



COMPLEMENTARY NURSING WITH CUPPING THERAPY



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FOREWORD

Praise be to God SWT, because it is for His blessings and graces that the preparation of the **COMPLEMENTARY NURSING WITH CUPPING THERAPY** can be completed.

This book is prepared as a guide for nurses and students in conducting complementary therapy with cupping interventions. This book is expected to help carry out complementary therapies with cupping interventions as well as possible and obtain optimal results. We express our highest gratitude and appreciation to all parties who have played a role in the preparation of this book. Input and suggestions for improvement are always welcome, for the improvement of this book.

Hopefully, this book can be useful and contribute to public health services.

Surakarta, March 2024

Drafting Team

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INTRODUCTION

This book discusses cupping and cupping therapy procedures which begins with a historical view of cupping as one way to cure and prevent disease. This book also discusses the benefits of cupping in curing a number of complaints and certain diseases with the latest research evidence. In this book there are technical steps of cupping that have been researched by scientists in the field of health.

In an effort to provide additional references as a practice guide, we made this book by compiling from the book and some research results.

CUPPING THERAPY PRACTICES

Cupping therapy is an ancient traditional and complementary medicine practice (Aboushanab and AISanad, 2018). This ancient therapy has many ways of application. The two main types of cupping are dry cupping and wet cupping (Lee and Ernst, 2011).

Cupping therapy is a popular historical treatment in Arab and Islamic countries. This therapy was recommended by Arab and Islamic physicians such as Ibn Sina (980-1037 AD), Al-Zahrawi (936-1036 AD), and Abu Bakr Al-Razi (854-925 AD). Then the practice of cupping therapy spread to Italy and throughout Europe between the 14th and 17th centuries (Aboushanab and AISanad, 2018).

Cupping treatment methods have been mentioned in the annals of various major civilizations of the world, including Egypt, China, India, Europe, and America. So that various

cupping terms are known in the world in various languages including kop, cucurbit, cupping, fire-bottle, blood-letting, pa hou kuan (Mandarin) (Salim, Chapter I, 2018).

One of the oldest medical texts that mentions cupping therapy is the ***Eber Papyrus*** dating back to 1550 BC (Aboushanab and AlSanad, 2018).

Through the study of some historical evidence, it was found that cupping was originally known to world civilizations since the Sumerian empire was founded around 4000 years BC, then developed and expanded towards Babylonia, Egypt, Saba and the land fed by the Euphrates and Tigris Rivers.

At that time, according to historical records, cupping was exclusive therapy and only healers were allowed to perform cupping for the treatment of kings. The famous healers at that time were even very selective in teaching cupping and only passed

down the knowledge of cupping medicine to the best and chosen students (Salim, Chapter I, 2018).

CUPPING PRACTICES IN INDONESIA

Since more than 10 years ago, cupping treatment began to develop in Indonesia. Cupping clinics began to stand with a sizable number of patient visits each month. Cupping belongs to the group of traditional medicine.

Indonesian people use quite a lot of traditional medicine, and cupping is a fairly popular treatment because it is known as a Prophet-style treatment (thibbun nabawi). According to Wadda' A. Umar (2008), thibbun nabawi is a treatment that uses tools, materials, methods and ways of working as in the time of the Prophet Muhammad (peace be upon him), and is practiced or prescribed by prophets, companions, tabi'in, tabi'ut tabi'in and their followers.

With 80% of the Muslim population living in Indonesia, Thibbun Nabawi is easier and faster growing. Based on the WHO definition of traditional medicine, cupping includes therapy related to the

sunnah of the Apostle, which is therapy to maintain a healthy condition both to treat and prevent disease with a religious spiritual approach.

Traditional medicine in Indonesia is generally under the supervision of the directorate of traditional health services, including cupping clinics. Until 2012, more than 26 cupping clinics were established in Indonesia. In Bandung, the average patient visit per clinic is around 30 to 700 people per month.

This does not include cupping practices carried out from house to house. In general, patients are young adults who do quite a lot of cupping, namely the age group of 20-39 years.

They come to do cupping with complaints in general are aches, fatigue, colds, headaches, stomach pain or coughing flu. However, quite a lot also aims to maintain health.

While the age group of 40-59 years which is the second age group is big for cupping, especially cupping for therapy against the diseases they suffer which are generally chronic degenerative diseases, such as hypertension, high cholesterol, or high uric acid. Cupping societies are generally people with middle to lower economic levels.

In Indonesia, cupping develops mainly from information from close relatives. The experience of relatives to perform traditional therapy plays an important role in the introduction of cupping in the community. Psychologically, the impulses or habitual patterns of friends, neighbors, or family influence the decision to do cupping in Indonesian culture.

