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A COMPREHENSIVE REVIEW OF HIJAMA (CUPPING THERAPY) AND ITS IMPACT ON LOW BACK PAIN: A HOLISTIC APPROACH TO HEALING

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Abstract

Lower back pain (LBP) is characterized by discomfort or a tight sensation in the area between the rib cage and the lower gluteal folds; this pain may also radiate to the legs. LBP can be classified into acute or chronic types, which helps determine prognosis and treatment methods. It is considered acute if it lasts for a brief period, subacute for a more extended time, or chronic if the pain continues for an extended duration. Alongside pain, symptoms may also include radiating discomfort in the legs or feet, which can be experienced as numbness, tingling, or weakness. LBP has a considerable effect on a person's functionality and diminishes their quality of life, creating obstacles. It disrupts everyday activities and work productivity and is the leading cause for orthopaedic consultations. LBP can be categorized as either specific or non-specific. Common treatment approaches for this condition include physiotherapy, analgesics or anti-inflammatory drugs, complete bed rest during the acute phase, and other individualised treatments for LBP. Various therapies may yield complete relief; however, patients frequently require different manual treatments, such as steam therapy *(Bukhoor),* fomentation *(takmid),* pastes *(dimad),* liniments *(Tila'),* massages *(Dalak),* and cupping therapy *(Hijama).* The term "*hijama"* is derived from the Arabic word "*hajm,*" which means to suck. Cupping therapy can generally be separated into *Hijama-bi'l-shart* and *Hijama-bila-shart.* This practice is among the oldest methods in the Unani medical tradition.

Keywords: Low back pain, Cupping therapy, Unani Medicine, *Hijama* therapy, *Hijama bi,l shart, Hijama bila shart*

INTRODUCTION

The sensation of pain is characterized as "an uncomfortable blend of sensory and emotional experiences associated with actual or potential tissue injury" (Hilal, 2016) Low back pain is characterized by discomfort and pain experienced between the costal margin and the inferior gluteal folds, which may or may not involve pain in the legs, thereby making it a highly incapacitating medical issue. Back pain includes any form of discomfort, muscle strain, or stiffness occurring above the lower gluteal creases and below the ribcage, with or without accompanying anterior or radicular pain (sciatica). The three main sources of low back pain are radicular pain, referred pain, and discomfort along the lumbosacral region (L1-L5). (Imam, 2016). (Moinuddin, 2014) Low back pain is generally divided into two categories: specific and non-specific. Non-specific LBP refers to symptoms with an unclear cause, that is, LBP without a recognizable source, while specific LBP arises from clear pathophysiological processes. Acute low back pain is identified as pain that lasts less than six weeks, while pain that endures beyond three months is classified as chronic. In 90% of instances, the cause of LBP remains unidentified (Moinuddin, 2014). Non-specific low back pain (LBP) accounts for over 85% of all instances of LBP and is described by the absence of a specific medical condition such as a tumour, fracture, or inflammatory disorder.

Risk factors for low back pain

Table 1: The most common risk factors that lead to lower back pain include: (Ramdas, 2018)

Individual factors	**Physical factors**	**Psychological factors**
Age, Gender	Hard manual work	Mental stress
Bodyweight	Heavy weight lifting	Anxiety
Lifestyle	Bending down	Depression
Physical capacity	Physical exercise	Lack of social support

Low back pain, characterized by its non-specific nature, has become a significant public health concern worldwide. Research indicates that 84% of individuals will experience low back pain at some point in their lives, with 23% suffering from chronic pain, leading to 11–12% of people

being rendered disabled by this issue (Manisha, 2022). Recent studies show that the annual prevalence of low back pain (LBP) among young adults in India between the ages of 18 and 35 is 42.4%, while the prevalence over a week is 22.8% (Acharya, 2017). An estimated 619 million people globally are affected by LBP, making it a key contributor to disability. In addition, this condition has been linked to reduced workplace productivity (Ramdas, 2018). Low back pain (LBP) is a common musculoskeletal problem that affects many individuals. Those belonging to lower-income groups are at a heightened risk of developing LBP and experiencing disability due to their engagement in physically demanding occupations.

