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Original Research Article

Al-Hijama- A Possible Cure for Depression: A Pilot Study

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Abstract

Background*:** Al-Hijama is an ancestral treatment option used in different societies for the cure of various diseases. Depression is now become epidemic in in several countries. ***Objectives: In this pilot study we have investigated the probable effects of Al-Hijama on improving depression symptoms with the score of geriatric depression scale (GDS) in local population. ***Methods:*** 132 eligible participants were enrolled in this open label single arm pre and post clinical trial for 3 months. Depression was assessed by using geriatric depression scale (GDS) before and after Al-Hijama therapy. ***Results:*** The mean score of depression calculated by GDS in study group were 8.95 ± 2.09 before intervention and 6.05 ± 1.54 after one month and 4.63 ± 1.47 after 3 months of continue Al-Hijama sessions. The decrease in depression scale between pre and post intervention was statistically significant ($p< 0.001$). ***Conclusion:*** Our study showed statically significant improvement in depression after Al-Hijama therapy. In future more studies should be conducted on larger scale to assess the effectiveness of this treatment option.

Keywords: Alternative Medicine; Al Hijama; Depression; Wet Cupping.

INTRODUCTION

Alternative medicine is famous since ancient times. It continues to gain more popularity, because of its cost-effectiveness and safe as it has less to no side effects [1]. One of the most famous alternative therapies is "Cupping" also known as "Al Hijama". The word is taken from Arabic language, meaning "to suck and to return to normal state of internal balance" [2]. The definite mechanism of action of this therapy is unknown although various postulates have been published which includes its boosting action on the circulatory and immune system, relaxing effect on the tense muscles and nerves and cleansing and detoxifying effect on the body [3-5]. For which it is generally recommended as treatment of muscular, skeletal, neurological, immunological, cardio-vascular, respiratory and digestive tract problems [6].

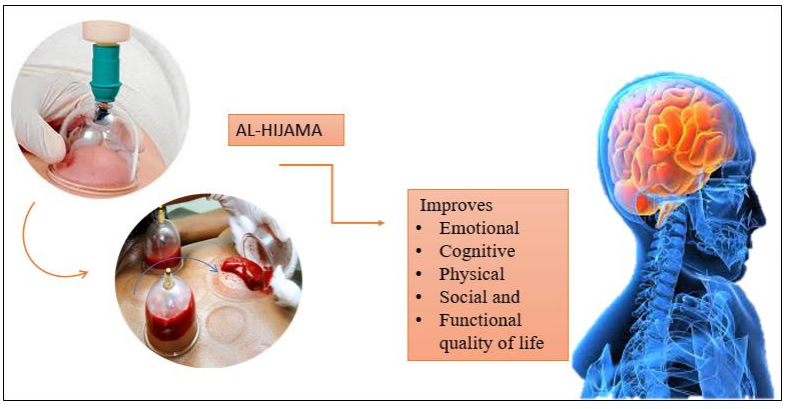

Figure 1: Schematic representation of effect of Al Hijma

It has also been given great religious significance by the Muslims along with Chinese and Iranian medicine. Prophetic medicine (related to Holy Prophet Mohammad peace be upon him) recommends cupping therapy: "The best among what you use in therapy is Al-hijamah". On another occasion as quoted by Al-Tabarani the Holy Prophet stated "Hijama on the back of the neck treat seventy-two illnesses" [2, 7].

Cupping is used as remedy for pain in diseases related to knee and back traditionally [8, 9]. The most familiar type of hijama therapy in eastern culture is wet cupping. The other types are dry cupping, massage cupping, fire cupping and herbal cupping [11]. It has been practiced by Muslims in the past 1400 years, especially in Arab countries. The similar treatments have been common in China for almost 3,500 years. It thought that cupping might not cure anything on its own, but the recovery and healing is sped up with this therapy [12, 13]. The wet cupping procedure includes four steps: the primary sucking by vacuum pumps, scarification with lancet, bloodletting than removal of cup and dressing.