If the benefits are felt by those who are new to using duck therapy, then they will routinely or repeatedly do cupping. Cupping as a therapy for chronically suffered diseases, in general, cannot only be done with 1 treatment. Complaints that

generally succeed in using 1 cupping are mild complaints such as aches, headaches, and colds. Since the last few years, namely since the issuance of Government Regulation Number 103 of 2014 concerning Traditional Health services, traditional medicine clinics have begun to decrease and quite a lot have closed. Many of these clinic closures are generally related to establishment permits.

Traditional medicine practices need to be controlled by the government because establishment permits are obtained from the Ministry of Health. The purpose of the Government Regulation is to protect patients undergoing traditional therapy and also protect the organizers of traditional therapy practices.

DEFINITION OF CUPPING

Cupping in Arabic is referred to as hijamah. According to the term, cupping is defined as a sucking event that starts from cutting the skin and continues with the process of removing blood from the surface of the cut skin, and the blood that comes out is then accommodated into a cupping container, both in the form of glass and plastic. While mihjam and mihjamah mean cupping devices which include all tools used in cupping procedures, be it a suction device that creates negative pressure, a device to cut surface skin or a tool to collect blood during the cupping process (Wadda' A Umar, 2010).

In the book *Cupping Miracles of Medicine of the Prophet SAW* (Aiman Al-Husaini, 2005), etymologically the word hijamah has two meanings, namely first, the word hijamah comes from the word hajama which is a verb that means to suck. Etymologically, hijamah is the act of sucking or

sucking a certain amount of blood from a certain place with the aim of treating one organ or certain diseases. The second meaning (etymologically) is taken from the word hajjama, which means to restore something to its original volume size and prevent it from growing. In the context of this second meaning, hijamah is an action intended to stop or prevent a disease from progressing to more severe and restore an initial condition when healthy.

Ibn Al-Qayyim in a book, further mentions cupping is the process of removing blood through the skin which aims to remove dirty blood from a person's body by giving a little injury to the surface skin of certain parts of the body, such as the head or back of the body. The dirty blood that comes out is sucked by heating the inside of the horn or saucer or hot glass container to create negative pressure. The horn or saucer or glass container that has been heated earlier is then bent over the surface of the skin that has been injured (Cupping Science, 2015). Cupping therapy in general can be described as a

technique that uses a cup placed over the skin to create negative pressure through suction (Furhad S. and Bokhari AA., 2022).

THERAPEUTIC EFFECT OF CUPPING

Many theories explain the mechanism of action of cupping. Guo et al (2017), mentioned that cupping and acupuncture have the same mechanism of immunobookation theory. The immunobookation theory suggests that altering the microenvironment with skin stimulation can turn into biological signals and activate the neuroendocrine immune system. The main principle of cupping action is the utilization of negative pressure to pull the surface of the skin. This negative pressure is also believed to be able to attract toxins, toxins or excess substances from the depth of soft tissue to rise to the surface of the skin or collect these substances from peripheral blood vessels and gather in cupping point blood vessels (Sari, 2018).

In line with that, genetic theory conveyed by Shaban and Rarvalia (2017), that mechanical stress of the skin (due to subatmospheric pressure)

and local anaerobic metabolism (partial deficiency of O₂) during cupping suction can produce physiological and mechanical signals that can activate or inhibit gene expression. In wet cupping therapy, superficial scarification can activate wound healing mechanisms and gene expression programs. Incision or injury on the surface of the cupping site, becomes one way to remove this collection of toxin substances, so that in the end the body avoids the damaging effects of these substances (Sari, 2018).

Negative pressure on cupping, can be generated simply by lighting a fire in a cupping container. A fire that burns in a closed space, will burn out oxygen, resulting in a decrease in oxygen pressure and the difference in oxygen pressure between inside the container and outside the cupping container is what eventually becomes the pulling pressure in the cupping action. In its development, this negative pressure is achieved by

removing air from the cupping container with the help of a pump (Sari, 2018).

CUPPING CLASSIFICATION

Early classifications of cupping therapy categorized it broadly into dry cupping and wet cupping. Another classification of cupping therapy was developed in 2013, categorizing cupping into five categories. The classification was updated in 2016. The updated classification categorizes therapeutic cupping into six categories.

The first category is the "technical" type", which includes dry, wet, massage, and flash cupping. The second category is "suction force", which includes light, medium and strong cupping. The third category is "suction methods", which include fire, manual vacuum, and electric vacuum cupping. The fourth category is "ingredients in a cup", which includes herbs, water, ozone, moxa, needles, and cupping magnets. The five categories are "treated areas", which include cupping the face, abdomen, women, men, and orthopedics.