In Unani medicine, pain is referred to as Waja, derived from an Arabic term implying "disturbed perception of the body." Ibn Sina (Avicenna) argued that alterations in temperament *(Sui Mizaj Mukhtalif)* and disruptions in continuity *(Tafarruqe Ittesal),* in addition to pain, are pivotal factors. Meanwhile, *Jalinoos* (Galen) believed that the primary source of pain is solely linked to a disruption in continuity (Hilal, 2016). Within the Unani medical system, lower back pain is termed *Waja'al-zahr*, which describes discomfort experienced in the lumbar and lumbosacral regions without any radiating sensations. Ibn Sina suggested that the root of *waja'al-zahr* correlates with *su'-i-mizaj*, affecting the ligaments and both internal and external muscles surrounding the lumbar and lumbosacral areas. The alteration in temperament *(mizaj)* is triggered by the buildup of thick phlegm *(Balgham kham)* and excess moisture *(Barudat),* and it can also result from the accumulation of stagnant air *(Ghaleez riyah)* in the lower back and sacral regions. Practitioners of Unani medicine manage lower back pain through various methods, including dietary changes, medicinal treatment, and lifestyle adjustments. Low back pain, or *waja'al zahar*, is categorized under *waja'al mafasil* and is addressed with nutritional modifications, pharmaceuticals, and surgical interventions as part of the treatment strategy for musculoskeletal disorders (Amraze mafasil). (Iqbal, 2013).

Historical perspective

Hijama has been practiced for around 5,000 years. The earliest documentation of its use can be found in the Ebers Papyrus, one of the oldest medical texts known to exist. This document, dating back to approximately 1550 BC, describes how the ancient Egyptians practised hijama in a systematic manner. Hippocrates, who is recognized as the Father of Medicine, used *hijama* to help restore balance among the body's humors, believing that diseases arose from such imbalances. In his "Manual of Clinical Medicine," he detailed the techniques involved in both dry and wet cupping, which have since been widely adopted for various health conditions and gained

global recognition (Arafath, 2015). The Prophet Muhammad (PBUH) not only practiced cupping but also encouraged its use, advising others to seek this form of treatment. He participated in cupping sessions himself and compensated the practitioner for their services. Consequently, the Islamic faith has bolstered the esteem of cupping therapy and underscored its benefits, as affirmed by the Prophet Muhammad (PBUH), who stated, "The best of your medical treatments is Cupping." (Dr. Safina Anees, 2015).

Methods

The authentic text available in Unani medicine has been consulted to describe the cupping procedures used in Unani medicine. The literature was also searched on the home pages of PubMed and Google Scholar using keywords such as "low back pain," "scientific studies on cupping therapy," "effectiveness of cupping therapy in low back pain," and "functioning of cupping therapy."

Classification of *Hijama* (Cupping) The classifications most frequently used by Unani scholars and recorded in classical texts are Hijama bi'l Shart and Hijama bila Shart, which vary based on their application methods.

There are two types of *Hijama*:

Hijama bilā Shart

The technique relies on *imala-e-mawad*, as outlined by Shameem in 2017. Mulla noted in 2016 that cups are applied without making any incisions at the cupping location to alleviate local congestion and improve blood circulation. The cups remain stationary on the skin, and a vacuum is generated through different methods without causing any cuts.

Hijama bi'l Nār: *Hijama bi'l Nār* consists of igniting a flame inside the cup with a flammable substance to generate negative pressure, which causes the cups to stick to the skin. (Kabeeruddin, Tarjuma wa sharah Kulliyat -e- Nafeesi, YNM) (Masihi I.-a. Q., YNM)

Hijama bilā Nār: *Hijama bilā Nār*, uses a suction pump or mouth suction to generate a vacuum. (Kabeeruddin, Tarjuma wa sharah Kulliyat -e- Nafeesi, YNM) (Masihi I.-a. Q., YNM)

***Hijama ghair Mutaharika* (Stationary Cupping)** involves positioning cups on the skin that has been affected, and applying suction to create a vacuum. This represents the main type of *Hijama bila Shart* as utilized in Unani medicine, which includes both *Hijama bi'l Nar and Hijama bila Nar.*

Hijama Mutaharika (Gliding Cupping) (Gliding Cupping) Massage therapists frequently employ techniques to alleviate pain in the back, neck, shoulders, and hips. Dry cupping, particularly through gliding cupping, enhances blood flow at the treatment area, generates heat, and helps alleviate coldness, which can contribute to lower back pain. (Nayab, 2021)

Hijama bi'l Shart

Wet cupping, referred to as hijama, operates on the concept of *tanqia-e-mawad* (detoxification) (Akhtar, 2008). In this technique, cups are placed on the skin after tiny incisions are made at the site of cupping. The vacuum or negative pressure causes blood to escape from the cups, aiding in the elimination of detrimental substances located beneath the skin. (Kabeeruddin, Kulliyat-e-Qanoon, YNM) (Kabeeruddin, Tarjuma wa sharah Kulliyat -e- Nafeesi, YNM) It is of two types:

i. ***Izterari*** (Unplanned): This is planned according to season, time of the day, and moon days to treat the ailments.
ii. ***Ikhtiyāri*** (Planned): This is performed as a preventive measure.