Today, Depression has grown to become an epidemic in several countries. More people are suffering from depression than they ever were in the past [14]. According to Waheed et al., 4.4% of the total global population is affected with depression. The frequency of disease is greater in females (5.1%) than males (3.6%), and elderly person are more prone than adults [15]. Depression is defined as a mental state of excessive sadness characterized by persistently low mood, loss of pleasure and lack of interest in daily activities which leads to a variety of emotional and physical problems and ultimately decreasing an individual's ability to function at home, work and in society. Etiology of depression is not very well understood, although factors including low socioeconomic status, familial issues, unemployment, injustice, lack of fulfillment of basic necessities are seen to be playing key role in progression of depression [16]. The prevalence of depression in Pakistan is about 34%. In Pakistan the stress, anxiety and depression are increasing at an alarming state because the prevalence is 10 % higher than developed countries [17]. The objective of this study is to assess the role of Al-Hijama therapy as a treatment option for Depression.

METHODS

Design of Study

This open label single arm pre-post clinical trial was conducted in tertiary care hospital during the period of January 2018 to October 2019. This research methodology was commended by the institutional Ethical Review and Research Committee (IERC: No. o9/IG). The study protocol was in accordance of Declaration of Helsinki.

The study was designed to evaluate the alternative therapeutic role of Al-Hijama in managing depression by using geriatric depression scale (GDS) in accordance with reference study [18], this tool is also effectively applicable on younger age groups. 200 clinically depressed patients as per GDS scale were screened and after applying exclusion criteria 132 were recruited in the study. We excluded the patients who were on antidepressants, anti-psychotics or anxiolytics. We also excluded patients if they had previously surgery, tumors or any kind of inflammatory disease, any blood disorder, were pregnant, had a pacemaker or did not understand the written consent form (n=68). All participants will be invited to sign the participant consent form and a confidential, interviewing data collection sheet and GDS form were filled by the researcher. The data was collected as per GDS score on the booking visit before any intervention as a base line for later comparative analysis. Furthermore, same data was again collected after the design intervention (for three months with at least six sessions of Al-Hijama) to calibrate the outcome. Twelve participants were lost to follow up.

Intervention

In this study we were applied Hijama cups generally at C4, C5, C7, T1, T2 and T3 on neck and shoulder respectively. The points of hijama was cleaned with alcohol swabs. The sterilized disposable cup was placed on the antiseptically clean selected points of hijama and vacuum was produced through manual vacuum pump, the cup was detached after 5 minutes for making superficial incisions (cuts). The cuts were made with the help of a sterilized lancets and cup was again gently placed on the points as described above. The cups were removed after 5 - 10 minutes and then the area under the cup was cleaned with medicated wipes and honey was applied, then sterilized gauze was placed for 12 to 24 hours. The therapeutic stages were performed by the one of the trained researchers.

Statistical Analyses

Statistical analysis of the data was done using SPSS software 20.0 for windows. The data was shown as mean ± S.D. statistical comparison were calculated using repeated measure ANOVA. A p-value of <0.05 was taken as statistically significant.

RESULTS

The final study population consist of 120 participants, 51 males and 69 females with mean age 69.03±8.72. Depression was assessed on Geriatric depression scale (GDS) and have observed a significant decrease in score after Al-Hijama therapy, at baseline the mean GDs score was 8.95±2.09, after one month it was 6.05±1.54 ($p <0.001$) and after follow up of three month it was 4.63±1.47 ($p <0.001$) (Figure 2). It indicates that Al-Hijama therapy may be an alternative therapy for reducing the depressive state of the patients.

