

Therapeutic Effectiveness of Hijama, A Sunnah way of Treatment, in Cervical Pain

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Abstract

Hijama, a sunnah way of treatment, recommended by Muhammad peace be upon Him (PBUH), is enjoying its resurgence in modern era by different names including wet cupping therapy, bukkam, begun etc. in different regions of the world. It is being studied enthusiastically as the practitioner's claim it bears no side effects and is effective in treating many conditions including those which are not cured through the conventional system of medicine. In the current study, effectiveness of hijama was assessed in the treatment of cervical pain, a quite common condition related to unhealthy and stationery life style and poor posture most of the time.

Male patients (n=116) between the ages of 30 to 60 years were recruited randomly. Procedure of hijama was performed on neck, upper back, shoulders, scapula, and arm joint. The total duration of the study was 3 months.

Results demonstrated that hijama treatment caused significant decline in the value of numeric

pain rating scale which was 7.71 ± 0.17 and reduced to 4.21 ± 0.17 after the treatment with hijama.

In conclusion hijama was effective with almost no side effects in the treatment of cervical pain and may be employed as a sole remedy for cervical pain.

Keywords:

Hijama, cupping therapy, cervical pain, cervical spondylosis, cervical nerve, NPRS (Numeric pain rating scale).

1. INTRODUCTION

Hijama also known as wet cupping therapy employed against various ailments, is a sunnah way of treatment. Prophet Muhammad (PBUH) recommended this therapy as narrated by Ibn Abbas: The Prophet said, "Healing is in three things: A gulp of honey, cupping and branding with fire (cauterizing). But I forbid my followers to use (cauterization) branding with fire".

(Bukhari, 5680). Cupping mode of treatment is popular in China, UK, Iran, Pakistan, India, Germany, and many other countries. The mechanism of action of this mode of treatment lies in the removal of sub cutaneous blood at various sites according to the disease.

Neck pain may arise in any part of the neck including muscles, nerves, vertebral bones, intervertebral discs and joints. It is a very prevalent complaint nowadays and arises due to muscular stiffness in neck and upper back, or compression of the nerves arising from the cervical vertebrae (Fig-1). Joint disorder in the neck or upper back may result in neck pain (Khan and Stroman, 2015).



Fig 1. Neck Pain due to Muscular Spasm

There are numerous structures in the neck which may contribute to the neck pain for instance, vessels, nerves, trachea, and pharynx. The pain may be muscular or skeletal in nature (Fig-2). Moreover, it may radiate from other areas of the body (Jean et al., 2015).

Possible causes of neck pain (Highly severe) are dissection of artery, acute neoplasm in head and neck, different abscess and infections in neck structures as retropharyngeal, epiglottitis, herniation or protrusion of intervertebral discs, spondylosis and stenosis of the spinal canal.

Some less severe causes of neck pain include:

stress, poor postures of sleeping and sitting, injuries and falls, referred pain of upper back, muscular strain, whiplash or severe jerk to neck, herniation of disc and compressed nerve.



Fig 2. Neck Pain due to cervical spondylosis

Some other causes may also lead to neck pain as sleeping posture, torticollis, head injury, rheumatoid arthritis, congenital cervical rib, mononucleosis, rubella, certain cancers, ankylosing spondylitis, cervical spine fracture, esophageal trauma, subarachnoid hemorrhage, lymphadenitis, thyroid trauma, and tracheal trauma (Ginger , 2014).

2. MATERIALS AND METHODS

The study was designed to evaluate the therapeutic effectiveness of hijama in cervical pain at Aligarh Shifa Hospital, Karachi, Pakistan after the consent of ethical committee. The patients were asked to fill a consent form duly signed acknowledging their own will to participate in the study.

Male patients (n=116) between the ages of 30 to 60 year were recruited randomly for this study. Procedure of hijama was done on neck, upper back, shoulders, scapula, and arm joint. The procedure was repeated three times with an interval of a month. Hence the total duration

of the study was 6 months.

2.1. Inclusion Criteria:

Patients with pain secondary to muscular spasm and cervical nerve compression were selected for the study (Fig-3). Pain was measured by numeric pain rating scale (0-10).

