



BCS

BRITISH CUPPING SOCIETY

Challenges to the Professionalisation and Standardisation of Cupping Therapy – A UK Perspective

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Acknowledgements & Conflicts

- Amir Sheikh is a founding member of the British Cupping Society (BCS)
- With Thanks
 - Sponsors
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 - Bayad Nozad – Public Health England

Overview of Professionalisation & BCS

1. Increased patient and community **trust** in the organization;
2. Improved **patient safety, satisfaction, and overall health outcomes;**
3. Improved organizational performance and **reputation;**
4. Heightened sense of meaning and purpose that translates into greater staff morale, well-being, engagement, retention, and overall productivity; and
5. Formative learning environments conducive to **continuous improvement.**

BCS - Portfolio



Outline

- **Challenge 1** – Voluntary Regulation
- **Challenge 2** – Public Health Concerns
- **Challenge 3** – Variations in Practices
- **Challenge 4** – Evidence Based Practice
- **Challenge 5** – Legal Concerns

- **Solutions**
- **Conclusions**

Challenge 1 – Voluntary Regulation

Role of the Federal Regulatory Council



- Audit/Quality Assurance
- Oversee Complaints
- Deal with "serious" complaints
- Initial Contact for public
- New professions
- PR & communications
- Generic Policy Documents
- Finance & Accounts
- Enforce Admission Criteria as defined by the Profession Council/Knowledge Base



The General Regulatory Council for Complementary Therapies

GRCCT

Regulation


Practitioner Registration

Advertising Certification

My GRCCT

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Apply ▾



Welcome to the GRCCT

The UK Federal Regulator for Complementary Therapies

Our purpose is to protect the public by promoting and enforcing high standards of education, performance and conduct amongst practitioners of Complementary and Alternative Medicine.

Voluntary register of alternative therapies in UK BCS is GRCCT Approved

Cupping Registers in the UK

- Not Solely run by GRCCT
- However GRCCT alone has 3-4 separate registers for Cupping
 - Hijama
 - Clinical Hijama
 - Holistic Hijama
- Subsequently
 - No person specification for Practice CT
 - No Minimum training & qualifications
 - No Minimum Occupational & Health requirements

Challenge 2 – Public Health England; Concerns



- Public Health England Working Committee currently addressing concerns:
 1. Infection Control
 2. Patient Safety
 3. Providers & Practitioners

Infection Control

- Blood borne viruses
- Sharps injuries
- Blood spillage
- Wound healing – bleeding, scarring infection
- Decontamination of equipment
- Waste disposal (blood and equipment-sharps, cups etc)

Malpractice Examples



Patient Safety



- Cupping is being offered to **minors**
- CT applied to **high risk patients**
- No clear complaints process by providers if patient develops complications
- No Information governance and patient data
- **Costs** implicated to patients

Costs



- ***‘Upper body Detox’***
 - ‘sunnah points’ For the relief of toxins of the head, there is an additional cost of £10.
- ***‘Group Session ‘Discount***
 - This is a 3-hour treatment for 3 people
- **How many Cups?**
 - £45 for 5-9 Cups
 - Then £3 per cup
 - But beware you may feel dizzy! Up to **500mls blood** can be extracted!

Subsequently!



Or This!

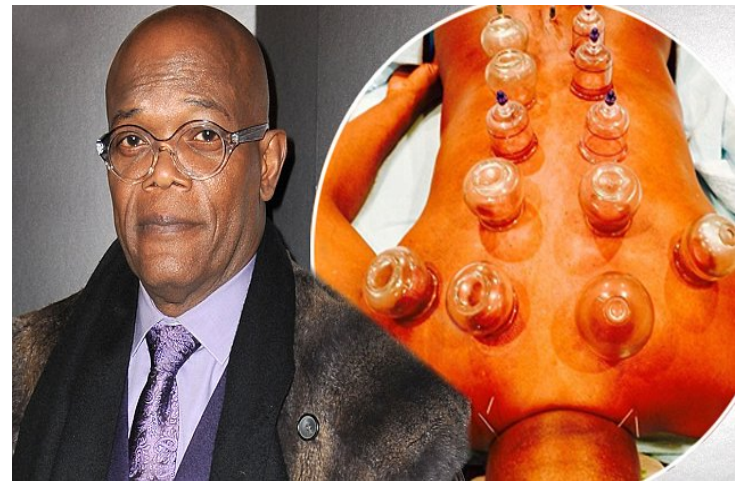


Providers & Practitioners

- No clear accreditation for training,
- No CPD requirements
- No statutory requirement for registration/licensing with a regulator
- No inspections carried out universally
- Mobile clinics/home attendance

- Toolkit Development:
 - National toolkit that can be used by practitioners and regulators as a safety guidance.
 - Different agencies represented
 - Focus on other unregulated practices
 - This is ongoing process and it will take time until the final document is approved - late 2020.

