



# A survey on the prevalence and utilization characteristics of gua sha in the Hong Kong community

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## KEYWORDS

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Survey;  
Prevalence;  
Utilization  
characteristics;  
Usage

## Summary

**Objective:** To conduct a community-based survey to describe the demographics, experience, and utilization variables among the users of gua sha living in Hong Kong.

**Method:** A total of 3209 adult respondents were surveyed by using a short Chinese questionnaire. **Results:** Gua sha was found to have a one-year prevalence of 22.7% and four-week prevalence of 6.6%. The users were seen to be old of age and less educated. The majority believed that gua sha is beneficial to health, practiced in non-regular basis, and mainly employed for treating illnesses. For both male and female, the top two common illnesses to be treated were the respiratory and pain problems, which accounting for 74% of all users. Other illnesses included nervousness, heat stroke, fever, infection, dizziness, diarrhoea and vomiting, oedema, and constipation. As practiced by most respondents, unidirectional pressured stroking was applied repeatedly on the lubricated skin surface at the back region using various smooth-edged tools typically spoons. Almost all users reported the occurrence of skin blemishing and subsequently faded within 7 days after the gua sha treatment.

**Conclusion:** The general population of Hong Kong was found to have high prevalence of gua sha usage. The utilization characteristics as reported by the users were generally aligned with the current scientific knowledge, in particular the treatment procedures and response.

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## Introduction

“Gua sha”, also known as skin scraping or pressured stroking, is an ancient healing technique widely used in Asia. The two Chinese characters ‘gua’ and ‘sha’ literally mean for the action to scrape or to scratch and the response of

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generating redness or purplish 'millet-size rashes', respectively. According to the literatures, gua sha is performed through applying repeatedly unidirectional pressured strokes on the lubricated skin surface by using a smooth-edged tool until sha appears at the scrapped region, and such skin blemishing normally takes a few days to fade.<sup>1</sup> The theory of Traditional Chinese Medicine (TCM) believes that illnesses are often caused by the stagnation of Qi (vital energy) and blood; the induction of sha brings the pathological force to the skin surface, through enhancing the flow of Qi and blood, illnesses are removed by following the sha resolution.<sup>1</sup> Experimentally, gua sha was demonstrated to enhance the surface microcirculation at the scrapping region,<sup>2,3</sup> and biochemical pathways were stimulated to exhibit certain health benefits.<sup>4,5</sup> The potential health effects of gua sha have been supported by clinical trials and case studies.<sup>5–14</sup> Yet, the clinical significance of gua sha and its biomechanism have not been empirically established.

Gua sha has become more well-known in the western world, since the release of a Chinese movie 'Gua sha' in 2001. The movie described a real-life story which happened in the United States that a lawsuit was triggered by a misinterpreted child abuse case in which the parents of a Chinese immigrated family was arrested by the police after treating their son's illness using gua sha to induce skin blemishing.<sup>15</sup> In reality, many physicians who believed gua sha would cause discomfort to patients, whereas the unusual ecchymosis being generated by gua sha is often misinterpreted as a form of physical abuse. Kurth and colleagues<sup>16</sup> reported misinterpretation of two suspicious gua sha associated child abuse cases were successfully avoided by the efforts of an interdisciplinary teamwork. This reveals the cultural conflicts between the Chinese and Western values that may also influence the future development of research and clinical applications in complementary medicine, particularly gua sha in this case. Cultural gaps cannot be filled until the application of gua sha and its underlying mechanism are understood. In 2008, a survey was conducted in Taipei city where the practice of gua sha was explored alongside with other TCM modalities.<sup>17</sup> In this cross-sectional study, 71% of the folk medicine practitioners were reported to offer gua sha as one of their service modalities and serving in average 65 clients per months with the length of 25 min per treatment session. More recently, another cross-sectional study reported 86% of the general population of Taiwan had used some forms of TCM in the previous year, with 26% of those TCM users had used gua sha, which estimated a point prevalence of 22%.<sup>18</sup> In the same study, gua sha was also identified as the second most popular manipulative therapy next to massage, the main purposes of usage were identified as disease treatment and health maintenance.

Yet, gua sha has never been sorely investigated for its popularity and utilization characteristics, particularly in Hong Kong (HK). Therefore, the primary aim of this study is to explore the prevalence of gua sha in the HK community. Secondly, its utilization variables with respect to purpose and mode of usage, procedure applied, and participants feeling during the treatment and its response are also investigated among the HK users.

## Methods

### Study design, population and sampling strategy

This study used a random walk survey design for exploring the demographics, experience, and utilization variables among the gua sha users in the general population of HK. As one of the most densely populated cities in the world, by the middle of 2012, HK had a population of 7.15 million where stood at average 6620 persons per square kilometre. The geography of Hong Kong primarily consists of three main territories, namely Hong Kong Island, Kowloon peninsula, and the New Territories. The three territories are further divided into 18 districts. Fourteen districts (clusters) were surveyed, which covered residential, commercial, recreational and industrial areas, except the border districts, rural areas and remote islands. During the first two weeks of August 2012, six data collectors were allocated to visit one new district each day. Each data collector spent 3 h at the allocated district cluster to conduct the survey. The data collectors were instructed to start walking from the railway station by selecting random directions. Along a walking route, the second individual (a pedestrian in the street) at the right was approached and invited to participate the survey, then the second individual at the left, such right and left order was followed continuously down the road. In case of non-response, next individual was approached and callbacks were not implemented. After confirmation of age was 18 or above and HK as usual residence, the nature and purpose of the study was verbally explained, then the individual was invited to the survey for completing a short questionnaire (Appendix A). Participants were asked to respond verbally to the questionnaire items, and the data collector recorded the answers on the questionnaire. The completion of this survey implied the consent of participation. No personal information involving privacy and identity was collected in the questionnaire. Ethical approval has been obtained from the University Human Ethics Sub-committee of the Hong Kong Polytechnic University.

### Survey questionnaire

Content validity was determined by a panel of 5 experts in the field of either TCM or public health. The questionnaire's content validity index was independently reviewed and judged by each expert. All questionnaire items were rated as 'relevant' by all panel experts against the study objectives, and a content validity index score was determined as 1.0. Two survey questions were revised by rephrasing as suggested by the raters, neither the meanings nor ratings of these items were changed after the revision.

The survey questionnaire composed of 16 items divided into 3 domains: demographics (3 items), prevalence and beliefs (5 items), and utilization variables (8 items). The utilization variables covered the mode of usage, detail procedure when receiving gua sha, participant's feeling and response, occurrence of sha, and purpose and indication of usage.

Demographic variables included gender (male or female), age (category of 18–25, 26–35, 36–50, 51–65 or >65 years), and the highest education level attained

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