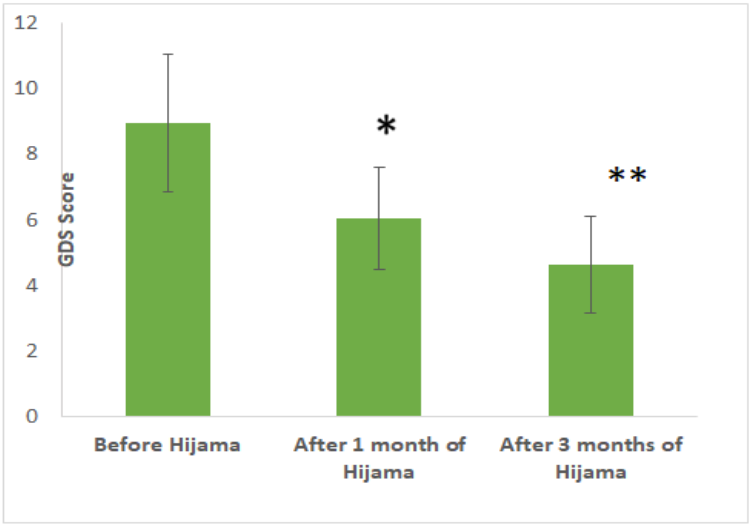

Figure 2: Impact of Hijama Therapy on Geriatric depression among study participants
*Statistically significant as compared to base line (p<0.01)
**Statistically significant as compared to baseline and after 1 month of therapy (p<0.01)

DISCUSSION

This study was conducted to assess the role of cupping as a cure for Depression. Researches have shown the use of Al-Hijama therapy to be an effective treatment option for various diseases with different etiologies and pathogeneses e.g. pain related diseases like rheumatoid arthritis (RA), sciatica, migraine, back pain, knee pain, joint pain and others [19-21]. No studies have been conducted earlier evaluating the therapeutic effects of cupping or Al-Hijama in relation to depression.

Depression causes increase tension in muscles and nerves. They often undergo spasm, particularly the muscles of head, neck, shoulders and back. Cupping results in releasing this stiffness and relaxing the muscles [22-25]. This occurs due to the increase in microcirculation, enhancement of cell repair, granulation and angiogenesis in the affected tissues, resulting in muscle relaxation along with a shift the body to a better functional and toxin free state [26]. In depression the genetic, neuroendocrinological and emotional changes are involved. Al-Hijama may enhances the secretions of pro-inflammatory cytokines, and immunomodulators that had effects on neuroendocrinological function of brain.

The loss of blood through Al-Hijama is thought to remove toxins and waste from the body by skin microcirculation, it also increases blood flow with healing nutrients and fresh oxygen which benefit the patient. This induces comfort and relaxation on a systemic level and improve mood and quality of life [27-29]. A recent study also reports the immunomodulatory effect of cupping therapy. It is observed that cupping therapy stimulates intrinsic properties and alteration in the microenvironment of the tissues while being applied on the surface of the body. The stimulation results in enhancement of neuroendocrine-immunomodulatory (NEI) network, and consequently, produces an overall regulatory effect [30].

According to our results, Al-Hijama therapy is seen to be having a statically significant effect on state of depression. Patients who suffered from depression and had higher GDS score after undergoing Al-Hijama therapy had significantly reduction in their GDS scores. Few of the patients were also found to be reporting decrease in their symptoms of depression like the intense feeling of sadness just after their first session of the therapy.

CONCLUSION

Beneficial effects of cupping therapy on the behavioral parameters of the patients having depression were observed in this study. According to the result, it is suggested that Al-Hijama therapy improves the symptoms of depressed patients and may be considered as a treatment option for depression.

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Conflict of interest: All authors have no conflict of interest to declare.