The sixth category is "other types of cupping", which includes sports, cosmetics, and aquatic cupping. The results of the review of the article Aboushanab and AlSanad (2018), suggest updating the classification of cupping therapy by combining categories five and six into one main category: "conditions and areas treated". The name of the fourth category was changed from "ingredients in the cup" to "added a type of therapy", and cupping water was added to this category. The purpose of this update is to provide a classification of types of cupping therapy.

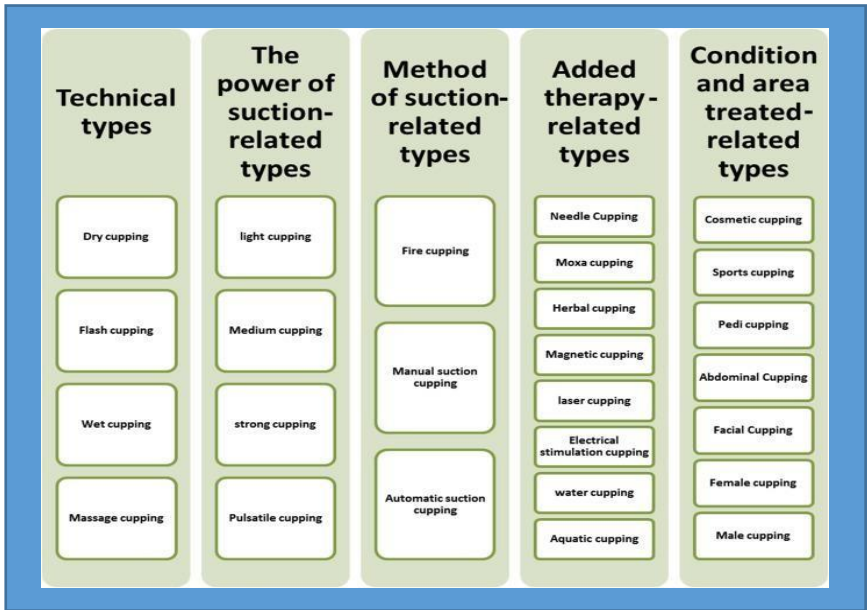


Figure 1. Cupping therapy classification (Aboushanab and AlSanad, 2018)

INDICATIONS OF CUPPING THERAPY

Cupping therapy has been used for health promotion, preventive, and therapeutic purposes. The results of a literature study by Aboushanab and AlSanad (2018), found that cupping therapy has reported benefits in the treatment of low back pain, neck and shoulder pain, headaches and migraines, knee pain, facial paralysis, *brachialgia*, *carpal tunnel syndrome*, hypertension, diabetes mellitus, rheumatoid arthritis and asthma. These diseases can be categorized into local diseases (neck pain, low back pain, and knee pain) and systematic diseases (diabetes mellitus, hypertension, and rheumatoid arthritis).

The place of cupping therapy is selected according to the treated disease. The back is the most common site of application, followed by the chest, abdomen, buttocks, and legs. Other areas, such as the face, can also be treated with cupping (Yoo and Tausk, 2014).

CONTRA CUPPING INDICATIONS

Cupping needs to know the contra indications of cupping therapy so that malpractice does not occur. According to Aboushanab and AlSanad (2018), in general, contra indications of cupping therapy are direct implementation of veins, arteries, nerves, skin inflammation, skin lesions, body holes, eyes, lymph nodes, or varicose veins. In addition, the contra indications of this therapy in open wounds, fractures and sites of deep vein thrombosis.

Contraindications cupping therapy can be classified into absolute and relative contraindications. This therapy is absolutely contraindicated in cancer patients and those with organ failure (kidney failure, liver failure, and heart failure), patients using pacemakers and those suffering from hemophilia or similar conditions. Relative contraindications of cupping therapy are acute infections, use of anticoagulants, severe chronic diseases (such as heart disease), pregnancy, puerperium,

menstruation, anemia, recent wet cupping therapy sessions, just finished donating blood, medical emergencies, and patient rejection of procedures.

ALAT GOT

A typical set of cupping therapy should contain six or more cups of different sizes and methods of suction. Cupping therapy sets can be classified into three main categories: the first category is "cupping sets related to cup type", which includes plastic, glass, rubber, bamboo, ceramic, metal, and silicone cupping sets. The second category is "cupping sets related to suction methods", which include manual, automatic, and self-suction cupping sets. The third category is "usability-related cupping sets", which include face, female, male and massage cupping sets.