Challenge 3 - Evidenced Based Medicine!



Challenge 3 – EBM

- Variations in Practices
 - Not just dry or wet cupping now in UK it more difficult to regulate.
 - **Dry & Massage Cupping** – perhaps the most widely accepted
 - **Wet Cupping**
 - **Moxibustion Cupping**
 - **Hydro Cupping**
 - **Fire Cupping**
 - **Herbal Cupping**
- Different Types of Cupping Therapy come with their different risks and hazards and there is a lack of evidence base with many of these

The 'Sunnah' Challenge



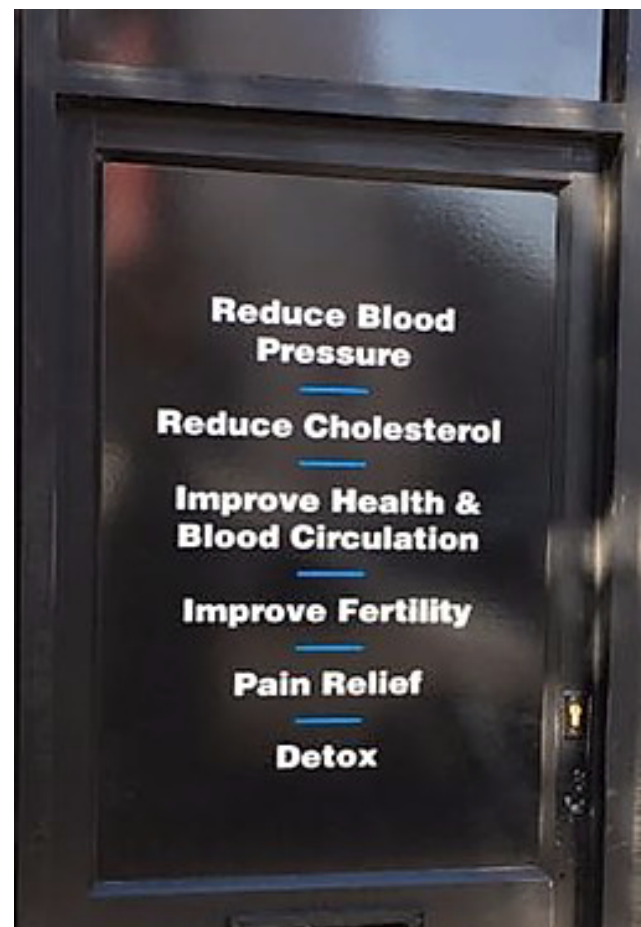
- Narrated Abu Hurairah: The Prophet (peace be upon him) said:
- **The best medical treatment you apply is Cupping Therapy.**
- Abu Dawood (Book 39, Hadith 3848) - However It is not the **ONLY** treatment!

'Sunnah' Issues Continued

- Differences of Opinion
 - Points considered the sunnah & Tibb points & Meridian
 - Length of fasting prior to Hijamah - range from 3-12 hours
 - Non-permissible days i.e. Wednesdays
 - Non-permissible times i.e. Ramadhan or fasting
 - Blood extraction volumes – inference that more is better
 - General lack of objectivity & outcome measures

Subsequent Problems

- ‘Prophetic Medicine Practitioners’
 - No formal requirements to claim expertise in prophetic medicine
 - Often involves herbs prescription and use citing it is ‘prophetic’
- Patients may stop taking EBM alternative Rx is being offered for so many conditions
- All in the name of Prophetic Medicine!



