



Clinical Evaluation of Dry Cupping for the treatment of Primary dysmenorrhoea (*Usre Tams Tashannuji*) in Married females: A 20 Patients Pilot Study

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ABSTRACT

Background and Objectives: Dysmenorrhoea, (Usre Tams) one of the most frequently encountered gynecologic disorders, refers to painful menstruation. Primary dysmenorrhoea (Usre Tams Tashannuji) is defined as painful menstrual cramps in the absence of any visible pelvic pathology that could account for it. Hijamat (cupping therapy) is recommended in Unani medicine for various ailments. The cupping method has the function of warming and promoting the flow of energy in the blood thus dispelling cold, dampness, toxins and winds. It also diminishes swellings and pains. Hence it has been decided to conduct a clinical trial to know its efficacy in Usre Tams Tashannuji.

Method: The study was carried out at 20 patients attending gynaecological OPD as an open prospective clinical trial. Each patient is subjected to three cycles of cupping therapy weekly basis during. Assessment was done through Visual Analogue Scale (VAS) using Wong-Baker FACES Pain Rating Scale.

Interpretation and Conclusion: The study revealed that cupping is effective for relief of pain in Usre Tams Tashannuji.

KEYWORDS

Usre Tams Tashannuji; Spasmodic dysmenorrhoea; Cupping; Unani Medicine

Introduction

Dysmenorrhoea, is one of the most frequently encountered gynecologic disorders, refers to painful menstruation. Dysmenorrhoea is classified as primary or secondary dysmenorrhoea.^{1, 2, 3, 4, 5, 6} Primary dysmenorrhoea is defined as painful menstrual cramps in the absence of any visible pelvic pathology that could account for it. In secondary dysmenorrhoea, the painful menstruation is accompanied by visible pelvic pathology that accounts for the pain. Such a classification allows practical differentiation in the management approach, which is based on the causal mechanism.

The incidence is quite high in general population, more than 50% of postpubescent menstruating women are affected by dysmenorrhoea, with 10–12% of them having severe dysmenorrhoea with incapacitation for 1–3 days each month.^{5, 7, 8} Because young women constitute a significant percentage of the adult work force in the United States, about 600 million working hours or 2 billion dollars are lost annually because of incapacitating dysmenorrhoea if adequate relief is not provided. Women who continue to work or to attend classes have been shown to have lower work output or scores during their dysmenorrhoea.^{9, 10}

Dysmenorrhoea is most common in women between the ages of 20 and 24 years, with most of the severe episodes occurring before 25 years of age.¹¹ Primary dysmenorrhoea also occurs more frequently in unmarried women than in married women (61% vs. 51%), decreases with age, and does not appear to be related to the type of occupation or physical condition of the woman. Pregnancy and vaginal delivery do not necessarily relieve primary dysmenorrhoea. Exercise does not appear to have any significant effect on the incidence of dysmenorrhoea. Associated factors that increase the risk duration and severity of dysmenorrhoea include early menarche, long menstrual periods, overweight, and smoking.¹²

In classical Unani texts dysmenorrhoea is not defined under the same heading but it is defined under different topics like Ehtebas-e-tams and Waja-u-zahar. The menstrual bleeding in dysmenorrhoea is small in amount and comparatively thick in consistency. The pain becomes severe before or during menstruation.¹³

While exploring the Unani literature in depth it is observed that the condition of spasmodic dysmenorrhoea is very much mimicking to *balghami khilt* or *saudavi khilt*.¹³ As it is believed that Sometimes on eating of *ghaleez* diet, the excess

of *phlegm (balgham)* and black bile (*sauda*) occurs due to which the consistency of blood also becomes thick. Therefore the perfusion of blood became difficult into small veinules, resulting dysmenorrhoea. Primary dysmenorrhoea should be diagnosed by its positive clinical features and not through exclusion of other causes of dysmenorrhoea.¹⁴

Cupping therapy has been practised by the Chinese and the Arabs since thousands of years. Dry Cupping is a therapeutic process of curing based on removing this unclean blood from the body and also for disease condition like low back pain, lumbago, sciatica, pain in the arms and shoulders etc.^{15, 16}

Keeping all the above facts in mind a hypothesis was drawn to evaluate the effect of Dry Cupping for the treatment of Primary dysmenorrhoea as primary dysmenorrhoea is uncommon in married patients but on rare occasion married patients also suffer from it.

Material and Methods:

The study was conducted on 20 patients attending gynaecological OPD of Ajmal Khan Tibbiya College hospital AMU Aligarh as an Open prospective clinical trial. With history of Pain in lower abdomen during menses along with constitutional symptoms like Nausea, vomiting, Fatigue, Lower backache etc. on the Basis of following inclusion and exclusion criteria. Each patient was subjected to go through USG abdomen to rule out pelvic pathology.