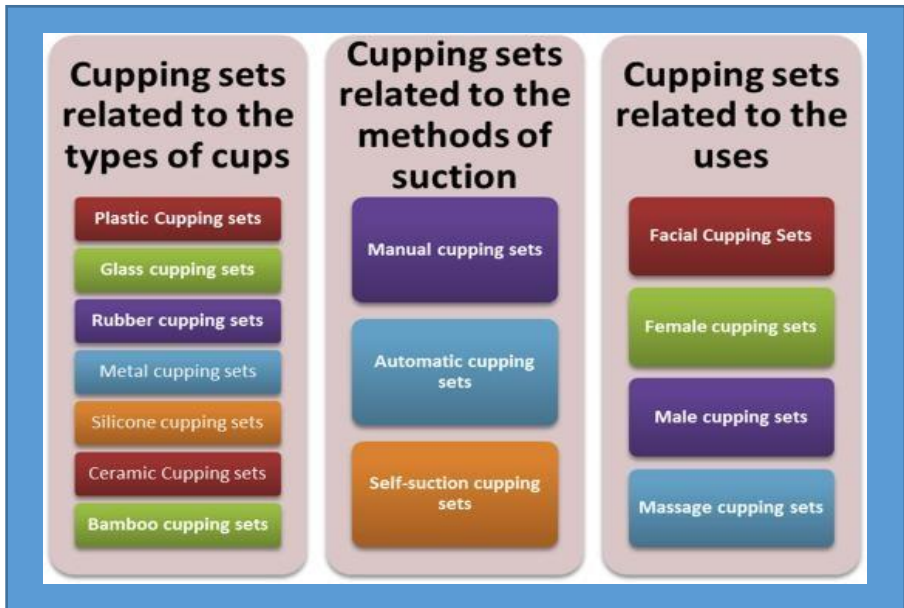


Figure 2. Cupping tool category

INFECTION CONTROL MEASURES WHEN CUPPING

Following infection control measures is an important part of clinical practice to prevent cupping therapy-related infections. Handwashing is an important component of any infection control program. Wearing personal protective equipment such as gloves, masks, protective goggles, and gowns is important.

Disinfection of the skin before cupping is approved as a matter of great importance. Disinfecting the patient's bed or using disposable plastic bed covers is essential after treating each patient. Follow medical waste separation and disposal guidelines. It is advisable to use cups, vacuum pumps. It is forbidden to use disposable scalpels on other patients.

It is also recommended to use *a secondary* disposable container for skin lubricant/disinfectant that is used on one patient before disposal.

CUPPING THERAPY PROCEDURE

Cupping is a simple application of a muscle-stimulating activity and is helpful in the treatment of aches and pains associated with various diseases. Thus, cupping has the potential to improve quality of life (Alsurgeon, 2011). Cupping execution is easy. Cupping is a therapeutic modality that is very safe to practice.

The practice is unregulated and therefore can be done by anyone. If it is practiced in a regulated health practice, then it must comply with contraindications and legislation indicated in the scope of practice. Therapists / practitioners who do not come from universities or associations are usually believed to be unable to perform therapy well. If the therapist / practitioner does not follow or have a training certificate of a therapeutic modality or attend extra training to treat certain conditions, then cupping therapy (<https://www.physio->

[pedia.com/Cupping_Therapy](https://www.wikipedia.com/Cupping_Therapy)) should not be performed.

Cupping procedures in this guide are based on five steps of cupping description according to Al-Bedah et al., (2019) which is described based on the results of research by dr. Flori Ratna Sari, Ph.D. who looked at various kinds of wet cupping procedures in the community, with the title of her research "Benefits of Prophetic Cupping in Chronic Degeneration Disease from Aspects of Historical Philology and Medicine: Indonesian and Malaysian Approaches". Each cupping session takes about 20 minutes (Al-Bedah et al., 2019).

Berkut is a prophetic wet cupping procedure in general, which is in accordance with hygiene aspects and is medically acceptable.

a. Pre Cupping Activities

1) Skrining Awal Prabekam

Initial screening before cupping is very important for cuppers and prospective cupping patients. Including what is evaluated during the initial screening is the history of the disease contained in the prospective patient and the reason the patient wants to get cupping therapy so that the cupping can screen the prospective patient and determine whether the prospective patient is worthy of receiving cupping or not. For this, the therapist's basic knowledge of contra indications of cupping therapy becomes the basis of knowledge so that mistakes do not occur that harm the patient and cupper.