Challenge 4 – Training



- Various Training Providers
- Certified by numerous Alternative & Complementary Medicine Societies
 - However no standardization
 - No strict pre-requisites

Examples of Training

- **Pre-Requirements**
 - No previous experiences required
 - Do not stipulate need to be a health professional
- **Duration**
 - Can range from one day to one year or more!
- **Delivery**
 - Completely distant learning to a mixture
- **Assessment**
 - Online to practical
- **Post-Course**
 - Often none of subscription based
 - Some have requirements

Examples of Training

Topics covered

1. History of Cupping Therapy
2. Anatomy & Physiology
3. Practical Cupping
4. Case Studies
5. **'Hijamaology'** – 'Islamic Medicine' & Pastoral Med. Assoc. Membership
6. Clinical Testing
 - no emphasis on diagnosis & working within limitation
 - Many train people of non-medical background & lay people

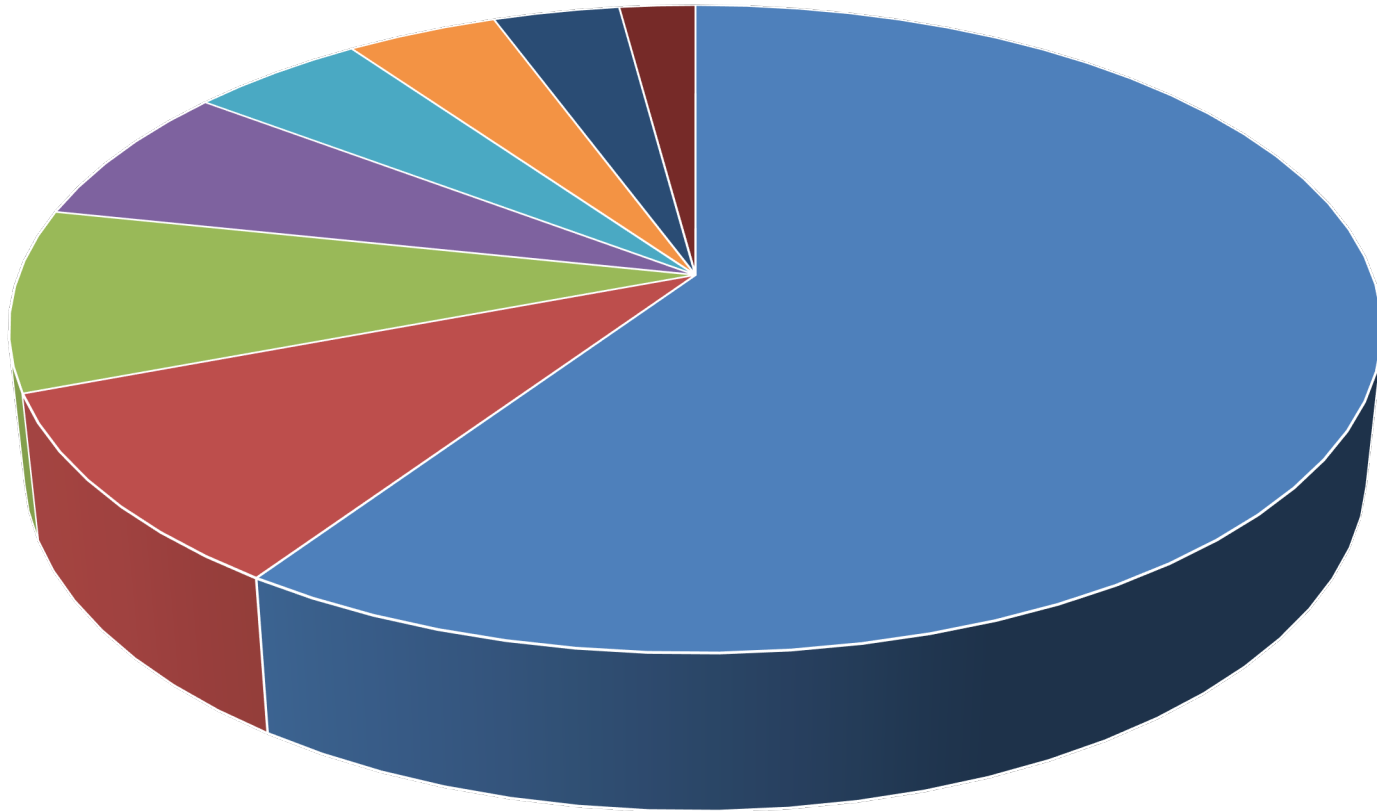
Applicants:

