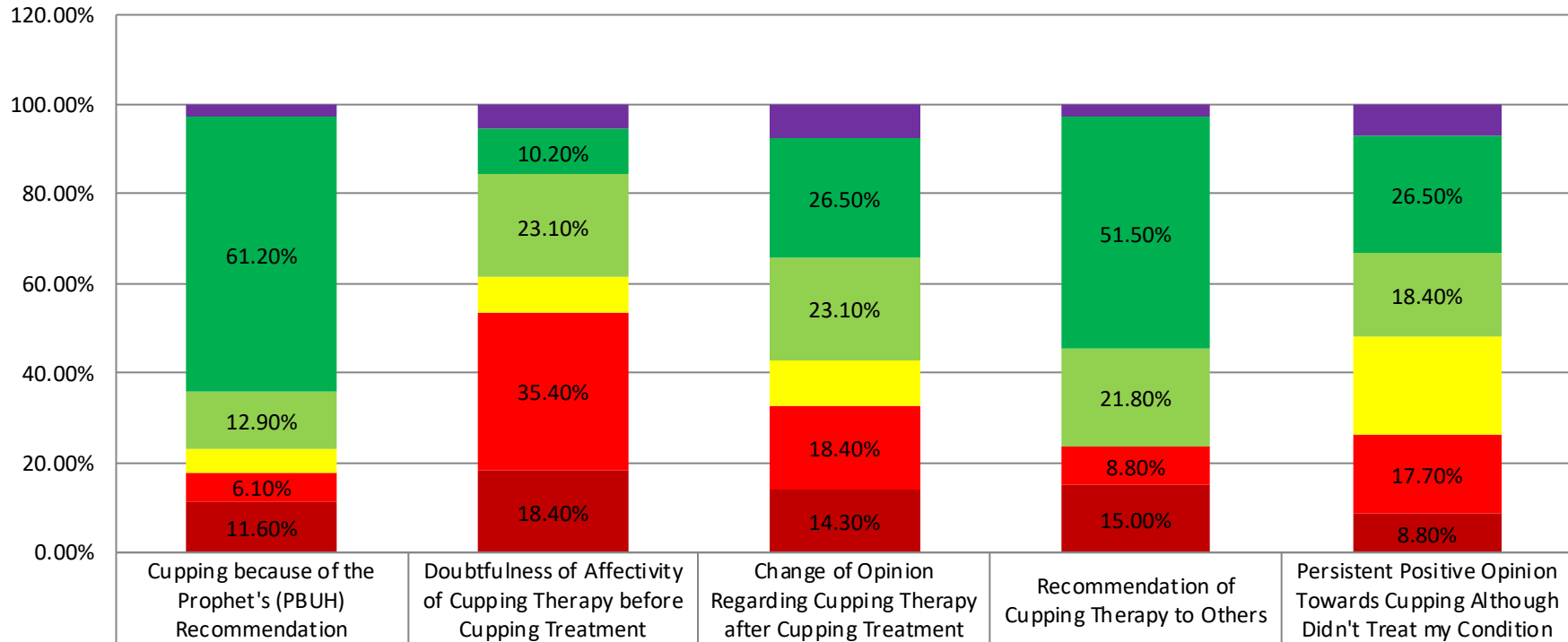


Results

- **A total of 147 questionnaires were filled out and returned.**
- **Of the 147 participants, 73 (49.7%) were male, 70 (47.6%) were female and 4 (2.7%) did not indicate their gender.**
- **The mean and SD age of the participants was (39.97 ± 12.50), The range was 55, with a minimum of 18 and a maximum of 73.**