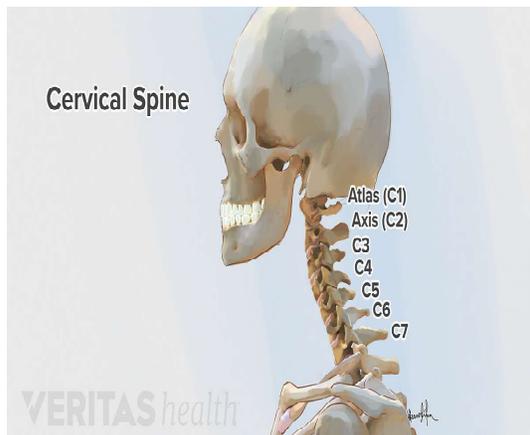


Fig 3. Cervical Pain

2.2. Exclusion Criteria:

The patients who were severely anemic, i.e., hemoglobin level below 8 were excluded from the study.

The patients who had cervical pain due to trauma resulting in bone fracture were excluded from the study.

2.3. Procedure of Hijama:

Prior to Hijama, selected site on the body was cleaned with alcohol swabs.

A sterilized vacuum cup of size (2-inch diameter) was placed on the site (C-6/C-7 and C-7/T-1) and vacuum was created using a manual vacuum pump, enough to cause the cup to adhere to the skin.

After 5 minutes, the cup was removed, and superficial incisions were made carefully with the help of sterilized surgical blade and the cup was placed again to induce suction.

The cup was removed after 5-10 minutes. The subcutaneous blood collected in the cup immediately discarded along with the cup (Fig-4)



Fig 4. Cupping Therapy / Hijama

The incised area under the cup was cleaned with medicated wipes and honey was applied as an antiseptic and sterilized gauze was placed with medicated tape (Bilal et al., 2015).

3. RESULTS AND DISCUSSION

According to the numeric pain rating scale for cervical pain, the value of NPRS before hijama was 7.71 ± 0.17 , however after hijama it was 4.21 ± 0.17 causing a significant 55% reduction in the NPRS (Table 1).

Table 1: Cervical Pain in Patients before and after Hijama

Cervical pain	Before Hijama	After hijama
NPRS	4.21 ± 0.17	$7.707 \pm 0.17^{**}$

Male (n=116) suffering from cervical pain.

Average values \pm S.E.M

*p value<0.05 significant as compared to control

**p<0.001 highly significant as compared to control.

The pain was relieved in 3 sessions on average. In some of the patients the pain was not removed completely while few patients did not respond to Hijama technique. However, there was no reporting of worsening of symptoms. Thus, the Prophet rightly said that the best of the treatments you have is cupping (Bukhari, 5696).

4. CONCLUSION

There were promising results in the patients of cervical pain experiencing pain due to spondylosis and pinching of cervical nerve. A prominent feature observed in the current study was safety i.e., no side effects were reported by any of the patients. Hijama was effective in relieving cervical pain. Another important feature was its efficacy which was highly encouraging as much as hijama can be recommended in as a sole remedy in the case of cervical pain. It is concluded that Sunnah way of life ensures a healthy lifestyle which is a dire need in mechanized world.

5. REFERENCES

1. Abu Abdullah Muhammad bin Ismail Bukhari, (2004), Markazi Jamiat Ahle Hadith Hind Sahih Bukhari, A Volume no. 7, Chapter: Medicine and treatment, The Hadith no. 5680 page - 280 and Hadith no.5696 page- 287.
2. Bilal M, Khan RA, Danial K (2015), Hijama improves overall quality of life in chronic renal failure Patients: A pilot study. Pak J Pharm Sci. Sep; 28 (5):1731-1735.
3. Ginger Evans, MD Edited By Douglas S. Paaup P.W (2014) Identifying and Treating the Causes of Neck Pain Common Symptoms in the Ambulatory Setting Medical Clinics of North America Volume 98, Issue 3, May, Pages 645–661.
4. Khan, H.S; Stroman P.W, (2015) Inter-individual and differences in pain processing investigated by function Functional magnetic resonance imaging of the brain-stem and spinal cord Neuroscience Volume, 29 October Pages 231–241.
5. Jean-Christophe A. Leveque, MD, Bintu Marong-Ceesay, MS, Teresa Cooper, MN, MPH, Chris R., R. How, MD. (2015) Diagnosis and Treatment of Cervical Radiculopathy and Myelopathy. Physical Medicine and Rehabilitation Clinics of North America Volume 26, Issue 3, August, Pages 491-511.