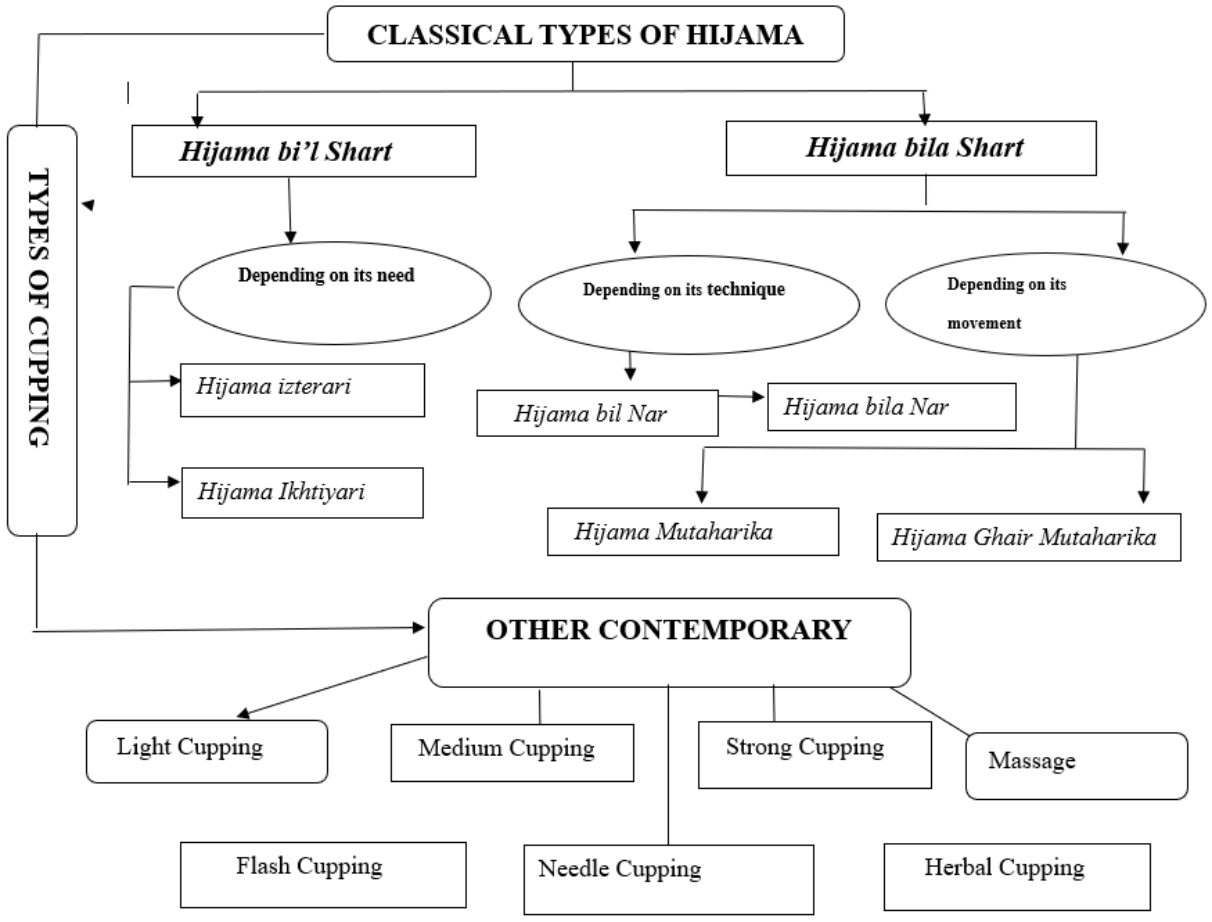

Fig. 1: Flow diagram depicting the Classification of Hijama

Guidelines and Principles of *Hijama* (Cupping therapy):

When carrying out Planned Cupping (Hijama-e-Ikhtiyari), it is crucial to follow the specific recommendations provided in traditional Unani medical texts. These recommendations address considerations such as timing, age, overall health, and lunar phases. Here are some guidelines to follow while performing cupping therapy:

1. Following the Sunnah (the practices of the Prophet), it is preferred to conduct cupping on the 17th, 19th, and 21st days of the Islamic calendar, which generally align with Monday, Tuesday, and Thursday, as this time stimulates the humours. (Masihi A. A.-Q., 1986) (25) (Sina I., 1927)

2. The most suitable time for cupping is in the afternoon, considered the most balanced period of the day. (Majusi A. I., 1889) (Kabeeruddin, Kulliyat-e-Qanoon, YNM)

3. It is beneficial to perform cupping during the summer months when the humour composition is more diluted, making it easier to eliminate harmful substances through the microvasculature. (Masihi A. A.-Q., 1986) (Kabeeruddin, Kulliyat-e-Qanoon, YNM)

4. Cupping is more appropriate for individuals with diluted or thin blood rather than for those with thick or viscous blood. (Kabeeruddin, Kulliyat-e-Qanoon, YNM)

5. Patients should wait at least two hours after eating before undergoing cupping therapy. (Masihi A. A.-Q., 1986)

6. According to Hakim Ali Geelani, those who will receive cupping should not have an empty stomach and should consume Muqawwi-i-mi'da and dafi'-i-mawad sharbat (a syrup intended to eliminate harmful substances) such as santra, anar, Kasni, sirka, or Sikanjabin before the treatment. (Masihi A. A.-Q., 1986) (Kabeeruddin, Kulliyat-e-Qanoon, YNM)

7. It is recommended that individuals with thick blood take a bath one hour before the cupping session.

8. Cupping should not be performed after engaging in strenuous labor or intense exercise, as this may lead to excessive breakdown (kasrat-e-tahlil madda) and fatigue. (Masihi A. A.-Q., 1986)

9. Cupping is not suitable for individuals younger than two years or older than sixty, as these age groups typically have thicker humours. (Masihi A. A.-Q., 1986) (Jurjani S. I., 2000) (Amli, 1265 AH)

10. After receiving cupping therapy, patients should refrain from sleeping immediately. (Zehrawi A. Q., 1908) (Zehrawi A. Q., 1947)

Before initiating cupping therapy, it may be necessary to evaluate specific factors in a patient. If any of the following conditions are present, proceeding with cupping therapy is not recommended.

1. Cupping should be avoided at the beginning and end of the month. (Kabeeruddin, Kulliyat-e-Qanoon, YNM) (Masihi A. A.-Q., 1986)

2. Cupping is not advisable for children under two years or seniors over sixty, unless in special circumstances. (Masihi I.-a. Q., YNM) (Amli, 1265 AH)

3. In extremely hot or cold weather, cupping should be minimized or avoided. (Masihi I.-a. Q., YNM) (Ahmad, 1945)

4. Individuals with thick blood and those who are obese should refrain from cupping. (Kabeeruddin, Kulliyat-e-Qanoon, YNM) (Qarshi, YNM)

5. Cupping should not be conducted on individuals whose bodies have become loose or flaccid due to excessive dissolution (kasrat-e-tahalul). (Masihi A. A.-Q., 1986)

6. It is advised against performing cupping after vigorous physical activity, although it can be done when blood is thick, as this may lead to an excessive dissolution of unhealthy material, causing weakness. (Masihi A. A.-Q., 1986)

7. Cupping should not take place after sexual intercourse. (Masihi A. A.-Q., 1986)

8. Patients with bleeding disorders, including aplastic anaemia, haemophilia, or leukaemia, should not participate in this procedure. (Yunis, 2007)

9. Cupping is contraindicated for individuals with scaly or burnt skin, dermatitis, ulcers, or swelling. (Chirali, 1991)

10. Pregnant women, especially during the first trimester, should avoid cupping. (Yunis, 2007) (Chirali, 1991)

The procedure of *Hijama* (Cupping therapy)

Hijama bila shart

In ancient times, hijama was performed using cow horns *(seengh)* or other hollow animal horns. A negative pressure was established through a vacuum, which caused the horn *(singhi)* to stick to a particular area of the skin. This vacuum was created by either heating the horn or applying suction. The instrument used for hijama was known as *Mihjama,* which could be shaped like a

horn, a cup (Aab-Korah), or a gourd (Qara). Currently, the traditional *Mahajjama-nari* has been replaced by vacuum pump cups, which can be conveniently placed on the targeted area and attached to a pump to evacuate air from the cup, thus generating negative pressure. In some instances, moving cups are employed after a thin layer of oil is applied to the skin, allowing the cups to glide over a larger area while maintaining suction; this technique is called massage cupping. (Kabeeruddin, Tarjuma wa sharah Kulliyat -e- Nafeesi, YNM)