If in the initial screening found conditions such as severe anemia (hemoglobin level < 8) or congenital diseases where blood is difficult to clot such as hemophilia, then cupping should recommend to prospective patients to delay cupping. The condition of severe anemia can be detected

simply by looking at the face, conjunctiva of the eyes and palms of prospective patients.

If a pale condition is found, this can indicate a severe anemia condition. In severe anemia, the act of removing blood in cupping can aggravate the condition of anemia, so cupping can be recommended after correction of hemoglobin levels. Different cases of hemophilia blood clotting disorder. Hemophilia patients should absolutely not be cupped to prevent the possibility of continuous bleeding that cannot be stopped. The condition of hemophilia can be asked to the patient by asking for a history of light bleeding that cannot be stopped alone.

In addition to the history of the disease, the initial screening can also be carried out initial physical examinations such as calculating pulse rate and blood pressure (figure 3), simple laboratory tests such as cholesterol, uric acid and blood sugar levels at any time. In prospective new patients who are

getting cupping therapy for the first time, at this stage the cupping can see the patient's initial condition and can explain systematically to the patient about the stages and procedures of cupping. However, if the patient has routinely cupped, the initial screening stage should still be carried out to evaluate the progress of cupping therapy in patients other than as a way to identify side effects of cupping therapy before.

The initial screening phase can also be used by cuppers as a vehicle to identify risks to themselves. High-risk infectious diseases should be recognized by the cupper as a consideration for the safety of the cupper. Chronic hepatitis that spreads through blood media, HIV infection and AIDS whose spread also uses blood medium, must be seriously considered cuppers. If cupping facilities and hygiene management cannot ensure that cupping remains safe during cupping, cupping should be postponed or referred to a cupping place with more complete facilities.



Figure 3. Initial Screening Phase with Simple Physical Examination

The final result of the initial screening phase is the recording of all initial conditions or patient evaluations on the cupping therapy medical record sheet. Another document that needs to be submitted by the cupper to the patient is an informed consent document or therapy consent sheet, which contains the patient's agreement to accept the action in

accordance with what the cupper has explained and the risks.

Study Sari (2018), found that in some clinics, the initial screening phase is used as a time to optimize the patient's condition in receiving cupping. Some efforts to optimize the patient's condition to receive cupping include providing pre-medication, including honey drinks or supporting herbs (Figure 4). Honey itself has been widely studied for its properties and benefits, so it is expected that giving honey before cupping can provide a synergistic effect that can increase the effect of cupping on the body. Another cupping preparation is by doing massage or massage which is believed to dilate blood vessels so that blood flow in the place to be cupped becomes better.



Figure 4. Patients drink honey while resting in the initial screening phase to optimize cupping procedures. [_https://chopra.com/articles/ayurvedic-herbs-to-boost-concentration](https://chopra.com/articles/ayurvedic-herbs-to-boost-concentration)

2) Placing the Patient's Position

After the initial screening, the next step is the determination of the patient's position. Before cupping begins, the patient is asked to sit or lie down according to the desired position. Each clinic has a

different cupping position because there has been no referral from the medical side or hadith that mentions the best position for cupping, however, each clinic still has justification for choosing its position as the best position. Clinics that do cupping in a sitting position assume that when in a sitting position, the earth's gravitational force will make it easier for blood to come out of the cupping wound site better than lying down. While clinics that apply a lying position prioritize comfort reasons, where patients will feel more relaxed and comfortable when lying down so that the cupping process will run more smoothly because the body's muscle condition is in a state of relaxation.



Figure 5. Placing the patient's position during cupping therapy

3) Check Tool Completeness and Readiness

At this stage, the cupper ensures readiness and tool fittings.

Some tools that must be present in a sterile state

be:

- a) Cupping tools and kops
- b) glove
- c) cupping needles or bisturi
- d) cashier steril / tissu

- e) skin sterilizing solution (can be alcohol, high-concentration olive oil or betadine).
- f) A tool that is no less important but does not need to be sterile is a medical trash can.

4) Advance Therapy

Before carrying out cupping procedures, patients should receive various preliminary therapies to improve blood circulation. The following is an explanation of the introduction (Sari, 2018):

a) Provision of olive oil

The use of olive oil (*olive oil*) is believed to have properties as an antiseptic. Some scientific evidence suggests that the use of olive oil as an antiseptic is acceptable in the parchment process. The study of Heidari-Soureshjani et al., who evaluated the inhibitory power of olive oil against several microorganisms found that olive oil can inhibit the growth of one of the skin's pathogenic

microorganisms, *Staphylococcus aureus*. An important note to remember is that the preparation and concentration of olive oil largely determine the ability of olive oil as an antiseptic and antibacterial. In its use during cupping, the recommended olive oil is pure olive oil with the highest concentration (Sari, 2018).