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REFERENCES

1. Chen, B., Li, M. Y., Liu, P. D., Guo, Y., & Chen, Z. L. (2015). Alternative medicine: an update on

cupping therapy. *QJM: An International Journal of Medicine*, *108*(7), 523-525.
2. El Sayed, S. M., Al-quliti, A. S., Mahmoud, H. S., Baghdadi, H., Maria, R. A., Nabo, M. M. H., & Hefny, A. (2014). Therapeutic benefits of Al-hijamah: in light of modern medicine and prophetic medicine. *American Journal of Medical and Biological Research*, *2*(2), 46-71.
3. Sajid, M. I. (2016). Hijama therapy (wet cupping)–its potential use to complement British healthcare in practice, understanding, evidence and regulation. *Complementary therapies in clinical practice*, *23*, 9-13.
4. Lee, M. S., Kim, J. I., & Ernst, E. (2011). Is cupping an effective treatment? An overview of systematic reviews. *Journal of acupuncture and meridian studies*, *4*(1), 1-4.
5. Al-Rubaye, K. Q. A. (2012). The clinical and histological skin changes after the cupping therapy (Al-Hijamah). *Journal of the Turkish Academy of Dermatology*, *6*(1).
6. Al Bedah, A. M., Khalil, M. K., Posadzki, P., Sohaibani, I., Aboushanab, T. S., AlQaed, M., & Ali, G. I. (2016). Evaluation of wet cupping therapy: systematic review of randomized clinical trials. *The Journal of Alternative and Complementary Medicine*, *22*(10), 768-777.
7. Arslan, M., Gökgöz, N., & Dane, Ş. (2016). The effect of traditional wet cupping on shoulder pain and neck pain: A pilot study. *Complementary therapies in clinical practice*, *23*, 30-33.
8. Kim, J. I., Kim, T. H., Lee, M. S., Kang, J. W., Kim, K. H., Choi, J. Y., ... & Choi, S. M. (2011). Evaluation of wet-cupping therapy for persistent non-specific low back pain: a randomised, waiting-list controlled, open-label, parallel-group pilot trial. *Trials*, *12*(1), 1-7.
9. Farhadi, K., Schwebel, D. C., Saeb, M., Choubsaz, M., Mohammadi, R., & Ahmadi, A. (2009). The effectiveness of wet-cupping for nonspecific low back pain in Iran: a randomized controlled trial. *Complementary therapies in medicine*, *17*(1), 9-15.
10. Ullah, K., Younis, A., & Wali, M. (2007). An investigation into the effect of cupping therapy as a treatment for anterior knee pain and its potential role in health promotion. *Internet J Altern Med*, *4*(1), 1-9.
11. Al-Bedah, A. M., Aboushanab, T. S., Alqaed, M. S., Qureshi, N. A., Suhaibani, I., Ibrahim, G., & Khalil, M. (2016). Classification of cupping therapy: a tool for modernization and standardization. *Journal of Complementary and Alternative Medical Research*, 1-10.
12. Qureshi, N. A., Ali, G. I., Abushanab, T. S., El-Olemy, A. T., Alqaed, M. S., El-Subai, I. S., & Al-Bedah, A. M. (2017). History of cupping (Hijama): a narrative review of literature. *Journal of integrative medicine*, *15*(3), 172-181.
13. Cao, H., Han, M., Li, X., Dong, S., Shang, Y., Wang, Q., ... & Liu, J. (2010). Clinical research evidence of cupping therapy in China: a systematic literature review. *BMC complementary and alternative medicine*, *10*(1), 1-10.
14. Husain, N., Chaudhry, N., Tomenson, B., Jackson, J., Gater, R., & Creed, F. (2011). Depressive disorder and social stress in Pakistan compared to people of Pakistani origin in the UK. *Social psychiatry and psychiatric epidemiology*, *46*(11), 1153-1159.
15. Waheed, A., Hameed, K., Khan, A. M., Syed, J. A., & Mirza, A. I. (2006). The burden of anxiety and depression among patients with chronic rheumatologic disorders at a tertiary care hospital clinic in Karachi, Pakistan. *Journal of Pakistan Medical Association*, *56*(5), 243.
16. Patten, S. B. (2001). Long-term medical conditions and major depression in a Canadian population study at waves 1 and 2. *Journal of affective disorders*, *63*(1-3), 35-41.
17. Mahmood, S., Hassan, S. Z., Tabraze, M., Khan, M. O., Javed, I., Ahmed, A., ... & Fatima, K. (2017). Prevalence and predictors of depression amongst hypertensive individuals in Karachi, Pakistan. *Cureus*, *9*(6).
18. Guerin, J. M., Copersino, M. L., & Schretlen, D. J. (2018). Clinical utility of the 15-item geriatric depression scale (GDS-15) for use with young and middle-aged adults. *Journal of affective disorders*, *241*, 59-62.
19. Ekor, M., Adeyemi, O. S., & Otuechere, C. A. (2013). Management of anxiety and sleep disorders: role of complementary and alternative medicine and challenges of integration with conventional orthodox care. *Chinese journal of integrative medicine*, *19*(1), 5-14.
20. Al Jaouni, S. K., El-Fiky, E. A., Mourad, S. A., Ibrahim, N. K., Kaki, A. M., Rohaiem, S. M., ... & Aljawhari, A. A. (2017). The effect of wet cupping on quality of life of adult patients with chronic medical conditions in King Abdulaziz University Hospital. *Saudi medical journal*, *38*(1), 53.
21. Ahmed, S. M., Madbouly, N. H., Maklad, S. S., & Abu-Shady, E. A. (2005). Immunomodulatory effects of blood letting cupping therapy in patients with rheumatoid arthritis. *Egypt J Immunol*, *12*(2), 39-51.
22. Kim, S., Kim, E., Jung, G., Lee, S., & Kim, J. G. (2019). The hemodynamic changes during cupping therapy monitored by using an optical sensor embedded cup. *Journal of biophotonics*, *12*(5), e201800286.
23. Cikar, S., Ustundag, G., Haciabdullahoglu, S., Yuksel, S., & Dane, S. (2015). Wet cupping (hijamah) increases sleep quality. *Clinical and Investigative Medicine (Online)*, *38*(4), E258.
24. Chirali, I., Bovey, M., & Gibbs, R. (2011). Cupping for patients with inflammatory complaints: clinical and biochemical outcomes. *Salmon Arm, BC: Shuswap Acupuncture Clinic*.