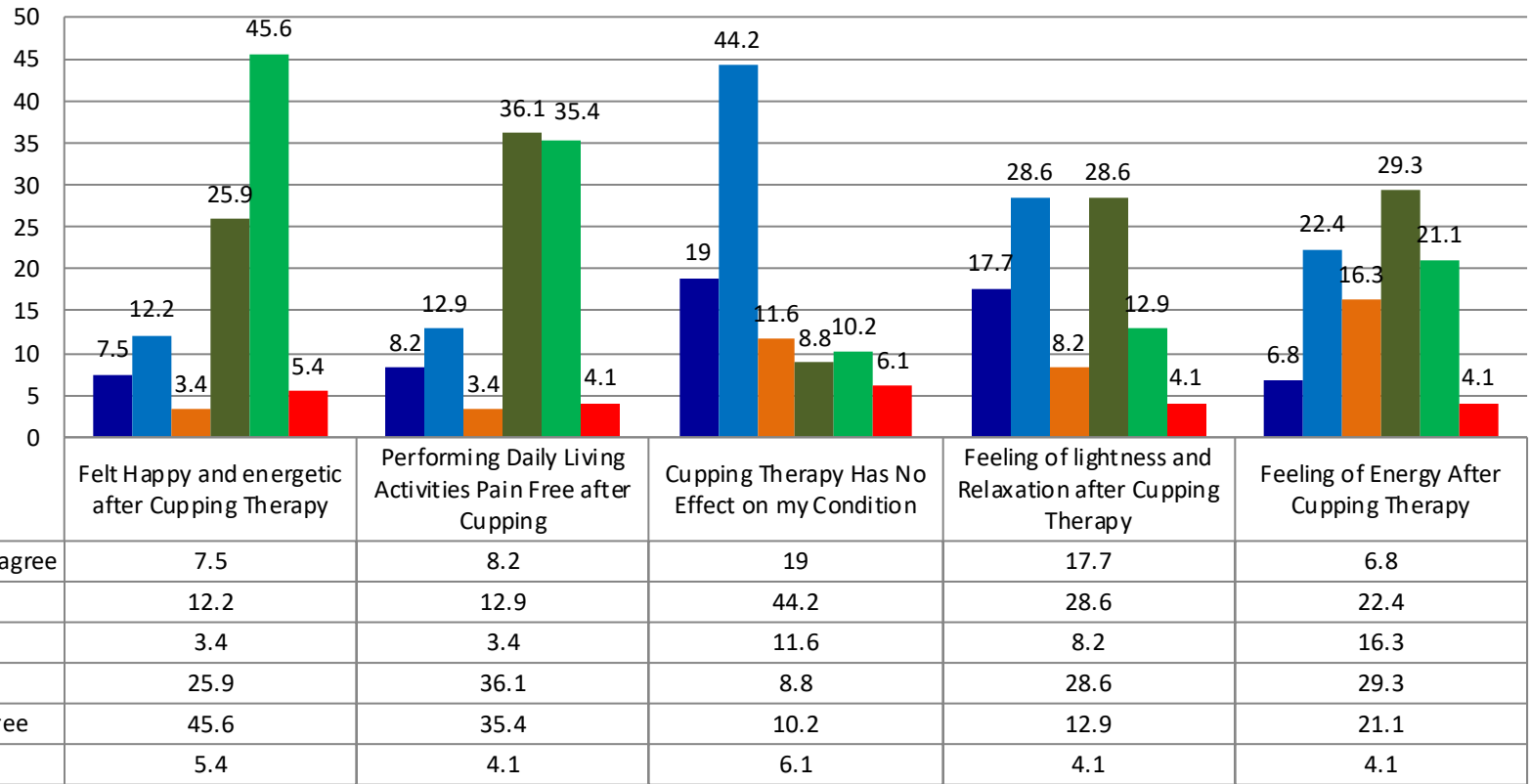
Participants Opinions and Beliefs Towards Cupping Therapy.



	Cupping because of the Prophet's (PBUH) Recommendation	Doubtfulness of Affectivity of Cupping Therapy before Cupping Treatment	Change of Opinion Regarding Cupping Therapy after Cupping Treatment	Recommendation of Cupping Therapy to Others	Persistent Positive Opinion Towards Cupping Although Didn't Treat my Condition
Missing	2.70%	5.40%	7.50%	2.70%	6.80%
Strongly Agree	61.20%	10.20%	26.50%	51.50%	26.50%
Agree	12.90%	23.10%	23.10%	21.80%	18.40%
No Opinion	5.40%	7.50%	10.20%	0%	21.80%
Disagree	6.10%	35.40%	18.40%	8.80%	17.70%
Strongly Disagree	11.60%	18.40%	14.30%	15.00%	8.80%