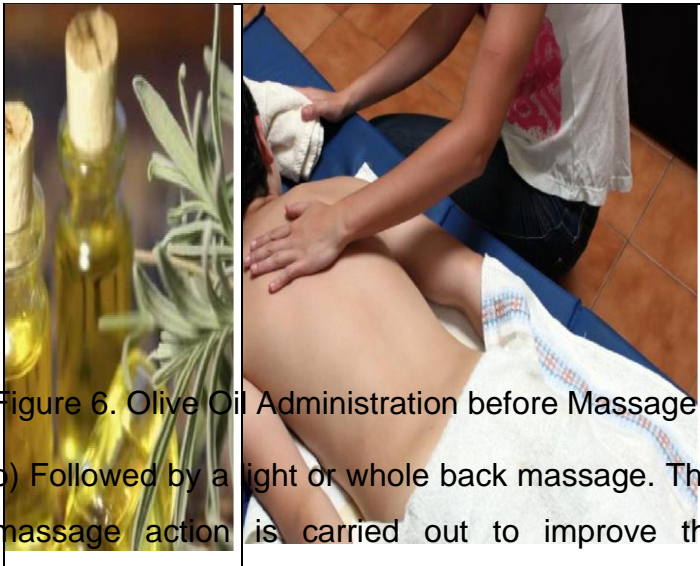


Figure 6. Olive Oil Administration before Massage
b) Followed by a light or whole back massage. This massage action is carried out to improve the circulation of the area to be cupped so that it can provide an optimal cupping effect.



Figure 7. Mild or full back massage

B. BEKAM PROCESS

The cupping process is carried out at points of the body according to the needs of therapy. The following will explain the stages of the cupping process based on the results of research conducted at several clinics in Indonesia and Malaysia by Sari (2018) as follows:

1) FIRST STEP (PRIMARY SUCTION)

- a) The therapist allocates a specific point or area for cupping and disinfects the area (Al-Surgeon, 2018). The liquid used is Alkohol 70%, this liquid has been accepted internationally as a sterilizing fluid. The use of alcohol for asepsis (sterilization of cupping areas from microorganisms) with the aim of killing pathogenic microorganisms that are not included in the list of olive oil inhibitors. 70% alcohol is very widely known to have a very wide killing power of microorganisms and viruses that increase the safety of cupping actions.

- b) Cupping containers (kop/cups) of appropriate size are placed at the selected body point and connected to the pump both manually and digitally.
- c) The therapist sucks in the air in the cup to produce negative pressure 2 to 3 times so that there is an attractive pressure in the cup.
- d) The negative pressure header is left for approximately 3 - 8 minutes. This negative pressure pull is believed to attract body toxins in the depth of tissue to the surface of the skin and can collect peripheral blood to the cupping site (El Sayed, 2014). In practice, the force of negative pressure cupping is determined as an agreement between the cupper and the patient based on the patient's subjective sensations. If the patient feels that the pull is too light to be added, and if the patient feels the pull is too strong to be painful, the patient can ask for the pull to be reduced. The results of Sari's research (2018), stated that negative pressure in the cupping process not only

functions as a pulling force for toxic materials to the surface of the body, but also as a mechanical stimulant to trigger body chemical reactions that further activate the antioxidant, anti-inflammatory, antiproliferative and immune trigger systems through HO1.

- e) Warming action in the cupping place during the cupping process with the help of infra-red lamps. This warming action is believed to make blood circulation in the cupping place better because this warming action can cause the local blood vessels where cupping will dilate (dilate). The wider the diameter of the peripheral blood vessels in the cupping site, the more toxins and foreign substances can be attracted to the surface.



Figure 8. Primary Suction

2) SECOND ACTION (SCARIFICATION OR PUNCTURE)

After 5 – 8 minutes of the cupping phase, the protruding surface of the skin at the place where the shovel is installed becomes reddish. After that, the header is released to make a shallow incision on the skin using scalpel no. 15 – 21 or piercing with *an auto-lancing* tool or *plum-blossom* needle (Alrubaye,

2021). This process is painless because the withdrawal of tissue by negative pressure for 5-8 minutes makes the skin more immune.