Hijama bi'l shart

Hijama, or wet cupping, is used to locally eliminate or redirect harmful substances by placing a cup *(Mehjama)* on the skin to create a controlled vacuum. The cup is then removed to let the unhealthy fluids migrate towards the area. This process continues until the area appears red and swollen, with noticeable blood discolouration at the site. Following this, an incision is made at the location of the cupping; this cut should be wide, horizontal, and somewhat deep, ideally penetrating through the full skin thickness to draw blood from deeper tissues. At first, the cup is applied for a short while, and then the duration of its application is gradually increased. (Kabeeruddin, Kulliyat-e-Qanoon, YNM) (Kabeeruddin, Tarjuma wa sharah Kulliyat -e- Nafeesi, YNM)

Mechanism of Action as per the concept of Unani Medicine

The Unani medicine system explains that cupping therapy is based on the two principles outlined below.

1. *Tanqiya-e-Mawad* (Removal of harmful substances)

2. *Imala-e-mawad* (Redistribution of harmful substances)

a) In the case of *Hijama-bil-shart*, which operates according to the *Imala-e-mawad* principle, it facilitates the movement of unhealthy matter from one location to another. (Ibn-ul-Kuf, 1935) (Lone, 2015)

b) In the instance of *Hijama-bi'l-shart*, which adheres to the *Tanqiya-e-mawad* principle, unhealthy substances are extracted from the affected region. As noted by Jalinoos, *hijama* is particularly beneficial when the humours in the impacted joint become thickened. It eliminates *Akhlat-e-fasida* from the system by opening the skin's pores, enhancing blood circulation, supplying the affected area with fresh blood, and bolstering the body's elimination functions. It

assists in recognizing and removing the imbalanced qualities such as Haar (heat), Barid (cold), Ratab (moisture), and Yabis (dryness). (Ibn-ul-Kuf, 1935) (Lone, 2015)

Possible Mechanism of Action as per Scientific Understanding

Different mechanisms of action have been suggested to explain the effects of cupping therapy. Three of these theories focus on the biological and mechanical aspects. These theories include the pain gate theory, conditioned pain modulation, and the reflex zone. The other proposed mechanisms aim to clarify the positive effects of cupping therapy, which encompass improved circulation, immunomodulatory effects, and the elimination of toxins and waste products. (Mahrazi, 2020)

Pain gate theory

Based on this theory, cupping therapy may reduce the intensity of pain by changing the pathways through which pain signals are sent from an activated area to the brain and vice versa. When a suction cup is applied to this pathway, it induces pain that cannot be conveyed through the same channel, resulting in pain relief.. (NA, 2019) (Arafat, 2015)

Prostaglandin theory

Prostaglandins are generated in the body as a result of inflammation, and they convey pain signals to the brain. *Ḥijāma-bi'l-shart* eliminates these substances from the body, which alleviates the pain. (Bhat, 2018)

Reflex zone theory

The reflex zone theory suggests that there is an interconnection between different organs in the body. This connection is facilitated by interactions among neurons, chemical substances, and muscles. If one organ experiences disturbance, visible symptoms may appear at a location away from the impacted organ. It is proposed that using cupping therapy cups on the skin will stimulate skin receptors, leading to enhanced blood flow through neural pathways to the affected organ. (Mahrazi, 2020)

Theory of Nitric Oxide

Nitric oxide is a crucial component that the body produces in response to trauma and during or after *Ḥijāma-bi'l-shart.* The roles that nitric oxide plays include:

1. Expanding blood vessels: This enhances circulation to the impacted region.
2. The impact of reciprocal vasodilation.

3. The capacity to relax muscles to alleviate spasms.

4. Anti-inflammatory properties (Bhat, 2018)

Taibah theory

At present, the most accurate scientific explanation for the therapeutic benefits of *Ḥijāma* is known as the Taibah Theory. This theory suggests that *Ḥijāma-bi'l-shart* is a minor surgical procedure aimed at excretion, functioning similarly to the glomerular filtration process of the kidneys and the drainage of abscesses, which helps eliminate harmful substances from the body. (Bhat, 2018) (Nugraha, 2017)

Discussion on the role of *Hijama* (Cupping therapy) in Low back pain

Cupping therapy can enhance physical function by boosting circulation and alleviating pain associated with blood stagnation. By applying intense negative pressure during cupping, blood and lymphatic flow can be accelerated, leading to increased oxygenation and metabolic activity in localized tissues, which ultimately reduces inflammation and eliminates toxins. (Norrish, 2024)