Inclusion criteria:

- Married patients in the age group of 20-40 years.
- Patients strictly with spasmodic dysmenorrhoea
- Patients willing to take part in the study.

Exclusion Criteria:

- Unmarried patients.
- Patients with membranous dysmenorrhoea.
- Patients with Congenital malformation of mullerian system as bicornuate or septate uterus.
- Patients with organic problems like endometriosis, uterine polyps or any other PID.

Interventions:

Each patient was subjected to 3 cycles of cupping therapy weekly basis during non menstruating phase of menstrual cycle, on each cycle medium size Cup is applied 4.5 cm below umbilicus for about 10 minutes and the procedure was repeated for 3 consecutive weeks.

The efficacy of procedure in relieving pain was evaluated by using Wong Baker Faces Pain Rating Scale. Relief in other clinical symptoms such as backache, nausea, vomiting was also evaluated at base line and at the end of therapy every month.

Therapeutic outcome: The therapeutic outcome was assessed by objective parameters i.e. relief in pain intensity after the cupping therapy. And the response is based on patient satisfaction as ²⁰

>83 % relief in pain intensity present at first visit is considered cured.

18-82 % relief in pain intensity present at first visit is considered partially cured.

≤ 17 % relief in pain intensity present at first visit is considered not cured.

Results:

Twenty five patients were enrolled in the study. Three were excluded, two denied and twenty were completed the trial.

100% of patients complain of pain in abdomen. Other symptoms include Nausea, vomiting, fatigue, low backache, headache, constipation and flatulence in 45%, 100%, 95%, 50%, 80%, 10%, 50% of patients respectively. (Table 1)

75% of Patients respond well for pain relief. Relief in other symptoms are 100% for nausea, 90% for vomiting, 57.9% for fatigue, 80% for low backache, 81.2% for headache, 100% for constipation, 50% for flatulence. (Table 1)

Out of 20 patient 13 were cured, 5 partially cured and 2 not cured. (Table 2)

Table 1
Effect of Cupping on Subjective parameters

Subjective parameters	Before cupping		After cupping		No. of cases improved	%age
	No. of cases	%age	No. of cases	%age		
Lower abdominal pain	20	100	5	25	15	75
Nausea	9	45	0	0	9	100
Vomiting	20	100	2	10	18	90
Fatigue	19	95	8	42	11	57.9

Low backache	10	50	2	20	8	80
Headache	16	80	3	18.8	13	81.2
Constipation	2	10	0	0	2	100
Flatulence	10	50	5	50	5	50

Table 2
Therapeutic outcome

Group	Cured	Partially cured	Not cured
N=20	13	5	2

Discussion:

In the present study, all patients i.e. 20 (100%) in complained of Lower abdominal pain. After completion of treatment 15 (75 %) recovered completely and low backache was present in 10(50%) patients. After completion of treatment 8 (80 %) patients had shown improvement. Uterus is an organ, which consist a preponderance of nerves and other fibers.²¹ Uterus has been grouped among the *azaeratbah*, which contains more fluid in comparison to other organs *andazaeharrah*, in which the rate of metabolic activity is very high.²² Uterus has also been endowed with *quwateghazia* (nutritive faculty) and remarkably the *quwatetanasuliya* (reproductive faculty) ²¹ With the help of these powers, uterus serves two functions i.e. elimination of waste products in the form of menstrual blood and development, protection and delivery of fetus. ²³

When *Sue mizaj* afflicts the uterus itcast the *Quwateghazia* (nutritive faculty) of the uterus out of the *Aitdal*. *Quwatemasi-ka* (retentive faculty) becomes strong which leads to retention of nutriment for more than sufficient time. This accumulated uterine waste turn into infected material (*mawaad*). This infected material may be deviated from normality in terms of colour, consistency and odour. The resultant toxic material is irritative and produces spasmodic pain when eliminated in the form of menstrual blood.^{13, 21, 23, 24, 25, 26, 27} As dry cupping (hi-jamah) - is the process of using a vacuum on different areas of the body in order to gather the blood in that area without incisions (*Imala-e-mawaad*). ¹⁶ Relief in pain is due to *imala-e-mawaad* from uterus.

Conclusion: It has been concluded that cupping is very effective for relief of pain in *Usre Tams Tashannuji*. Besides relief of pain cupping is also very effective in relieving the associated symptoms related to spasmodic dysmenorrhoea. As cupping is cheaper and well tolerated by the patients, without any apparent adverse effects it may be used in cases of Primary dysmenorrhoea. Large scale clinical trials needed to prove its efficacy.

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