The method of wounding with lancet needles or bisturi is as follows:

- a) At one cupping place, matchmaking or incisions are carried out sequentially from the outside direction counterclockwise to the inside.
- b) In one place, a minimum of 30 injuries are carried out to facilitate the optimal blood discharge process (Figure 9). Important notes in this matchmaking or incision process are the importance of sterility of lancet and bisturi needles used during the wound process to prevent infection and the *one person one device* approach (needle or bisturi) for one patient only. It is very important to prevent the occurrence of disease transmission.

c) Especially for the wound process with the bisturi incision method or better known as the oxidant method, it is only intended for cuppers who are highly trained in repeatedly wounding the surface of the skin with the same depth without damaging the tissue too deeply (Figure 11). In general, shartat mihjam (cupping wound) should be small, superficial (no more than 0.1 mm depth) with a short cross section (no more than 2 mm long), evenly spread and within the cupping area when the cupping device is lifted (El Sayed, 2014).





Figure 9. Perform a circular puncture

3) Step three (Sucking and removing Blood)

The third step of the cupping procedure is sucking and bleeding. You do this by putting the header back on the skin using a similar procedure described above for 3 to 5 minutes (El Sayed, 2014). The process of removing blood consists of two phases, namely the fast phase and the slow phase. The rapid phase occurs immediately after the skin is wounded, where from the place of injury blood will flow out

quickly. The characteristics of the blood that comes out in this phase have several characteristics according to the patient's condition.

The next phase of blood discharge is the slow phase, occurring between 3 - 5 minutes after the cupping process. In this phase the body has begun to respond to the occurrence of wounds and bleeding by forming blood clotting factors so that the amount of blood that comes out in this phase is less and the speed of blood flow is also reduced considerably. In the slow phase, more blood clotting factors will be released and form a blockage in the header. Then the kop container is shaken, and if the shape of the blood clot has not changed anymore shows that blood flow has stopped and the blood clot has formed completely, then this is a sign that the negative pressure kop can be removed.



Figure 10. Sucking and bleeding

4) Step Four (removing the cup and cleaning the clot) Blood clot clearance is done after the blood clot is fully formed. Cleaning is carried out by:

- a) Install sterile gauze / tissue around the header, to prevent blood from escaping the cupping area when the kop is removed.

- b) Then slowly the header is removed while one hand holds the blood with sterile gauze / tissue that has surrounded the kop.
- c) With one circular sweep using sterile gauze/tissue attached, blood is cleaned from the cupping area.
- d) The cupping place is cleaned again with an alcohol swab to sterilize the wound before the second shopping process is performed.

After the blood clot cleaning process, it can be done again second, third cupping and so on. This re-cupping can be done with or without re-injury until blood does not come out of the cupping place again when the kop is attached.



Figure 11. Clearing Cupping Blood Clots

5) Fifth Step (sterilization after cupping)

Post-cupping treatment is important to prevent infection. After the blood removal process is complete and the blood has been cleaned, the cupping place is disinfected with an FDA-approved skin disinfectant. Antiseptic agents commonly used are natural antiseptics (olive oil and honey) and chemical antiseptics such as alcohol in various concentrations (70%-96%) or betadine or antibiotics. Sterilization of post-cupping skin wounds must be

adequate so as to prevent infectious complications both locally and systemically. In addition, a good sterilization stimulates the optimal wound healing process. Next, the scar area is attached to an adhesive strip of the appropriate size for 48 hours (Al-Surgeon, 2018).

Keep in mind that *suction* and *scarification* are the two main techniques of wet cupping therapy. Each cupping technique has a relationship to certain changes at the level of body cells, tissues or organs. Specific interventions may increase or suppress the body's hormones, or may stimulate or boost immunity, or may remove harmful substances from the body, and may ultimately reduce pain.

BENEFITS OF CUPPING

a. Migraine and Headaches

Herodotus, a famous physician in Roman times wrote in his book that one of the benefits of cupping is to improve the problem of headaches. In the context of the hadith it is also mentioned that the Prophet (peace be upon him) once cupped in the head area to relieve headaches. Benli et al, report in a journal that wet cupping is one of the effective therapies for migraine.

In a study of 85 migraine patients who were given cupping therapy, Benli et al., found that cupping can reduce pain due to migraine, reduce the number of migraine attacks or recurrence which ultimately ends in reduced patient disability due to migraine and improved quality of life (Benli, 2017). The ability of cupping to reduce pain and increase pain threshold is estimated because in one study it was found that cupping can increase endorphin levels in the body.

b. Knee Osteoarthritis

A systematic review of seven clinical trial studies using wet cupping as a therapy for knee osteoarthritis found that wet cupping can reduce pain, decrease muscle stiffness and improve knee function. Although in research evidence, the strength of research is still categorized as weak, but in general it can be concluded that wet cupping can improve physical function and can be used as an additional therapy that is quite effective in knee osteoarthritis (Li, 2018).