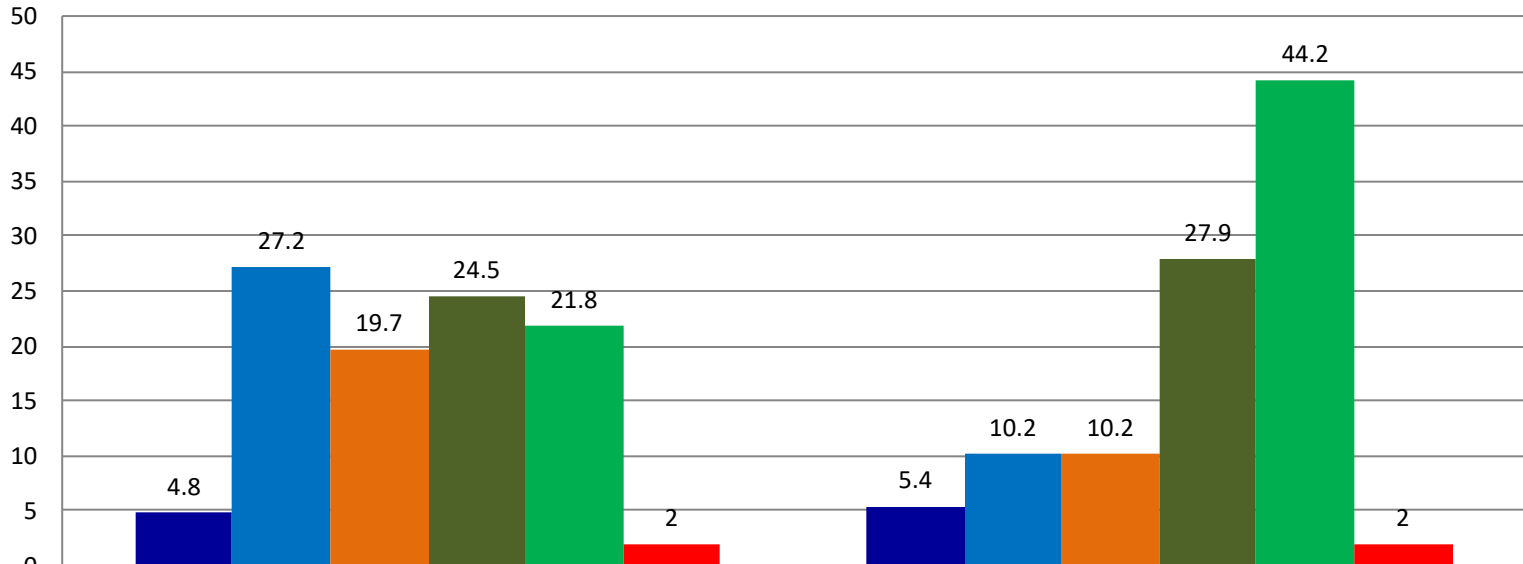


Physical Feelings Towards Cupping Therapy





Reason for Cupping



	Cupping because Conventional Treatment Failed	Cupping as a Preventive Measure to Maintain Good Health
Strongly Disagree	4.8	5.4
Disagree	27.2	10.2
No Opinion	19.7	10.2
Agree	24.5	27.9
Strongly Agree	21.8	44.2
Missing	2	2



The effect of Cupping Therapy on Anterior Knee Pain (AKP)

Kaleem Ullah, Dr. Ahmed Younis, Mohammed Wali



Aims and Hypothesis

The aim of the research:

- Evaluate the effect of Cupping Therapy on Anterior Knee Pain (AKP), Range of movement and its impact on quality of life and well-being.
- To develop a foundation for future larger, longer term studies

Null hypothesis:

- Cupping Therapy has no effect on the perception of knee pain, Range of movement and well being



Methods

- 1. Clinical Trial Pre and Post design**
- 2. Vital Signs monitoring**
- 3. Pain VAS and Quality of Life VAS (QoL) recorded**
- 4. Knee Observations, Knee ROM's (Active and Passive)**
- 5. The cupping application was performed at the knee (lateral to the quadriceps tendon)**
 - A. Aseptic procedures were followed**
 - B. 10ml blood were taken from each subject in each session.**
 - C. Repeat of steps 1-3 post cupping, and then 1-week, 2-week and 3-week post intervention.**



Data Analysis

- 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.
- The level of significance of this study was set at 5%.
 - All data analysis was performed using Statistical Package for Social Sciences (SPSS) v.12 for Windows.