25. Mehta, P., & Dhapte, V. (2015). Cupping therapy: A prudent remedy for a plethora of medical ailments. *Journal of traditional and complementary medicine*, *5*(3), 127-134.
26. Aboushanab, T. S., & AlSanad, S. (2018). Cupping therapy: an overview from a modern medicine perspective. *Journal of acupuncture and meridian studies*, *11*(3), 83-87.
27. AlBedah, A., Khalil, M., Elolemy, A., Hussein, A. A., AlQaed, M., Al Mudaiheem, A., ... & Bakrain, M. Y. (2015). The use of wet cupping for persistent nonspecific low back pain: randomized controlled clinical trial. *The journal of alternative and complementary medicine*, *21*(8), 504-508.
28. Al-Bedah, A. M., Elsubai, I. S., Qureshi, N. A., Aboushanab, T. S., Ali, G. I., El-Olemy, A. T., ... & Alqaed, M. S. (2019). The medical perspective of cupping therapy: Effects and mechanisms of action. *Journal of traditional and complementary medicine*, *9*(2), 90-97.
29. Iqbal, M. N., & Ansari, A. A. (2013). Al-Hijamah (cupping): the natural holistic healing art—a review. *Int J Adv Ayurv, Yoga, Unani, Siddha Homeopathy*, *2*(1), 23-30.
30. Guo, Y., Chen, B., Wang, D. Q., Li, M. Y., Lim, C. H. M., Guo, Y., & Chen, Z. (2017). Cupping regulates local immunomodulation to activate neural-endocrine-immune worknet. *Complementary therapies in clinical practice*, *28*, 1-3.