- Baby Massage Therapists, Beauticians & Hairdressers
- Accountants & Lawyers

Profession	Percentage	Number
Doctors	59%	85
Allied Health Professionals	10%	14
Nurses	9%	13
Physiotherapist	7%	10
Biomedical Scientists	5%	7
Pharmacist	4%	6
Academics	3%	5
Dentist	2%	3
Total	100%	143

BCS Attendees Variation

BCS Trainees by Percentage - UK & International



■ Doctors ■ Allied Health ■ Nurses ■ Physiotherapist ■ Biomedical Scientists ■ Pharmacist ■ Academics ■ Dentist

Challenge 5 – Legal Concerns

- Culmination of variation in training, practices and lack of evidence base has inevitable led to legal consequences
- No tangible data is currently available at present – authorities not forthcoming with it
- However this is possibly the biggest challenge
- Our data is based on cases we have received as a request to be expert witnesses

Cases Referred to BCS

- Summary of nature of cases :
 - CT being applied in acute conditions
 - CT applied to minors
 - CT considered as non-accidental injury
 - CT applied in patients with Cancer
- We have assisted in all these cases either as expert witnesses or expert opinion

Perception of Cupping in UK Authorities



- Cupping marks on a child are often considered as a form of physical harm by health authorities
- **Child Safeguarding Training teach** health professionals to consider it as a possible form of **Non-Accidental Injury (NAI)**
- **Often the culture of cupping is misunderstood**

Cupping in Minors

- Profound Consequences
 - Child protection agency involvement
 - Distress to child & parents
 - Some cases of children being placed in care
 - Legal custody battles



Case Example

- 11 year old girl – Patient
 - Parents separated
 - Patient returned from mother’s care
 - Father noticed bruises on her back and reported it to the Police because he believed harm was caused
 - The **cupping practitioner (Mother) was** subsequently charged
 - Concerns raised included:
 - Lack of **consent**
 - Causing **physical** harm
 - Causing **psychological** harm

Case Example Cont'd

- Background of Practitioner
 - Registered nurse
 - Practiced dry Chinese cupping therapy via suction device
 - 30 years of experience as a cupping practitioner
 - Applied cupping therapy to the back for general well being

Case Example Cont'd



- BCS Role
 - Expert Witness
 - Provided our guidelines on the conditions under which children can be treated
 - Provided opinion on whether any potential physical harm was caused – we explained that bruising was a side effect of the treatment
 - Provided details of our training Curriculum & Procedures

Outcome

- Practitioner was found **NOT GUILTY**
 - **Consent:** it was deemed that the parent could consent on the child's behalf
 - **Psychological & Harm** – it was deemed that no harm was caused
 - It was also deemed that the practitioner was **competent** in applying the treatment
 - Case may be escalated to highlight lack of regulation

Other Examples

- **Allergies & Atopy**
 - Child treated for Allergies & Atopy prosecution argued that there was lack of evidence to apply the therapy, therefore harm was caused
- **Spiritual & Religious**
 - Some cases of people seeking CT for their children who they suspected of being afflicted by ‘magic’ and ‘evil eye’

BCS – Legal Guidelines

- To protect our members from these scenarios we therefore stipulate the following:
 - Non-treatment of **minors**
 - Non-treatment **pregnancy**
 - Non-treatment **of acute conditions**
 - Non-treatment of **cancer patients**
 - No-practice **outside scope of expertise**