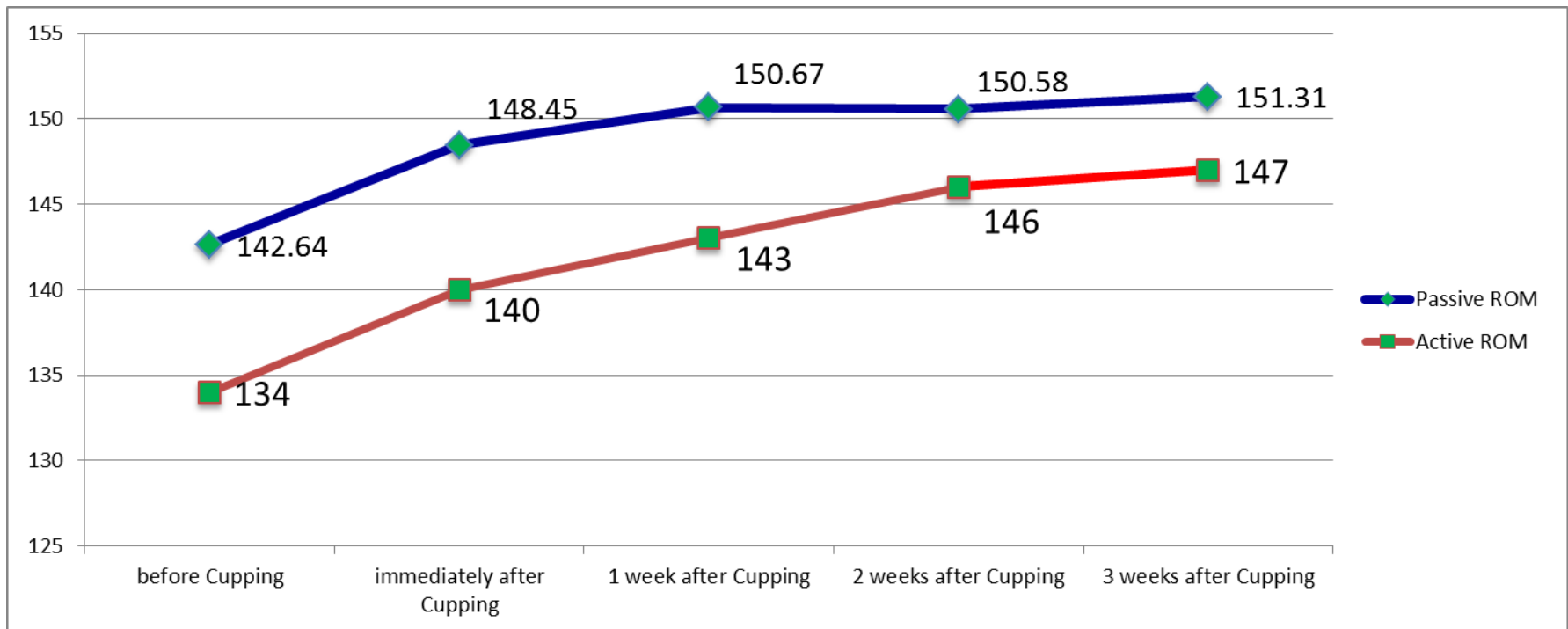


Results

Participants Profile

- 26 volunteers consented to partake in the study.
- 4 volunteers dropped out prior to the study commencing.
- 22 volunteers began the study;
- 5 volunteers did not attend any follow-up appointments therefore they were excluded from the study
- 2 volunteers were unable to attend the final two appointments and the remaining
- 15 volunteers completed the study giving a final participation rate of 57.69% (n=15).
- male (n=20, 90.9%), female (n=2, 9.1%).
- All were above 18 years of age.

Comparison between Passive and Active ROM before and after Cupping



Passive ROM: 1 week (P=0.003) 2 weeks (P=0.003) 3 Weeks (P=0.002)

Active ROM: 1 week (P=0.022) 2 weeks (P=0.045) 3 Weeks (P=0.005)

$P \leq 0.05$)