From a physiological perspective, dry cupping therapy has been shown to provide symptomatic relief for individuals experiencing non-specific low back pain through various mechanisms. Due to the skin's viscoelastic properties, the suction generated within the cup during dry cupping gradually causes the skin to expand upward. This suction creates negative pressure inside the cups, which decreases the local pressure (as per Boyle's law) around the capillaries. The skin being lifted boosts blood circulation and capillary filtration, leading to improved vasodilation. As a result, local byproducts and toxins are expelled from the area treated with dry cupping. Furthermore, the dilution of chemical compounds, inflammatory mediators, and pain-inducing substances acting as analgesics enhances the delivery of oxygen to the affected region. An influx of oxygenated blood alleviates pain, decreases stiffness, enhances mobility, and breaks down tissue adhesions in the lumbar region. (Choo, 2021)

In wet cupping, bloodletting removes harmful substances from the tissue, which alters the central nociceptive processing system. This alteration influences the body's response to pain signals, reducing pressure sensitivity and lowering pain thresholds. Research indicates that cupping may promote comfort and relaxation at a systemic level, resulting in increased production of endogenous opioids in the brain, which improves pain management.

Table 3: The search and selection of studies related to the role of *Hijama*

First Author, Year and Country	Study	Results
Arsheed Iqbal, Afroza Jan India 2016	Clinic Efficacy of *Hijama-Bil-shurt* (Wet cupping) in Low Back Ache	The calming advantages of wet cupping therapy for lower back discomfort suggest that this method can be regarded as a valuable and cost-effective choice that patients find satisfying. (Jan, Clinic Efficacy of Hijamah –Bi- Shurt (Wet Cupping) in Low back ache, 2016)
Dr Syed Babji, Dr Shagufta Shahin, India 2023	Clinical study of lumbago (*Waja-uz-zahr*) and its management with wet cupping (*Hijama-bil-shurth*)	Cupping therapy through *hijama* can induce a feeling of tranquility and relaxation across the entire body, and the increase in the brain's natural production of opioids that follows aids in pain relief. (Shahin, 2023)
MB Naleem Md Wasi Akhtar New Delhi 2022	*Hijama* (Cupping Therapy): Special reference to Neuromuscular Disorders	It is proposed that *Ḥijāma* (cupping therapy) may be a safer and more effective alternative to long-term medications for treating common neuromuscular and pain conditions like chronic neck pain and lower back pain. (Akhtar M. N., 2022)
Abuzar Lari, Mohd Nayab 2017	Efficacy of *Hijamat-Bila-Shart* (dry cupping) in *Waja uz-Zahr* (Low back pain): An open randomized controlled clinical trial	*Hijamat-bila-Shart* showed more effectiveness compared to Acetaminophen. *Hijamat-bila-Shart* is very effective and safe for treating those with *Waja-uz-Zahr.* (Abuzar Lari, 2017)
Zixin Zhang 2024 China back pain.	The effectiveness of cupping therapy on low back pain: A systematic review and meta-analysis of randomized control trials	Cupping significantly improves function and reduces both physical and emotional discomfort. In comparison to medication and traditional therapy, cupping could provide a more effective and sustainable approach for alleviating lower back pain. (Pasapula, 2024).
Caroline de Castro Moura 2018 Germany, Taiwan	Cupping therapy and chronic back pain: systematic review and meta-analysis	Cupping therapy has shown positive results for chronic back pain in adults, influencing both the behavioral components of pain and the physiological indicators in the majority of the randomized controlled trials evaluated in this research. (Moura, 2018)

CONCLUSION

Musculoskeletal disorders represent a significant public health issue that requires timely intervention for effective management. One form of chronic pain that necessitates continuous management is low back pain. Prolonged use of NSAIDs and similar medications can lead to adverse side effects. While allopathic treatments and technologies are abundantly available, some patients have found them to be unsatisfactory solutions. For this reason*, Hijama* therapy is emerging as a preferable alternative to pharmacological treatments, as it offers a durable pain-relieving effect and can even enable patients to return to their normal activities without difficulties. The *hijama* procedure is cost-effective, simple, and safe, making it accessible to a large population. Although *hijama* is clinically effective in treating a variety of musculoskeletal conditions, extensive clinical research and a scientific assessment of the mechanism of *hijama* are required to determine its effectiveness and safety on scientific grounds.

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