c. Spondilosis Leher

Meng et al., compared the effectiveness of wet cupping and acupuncture on blood flow perfusion and pain in patients with neck spondylosis. Wet cupping and acupuncture can reduce pain and increase blood flow in patients with neck spondylosis, but both of the above effects saw very clear and significant improvements in patients treated with wet cupping compared to those given acupuncture. So it can be concluded, in patients with neck spondylosis,

wet cupping is superior to acupuncture in terms of pain reduction and increased blood flow (Meng, 2018). One mechanism for how cupping can reduce pain is because cupping can increase levels of heat shock protein (HSP) 70 and β -endorphin, 2 main proteins that regulate pain so that the pain threshold increases (Subadi, 2017).

d. Non-Specific Muscle Pain

Pain is one of the complaints that cause patients to seek treatment by cupping. From 6 clinical trial studies of the benefits of cupping against some muscle pain, it was found that cupping can be one of the promising options for reducing muscle pain, including back muscle pain, neck pain, nerve pain in carpal tunnel syndrome and soreness (Al Surgeon, 2016). Arslan et al., also reported that wet cupping can reduce pain in 61 patients with complaints of aches and shoulder and neck pain (Arslan, 2016). Furthermore, 309 patients with chronic pain due to various disorders who received cupping therapy at

King Abdulaziz University Hospital felt chronic pain reduced and their quality of life improved (Al Jaouni, 2017). How cupping reduces pain is thought to be because cupping can increase oxygen saturation, eliminate the source of muscle pain, lactic acid, from subcutaneous tissue, lower blood free radical levels and increase antioxidant activity (Tagil, 2014, Almainam, 2018).

e. Herpes Zooster

Research by Hao et al., in 2016, reported that patients with acute shingles, who received wet cupping therapy for 1 week at the site of their skin disorder experienced a significant reduction in pain. This decrease in pain correlates with decreased lymphocyte levels and increased neutrophil levels in the patient's peripheral blood, and is thought to be the basis of the antiviral mechanism of cupping in herpes zooster patients (Hao, 2016).

f. Hypertensive

The study, which collected 15 research data from various cupping centers, found that cupping has not been shown to lower blood pressure in patients with hypertension of various stages (Lee, 2010). In one clinical trial at King Abdulaziz University Hospital of 80 patients with hypertension, cupping therapy can significantly lower blood pressure within 4 weeks of *follow-up*, although the decrease is only moderate and does not reach normal blood pressure. This study recommends cupping to be used as an adjunct therapy in the management of hypertensive patients, but not as a single therapy (Aleyeidi, 2015). In addition, in a study that we conducted, but has not yet published, from 6 patients with hypertension of varying degrees, the action of 2 cupping in an interval of 1 month can reduce blood pressure moderately in 3 patients (Sari, 2018).

g. Diabetes Mellitus

Not many studies have been published on the benefits of cupping in patients with diabetes mellitus. The results of a study of 30 diabetes mellitus patients, reported that the act of one cupping can reduce blood sugar levels, hemoglobin A1C, cholesterol and LDL cholesterol significantly (Akbari, 2013). At the University of the Western Cape, it was found that cupping in patients with diabetes can significantly lower blood sugar levels and also improve the quality of life of patients with diabetes. This study concluded that cupping can be an adjunct therapy in diabetic patients (Bulane, 2008). In addition, research from USM Malaysia showed that from 41 patients with diabetes, cupping every 1 month for 3 months can improve blood fat profiles, fasting blood sugar levels and kidney function (Ismail, 2016).

h. The benefits of cupping in degenerative diseases

Data from research conducted by Sari (2018) shows that cupping can improve disorders such as high blood pressure, diabetes mellitus, hyperuricemia

and hypercholesterolemia. Although various systematic reviews and meta-analyses still found very variable results on the effects of cupping on degenerative diseases, our preliminary research found improvements at least in patient complaints. A total of 15 study subjects received 2 cupping therapies within 1 month. Before and after cupping, a number of simple blood pressure and laboratory measurements are taken including peripheral blood and peripheral blood smears. In the study subjects found a decrease in blood pressure in 50% of hypertensive patients, a decrease in blood sugar levels in 30% of diabetes mellitus patients, a decrease in uric acid levels in 22% of patients with high uric acid levels and a decrease in cholesterol levels in 50% of patients with high plasma cholesterol levels. Although it cannot be statistically proven the level of significance, cupping 2 times within 1 month provides improvements in metabolic parameters in patients with degenerative diseases even though it has not reached normal limits. So in

this context, cupping can still be used as one of the therapies that are synergistic (increasing the effect of the main treatment) or adjuvant (additional main therapy) in degenerative diseases.

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