The difference between Pain before and after Cupping Therapy

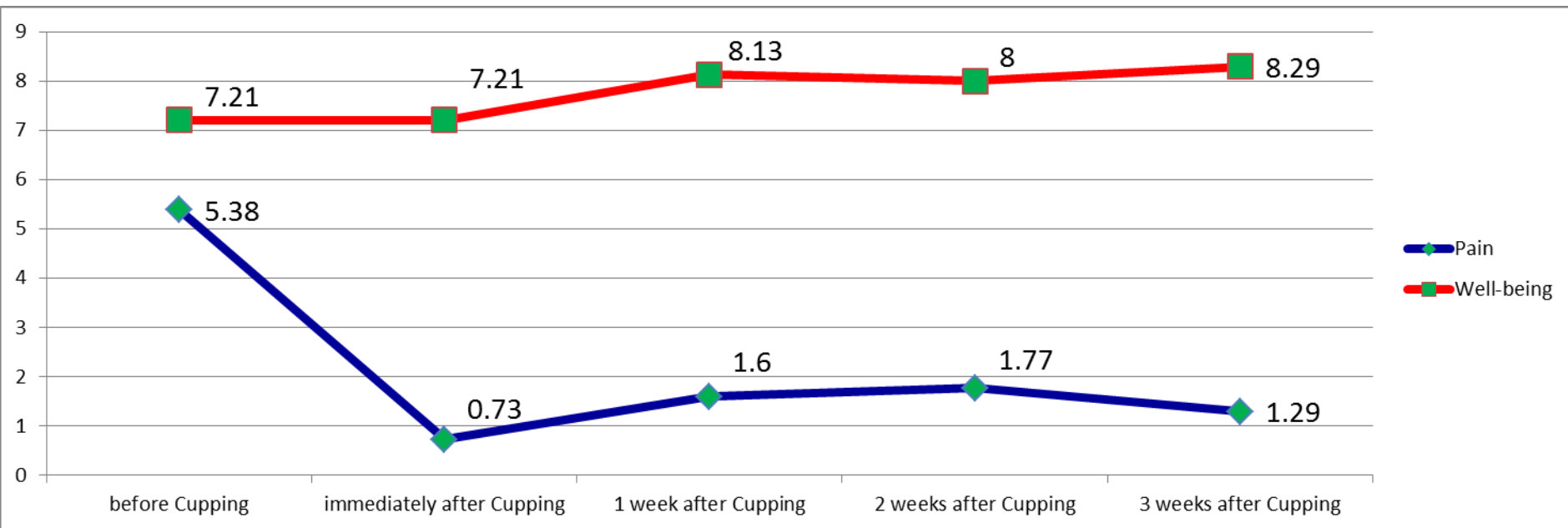
Measure	Mean	SD	Min	Max	N	P value (2-tailed)
Pain (VAS) before Cupping	5.38	2.80	0.01	10.00	21	N/A
Pain (VAS) immediately after Cupping	0.73	1.52	0.01	6.00	22	0.001
Pain (VAS) 1 week after Cupping	1.60	2.85	0.01	10.00	15	0.001
Pain (VAS) 2 weeks after Cupping	1.77	2.22	0.01	5.00	13	0.001
Pain (VAS) 3 weeks after Cupping	1.29	2.02	0.01	5.00	14	0.001



The difference between Well Being scores before and after Cupping Therapy

Measure	Mean	SD	Min	Max	N	P value (2-tailed)
Well-being (VAS) before Cupping	7.21	1.65	2.00	9.00	15	N/A
Well-being (VAS) 1 week after Cupping	8.13	1.13	5.00	10.00	13	0.032
Well-being (VAS) 2 weeks after Cupping	8.00	1.29	5.00	9.00	11	0.040
Well-being (VAS) 3 weeks after Cupping	8.29	1.20	5.00	10.00	14	0.001

Comparison between Pain and Well Being before and after Cupping Therapy





The Impact of Cupping on Migraine: A case series design

Dr Ahmed Younis



Methods and Design

- ✿ **The methods of this research was case series design.**
- ✿ **Case series are groups of case reports comprising similar observations, or using similar treatments or procedures, usually in consecutive patients.**
- ✿ **A case series may be an important way to establish a new surgical or treatment method, especially if there is a pre – specified protocol for the study. ⁸**

(Flather et.al 2001)

