

Cupping therapy can improve the quality of life of healthy people in Tehran

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Abstract

OBJECTIVE: To examine the influence of cupping on the quality of life of healthy people who referred to traditional Persian medicine clinics in Tehran.

METHODS: All participants were examined by Traditional Persian Medicine specialists and their temperaments were determined. The area between the shoulders was cleaned, and cupping was performed with a disposable cupping glass for a few minutes. The questionnaire used in this project was the Persian version of the SF-36 questionnaire which assesses people's understanding of their health status. Before cupping and then one month

after cupping, all participants were called and the questionnaires were completed again. Finally, all given data was analyzed.

RESULTS: From a total of 290 questionnaires completed in the first phase of the project, 112 patients were excluded. Ultimately, the data of 178 participants was analyzed. After one month, the quality of life score of 155 participants (88%) increased, remained unchanged for 21 participants (11.7%), and decreased for 2 participants (1.1%). Asked about possible complications from cupping, 160 participants reported no side effects (89.9%).

CONCLUSION: Our findings suggest that cupping therapy can improve the scores of quality of life in the participants in Tehran.

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Keywords: Persian medicine; Hijama; Cupping therapy; Quality of life

INTRODUCTION

Despite the many advances in medical sciences and the dissemination of modern medicine in recent centuries, many people around the world prefer alternative treatments such as herbal therapy, dietary supplements, acupuncture, cupping therapy, etc. The use of these methods is increasing all over the world.¹

Cupping therapy is one of the world's oldest known treatment methods in many countries and civilizations, especially in Asia and Europe.² It is frequently mentioned in historical Traditional Persian Medicine (TPM) documents for the prevention and treatment of various diseases.³ It is also a common traditional method currently used in Iran.

Many studies in recent years have tried to clarify the efficacy of cupping therapy in various disorders.⁴ Some of them have reported the beneficial effects of cupping in clinical investigations. The most reported positive effect of cupping therapy is pain relief.^{5,6} Its effects on acne,⁷ constipation,⁸ coughing and asthma,⁹ migraine,¹⁰ herpetic lesions,¹¹ eczema,¹² etc. have also been examined. In contrast, some investigations have shown that cupping therapy has no significant effect on complications like serum hs-CRP and Hsp27 patients with metabolic syndrome.¹³ Although much evidence shows the probable effect of cupping therapy in medical aims, there are too many concerns for it to be applied in society.¹⁴ The most common concern for wet cupping is the transmission of infection because of unclean conditions during the procedure.¹⁵ Unfortunately, traditional cupping therapy was mostly applied by traditional healers who had no academic medical awareness. Sometimes it was done under unclean conditions and with unsterile tools. Cupping is an important risk factor for the transmission of blood-borne infectious diseases, like HTLV-I infection and Hepatitis B and C, in Iran.^{16,17} Furthermore, there are many reports of burns induced by dry cupping in countries such as China.¹⁸

Quality of life is a comprehensive concept based on the perception of the dimensions of physical health, personal development, psychological state, level of independence, social relationships, and communication with the environment. In fact, quality of life includes subjective and objective dimensions that interact with each other.¹⁹ Dysfunction of the body and physical signs and symptoms significantly impact all aspects of quality of life, and they impair physical function, social roles and function, which leads to psychological complications and reduced energy.²⁰

Historically, Persian traditional scholars have divided persons into three groups: healthy persons, patients, and people who have no obvious disease, but some of the four aspects (physicality, psychology, sociality, and spirituality) are not healthy. Risk of disease is higher for people in the third category than in the first. For example, symptoms such as malaise are not caused by anemia or other chronic diseases or drowsiness without a particular reason, etc. TPM scientists like Avicenna advised blood-letting for this category to prevent more serious diseases.²¹ Traditional Persian scholars believed that cold weather in winter causes the disposition of humors in the body, while the spring warming melts them. As a result, certain diseases, such as allergies and hives, become more common.^{21,22} To prevent such diseases, blood-letting methods have been advised for the disposal of waste humors. For this reason, phlebotomy (Fasd) and cupping are recommended more in spring than in other times of the year. Phlebotomy is a TPM blood-letting method in which a small incision is made in one of the superficial veins of the body and blood is taken. People prefer cupping to phlebotomy, because it is easier, and causes less pain. Many cupping processes are carried out annually to prevent or treat disease.

In recent years, several studies have investigated the effects of cupping therapy alone and in combination with other traditional and modern methods. However, there are not enough studies on the effectiveness of cupping on the quality of life of patients or healthy controls. The current study aimed to examine its effect on the quality of life of healthy people in Tehran.

MATERIALS AND METHODS

This trial is a quasi-experimental before-after study of healthy people coming to TPM clinic on 6/19/2014 and 6/20/2014 for preventive cupping. All participants were examined by TPM specialists and their temperaments were determined. Participants included in the study were 12-60 years of age with no known disease, who were not taking immunosuppressive drugs, chemotherapy, anticoagulants, codeine, or phenytoin, and women who were not menstruating, pregnant or breast-feeding. People with acute illnesses or infections and those who did not answer more than 20% of the questionnaire were excluded from the study. Before the intervention, an oral explanation was given about the study to eligible persons, informed consent was obtained, and the questionnaire was given to each of them. Forms were completed under the supervision of the project executor and colleagues. Participants were also informed that they would be called one month after cupping and asked about changes in their quality of life. Then they were led to the cupping room. The area between the shoulders was cleaned, and cupping was performed with a disposable cupping glass for a few minutes with the help of 10 TPM specialists. The suction of the glass was gradually increased. After the skin under the glass expanded and became red, some scratches on the skin's surface were made with a scalpel, and blood-letting was carried out in three 5-minute periods. At the end, the area was dressed with honey. After a few minutes of rest, participants were allowed to leave the cupping room. They were advised to avoid bathing and swimming for 12 h after cupping.

The questionnaire used in this project was the Persian version of the SF-36 questionnaire which assesses people's understanding of their health status. The Persian version was translated by Montazeri *et al* and approved by Noroozi *et al*¹⁹ Its validity was determined to be between 58/0 and 95/0, while reliability was between 77/0 and 9/0.²³ Questions covered two main areas of physical and mental health, and the eight aspects of general health, physical functioning, physical problems, mental health, vitality, mental health problems, social function, and physical pain were evaluated. All questions were scaled with the Likert scale of 1-5, in which number 1 was the lowest score and number 5 was the most ideal situation. Demographic data on participant age, gender, education level, and temperament was also collected. The calculated sample size was 97 based on the Cochran formula with 5% error. Because follow-up

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