



## LETTER TO THE EDITOR

## The Use of *Hijama* (Wet Cupping) in Alternative and Complementary Medicine: Efficacious or Perilous?



The field of medicine has remained an extensive ground for major advancements over recent decades with the primary purpose of decreasing the suffering of humanity and improving the course of life. However, despite these modern advancements, the popularity of complementary and alternative medicine (CAM) has increased. CAM refers to therapeutic approaches that are complementary to the end goals of decreasing illness and enhancing wellness, but are alternatives to conventional medical treatment [1]. Notably, nearly half of the population in many developed countries practices CAM. The use of CAM in many developing countries is also considerable, practiced both within and outside dominant health systems [2].

One such example of CAM is *Hijama*, which literally means sucking (cupping) and is one of the oldest medical techniques in the world. It has not attracted much attention in the West, but it is very common in East Asia and the Middle East [3]. The various types of cupping include wet cupping, retained cupping, flash cupping, moving cupping, medicinal cupping, and needle cupping. This practice may include one of several kinds of cups, such as bamboo, glass, or earthen cups. Practitioners place these cups on precise acupoints on the patient's skin, which allows the particular area to undergo hyperemia or hemostasis, thereby resulting in a therapeutic effect [4]. In traditional Arabic culture, *Hijama* refers to wet cupping, which is specifically emboldened by the Islamic prophet Muhammad [3].

Despite the increasing popularity, scholars have conducted very little research on *Hijama*, and assessment of the results shows that this research is either controversial or carries a high risk of bias, thereby hinting at a certain

degree of uncertainty. Strong evidence suggests that *Hijama* can be highly effective in the treatment of pain, particularly tension headaches and musculoskeletal pain [3–5]. *Hijama* is also known to be useful for a wide range of symptomatic conditions. Several studies have revealed its potential efficacy for symptoms of the common cold, cough, asthma, stroke rehabilitation, and acne. It is also known to remove toxins, reduce low-density lipoprotein cholesterol levels, improve blood pressure, stimulate the nervous system, and modulate the immune system [3–5]. However, apart from its effectiveness in relieving pain, the evidence for other indications is clearly insufficient. As a result, clinicians are skeptical about its therapeutic usage. Furthermore, evidence suggests that *Hijama* carries a significant risk of certain blood-borne infections including human immunodeficiency virus, hepatitis B, and hepatitis C, thereby raising questions about its efficacy [6].

Overall, the body of CAM literature on *Hijama* is inconclusive. Positive results are reported in many developing countries compared with the negative outcomes reported by the Western world [3]. The application of *Hijama* is considered to be safe in general, based on long-term clinical usage. However, the literature available lacks high-quality evidence to encourage the clinical use of *Hijama* [4]. Efforts should be made to promote extensive high-quality evidence-based research on *Hijama* with cooperation from both the Western world and developing countries to reduce the risk of bias and to reach a more definitive conclusion about its therapeutic uses. The general population should be made aware of its effectiveness or hazards. Cultural, social, or religious factors should not influence this research.

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## Disclosure statement

The authors declare that they have no conflicts of interest and no financial interests related to the material of this manuscript.

## References

- [1] Ekor M, Adeyemi OS, Otuechere CA. Management of anxiety and sleep disorders: role of complementary and alternative medicine and challenges of integration with conventional orthodox care. *Chin J Integr Med.* 2013;19:5–14.
- [2] Eloeley AT, AlBedah AMN. Public knowledge, attitude and practice of complementary and alternative medicine in Riyadh region, Saudi Arabia. *Oman Med J.* 2012;27:20–26.
- [3] AlBedah A, Khalil M, Eloeley A, Elsubai I, Khalil A. *Hijama* (cupping): a review of the evidence. *Focus Altern Complement Ther.* 2011;16:12–16.
- [4] Cao H, Han M, Li X, Dong S, Shang Y, Wang Q, et al. Clinical research evidence of cupping therapy in China: a systematic literature review. *BMC Complement Altern Med.* 2010;10:70.
- [5] Lee MS, Kim J-I, Ernst E. Is cupping an effective treatment? An overview of systematic reviews. *J Acupunct Meridian Stud.* 2011;4:1–4.
- [6] El-Ghitany EM, Wahab MA, Wahab EWA, Hassouna S, Farghaly AG. A comprehensive hepatitis C virus risk factors meta-analysis (1989–2013); do they differ in Egypt? *Liver Int.* 2015;35:489–501.

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