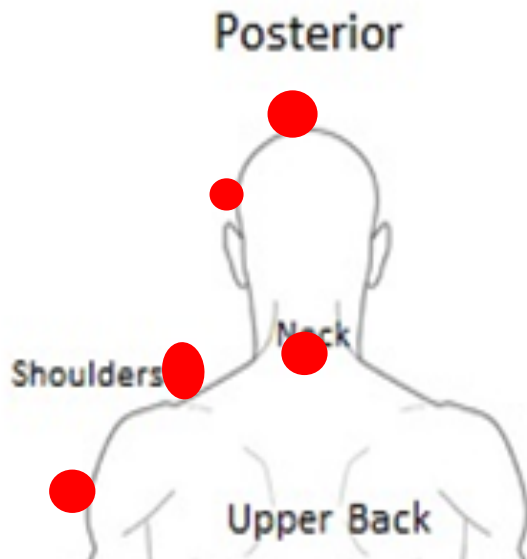


Procedure

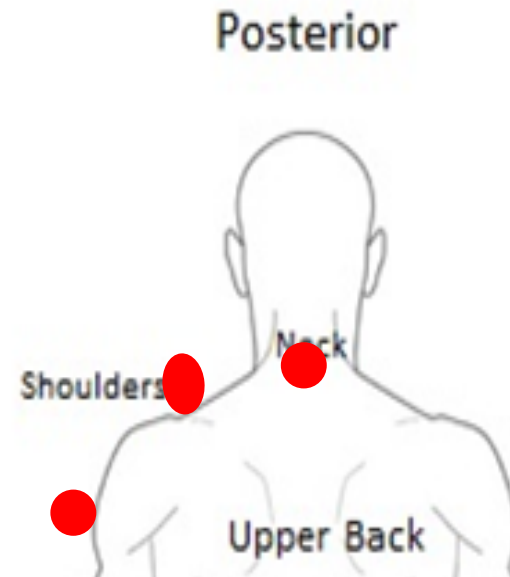
- ★ **Nineteen patients with migraine were identified, from London, Istanbul and Gaza.**
- ★ **The 19 patients were treated by cupping 3 times, once a week**
- ★ **The patients were given a diary and asked to indicate their pain level using the numerical pain scale provided.**
- ★ **The patients received cupping on the following areas:**
 - ★ **C7**
 - ★ **upper fibres of Trapezius**
 - ★ **Middle fibres of Deltoid**
 - ★ **Mid point of the head between frontal and parietal bone**
 - ★ **Between Sphenoid and Temporal bone**

Cupping Procedure

- One patient




18 patients the application was as follow:





Participants Diary

Patient Name	Gender								
Age	Date								
Analgesics (pain relief medications)									
Level of pain before cupping									
									
No Pain					Max Pain				
1	2	3	4	5	6	7	8	9	10



Data analysis

- **Descriptive statistics for 19 patients**
- **Mean, SD and 95% confidence interval**
- **Paired sample t test was deployed to determine the difference between pain week 1,2,3 and 18 months.**
- **Mixed-effects regression to predict mean pain changes over time**
- **This allows individual patients' pain to differ in severity**
- **The improvement is a quadratic curve (realistic)**
- **Improvement is statistically significant ($p < 0.001$)**