BCS Guidelines - Minors

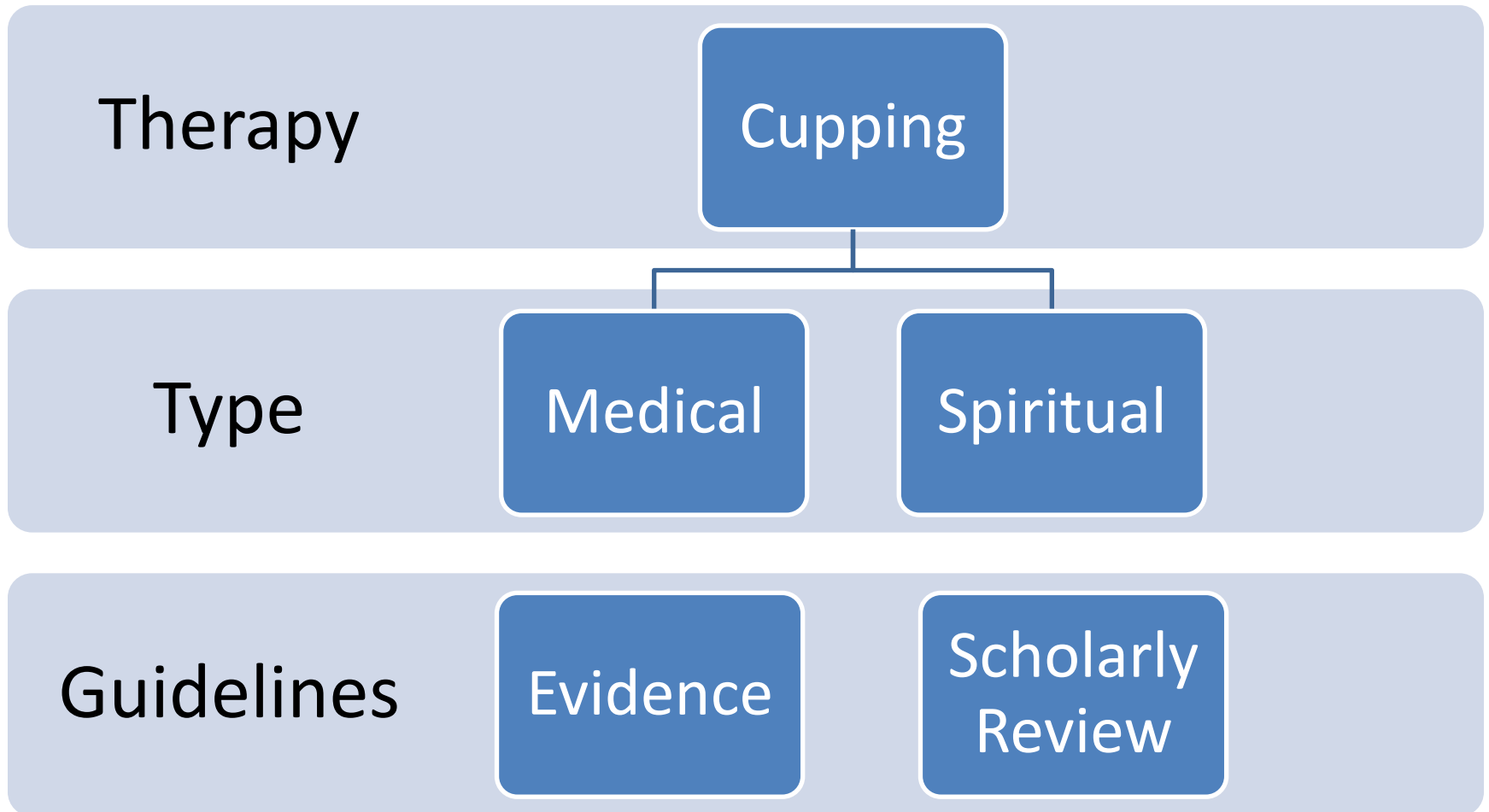
- The therapy being applied is evidence based according to a published protocol, with MDT & paediatrician involvement
- Dry cupping therapy is preferred to wet cupping therapy if all the above conditions are fulfilled.
- **Or** The child is part of a clinical research trial with medical and ethical committee approval overseen by a clinical or academic institution.

THIS ALMOST NEVER HAPPENS IN REALITY - THEY ARE SAFEGUARDING MEASURES FOR OUR MEMBERS

Solutions to Legal Issues

- The formation of a prophetic medicine working committee acting as a point of reference for inquiries from legal bodies regarding CT.
- Consensus guidelines with international signatories from various disciplines and backgrounds will help to give weight to CT being generally accepted in the community
- Guideline should specify:
 - Risks, benefits
 - Accepted cultural or ‘normal’ practices
 - Highlight the ‘spiritual’ aspect of practice
 - Recommend qualifications for practitioners

Solutions



Conclusion



- We have presented challenges to the professionalisation of cupping therapy in the UK
- BCS has its own policies & procedures but these need endorsement
- We have provided solutions that would address some of these challenges from the perspective of Prophetic Medicine
- We have suggest taking increased ownership of the field of Prophetic Medicine.