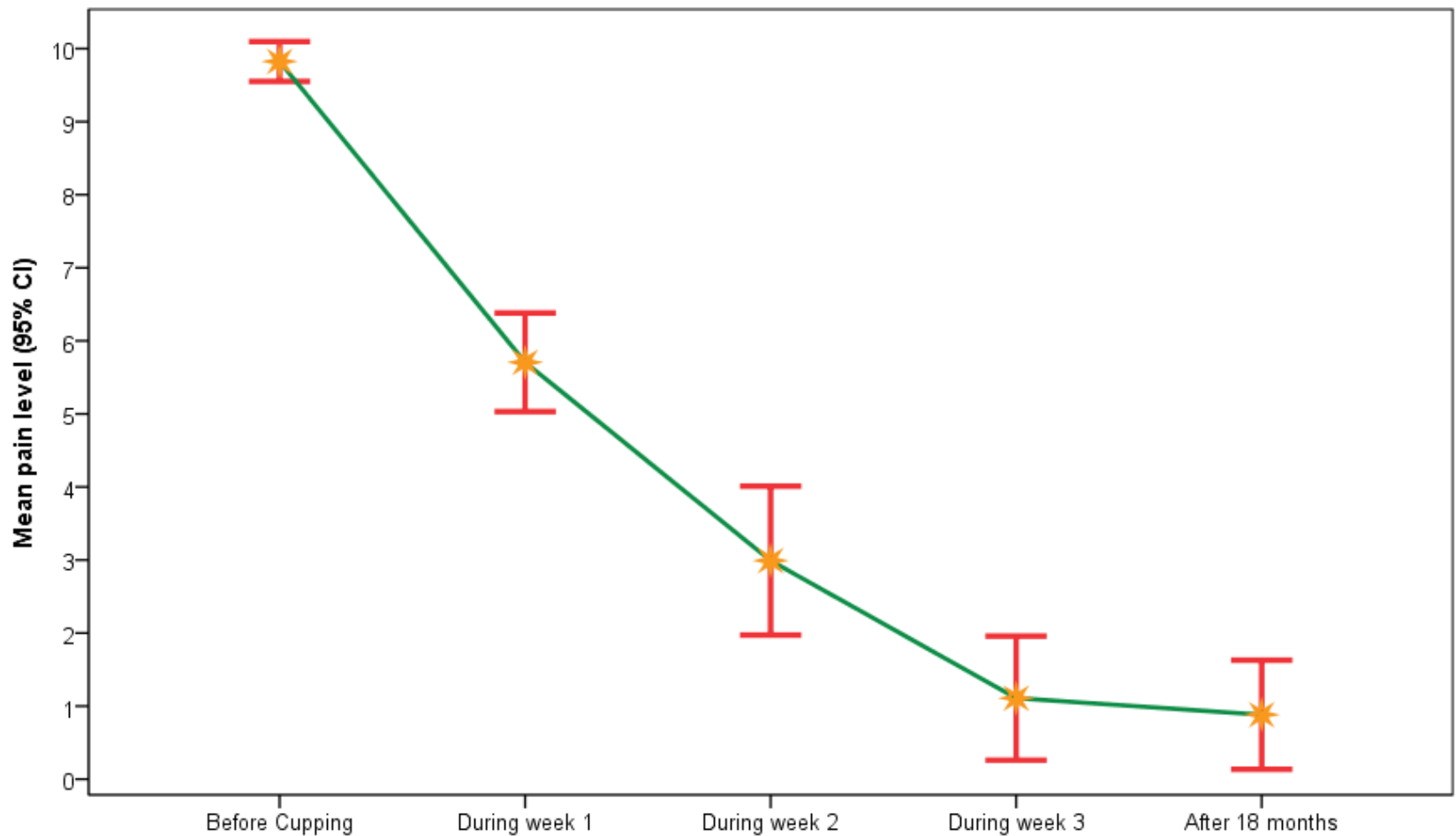


Results

- **Male: 10 (52.6%), Female: 9 (47.4)**
- **Age (M+SD) (37.7+9.5), Minimum: 22 Y & Maximum: 50 Y**
- **Pain Level**
- **Mean Pain Before Cupping (9.84 ± 0.50)**
- **Pain diary follow-up: 7, 14, 18, 21 days and after 18 months**
- **Mean reduction 0.9 points per week**
- **(linear regression $p=0.001$)**



Error Bars Mean Pain Level after 18 months





Pain Level Difference before and after Cupping

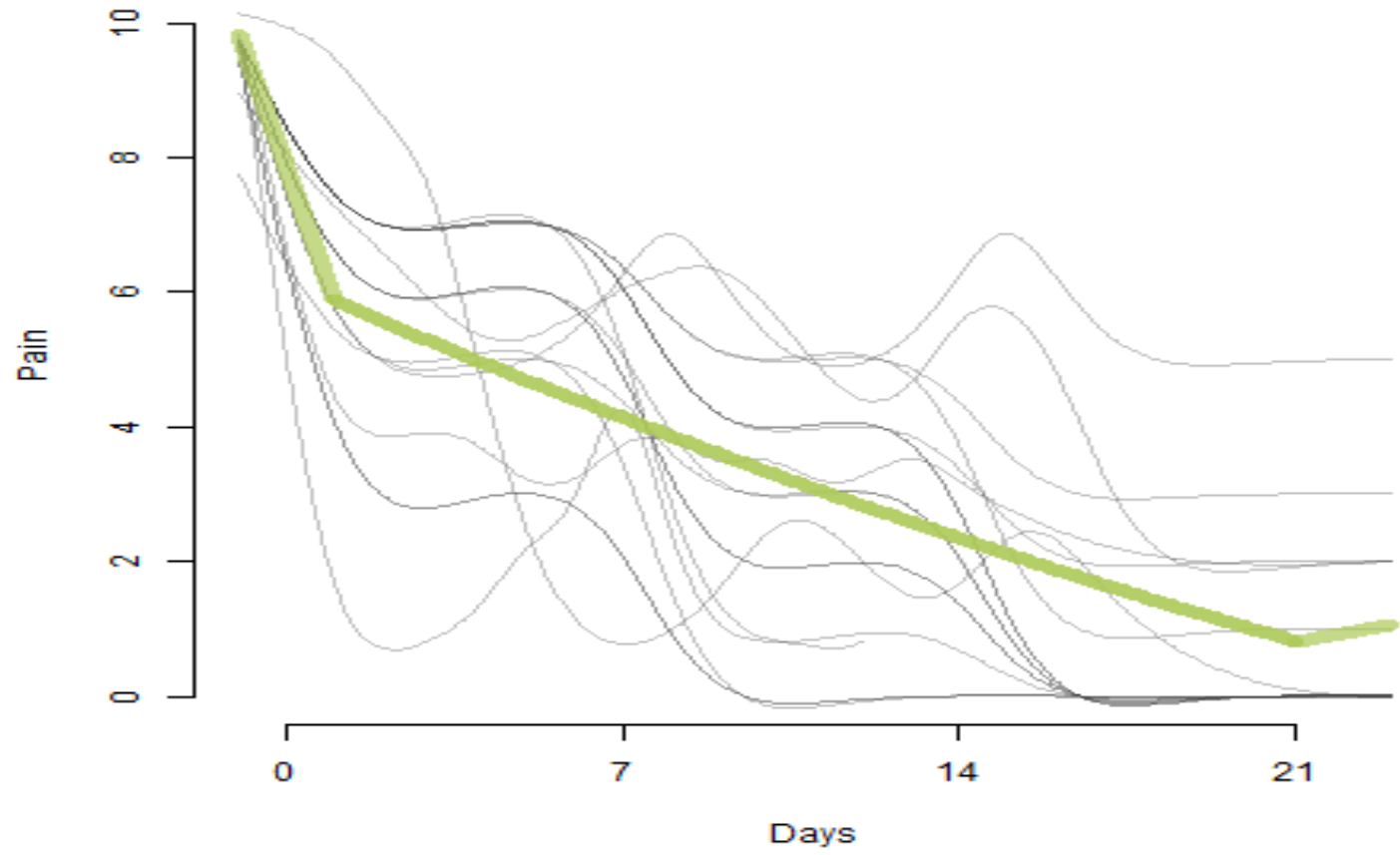
Paired Samples Statistics and Paired Samples Test						95% Confidence Interval of the Difference		
	Mean	N	Std. Deviation	Mean Difference	Std. Deviation Difference	Lower	Upper	P Value
Pain Level Before Cupping	9.84	19	.50	4.43	1.61	3.65	5.20	.001
Mean Pain Week 1	5.41	19	1.54					
Pain Level Before Cupping	9.84	19	.50	6.89	1.85	5.99	7.78	.001
Mean Pain Week 2	2.95	19	1.89					
Pain Level Before Cupping	9.82	17	.53	8.71	1.72	7.82	9.60	.001
Mean Pain Week 3	1.11	17	1.65					
Pain Level Before Cupping	9.84	19	.50	8.79	1.51	8.06	9.51	.001
Pain Level after 18 months	1.05	19	1.47					



21 days with quadratic regression

Predicted pain = $6.2 - (0.31 \times \text{Day}) + (0.0025 \times \text{Day}^2)$

Improvement is statistically significant ($p < 0.001$)





Conclusion

- **Cupping Therapy has a significant effect on patients with migraine headaches**
- **One patient was symptom free following one session of cupping therapy.**
- **This pilot study is an initial exploration of potential for cupping therapy on migraines and further research with a large sample size is recommended.**



General Conclusion

- **Cupping Therapy has no side effects- if it is performed in a correct and hygienic method.**
- **Cupping Therapy acts upon the three dimensions of health**
 - **Physical**
 - **Cultural**
 - **Emotional and Spiritual**



My Key Messages

 **The Ministry of Health should be the key body that regulates complementary and traditional medicine; based on evidence and effectiveness.**



 **WHO should support countries and governments who are regulating complementary and traditional medicine globally and encourage countries and health systems to use complementary and traditional medicine.**



 **Health professionals should start their research into complementary and traditional medicine- to provide evidence to integrate complementary medicine in to their existing healthcare systems.**





Questions?

Thank you



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