

A CLINICAL STUDY OF EVALUATION OF EFFICACY OF 'HIJAMA CUPPING' IN THE TREATMENT OF LUMBAR DISC HERNIATION.

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ABSTRACT

Background -Disc herniation can occur in any disc of the spine, but cervical and lumbar spine are most vulnerable, the latter being 15 times more common than the former.^[1] It is an important reason of morbidity and loss of work hours thus asking for an effective para surgical treatment. 'Hijama Cupping'- an innovative method of Raktamokshan, is a potential cure for Lumbar Disc Herniation. **Aim**- To evaluate efficacy of 'Hijama Cupping' in the treatment of Lumbar Disc Herniation. **Materials And Methods** 24 patients of both sex and of age group 20 to 40 years with symptomatic lumbar disc herniation were treated with 4 sessions of 'Hijama Cupping' at an interval of 7

days. The outcome was evaluated on 3 criteria viz. Pain, Tenderness and Straight Leg Rising Test. Before and after treatment scores were statistically compared. Improvement of more than 75% was considered as Cure, that of 50 to 75% as Markedly Improved, that of 25 to 50% as improved and that of less than 25% as Unchanged. **Statistical Analysis** Data was analyzed using Wilcoxon Matched Pairs test. A level of $P < 0.05$ was considered statistically significant. **Results** 45.84% of patient were cured, 33.34% markedly improved, 16.67% improved and 4.17% were unchanged. **Conclusion** Statistically, the efficacy of 'Hijama Cupping' in treatment of Lumbar Disc Herniation is Extremely Significant.

INTRODUCTION

Spinal disc herniation, also known as slipped disc, is a medical condition affecting the spine wherein, a tear in the outer fibrous ring of an intervertebral disc allows the soft, central portion to bulge out beyond the damaged outer rings. Disc herniation is usually due to age

related degeneration of annulus fibrosus, although trauma, lifting injuries or straining have been implicated. Tears are almost always postero-lateral in nature owing to the presence of posterior longitudinal ligament in the spinal canal.^[2]

Some of the terminologies used to describe the condition include Herniated Disc, Prolapsed Disc, Ruptured Disc and Slipped Disc. The popular term 'slipped disc' is a misnomer as the discs being tightly sandwiched between two vertebrae to which they are attached, can't actually 'slip'.^[3]

The majority of Spinal Disc Herniations occur in lumbar region (95% in L4-L5 or L5-S1).^[4] The conventional treatment includes Non-Steroidal Anti Inflammatory medications, but long term use is associated with possible gastro intestinal and renal impairments. Epidural corticosteroid injections provide a slight and questionable short term improvement but are of no long term benefits.^[5] About 27% of the patients may require surgery.^[6] Physiotherapy and spinal manipulations are other treatment options, the latter being contraindicated for disc herniations when there are progressive neurological deficits such as with cauda-equina syndrome.^[7]

Hijama Cupping' is a traditional blood-letting procedure practiced in Arabic medicine since centuries. It provides a safe para-surgical treatment option in disc herniations. This study aims at evaluating its efficacy in treatment of Lumbar Disc Herniation.

• MATERIALS AND METHODS

• Study design

This study was conducted as 'Clinical Case Series' between 2014 and 2016 at M. A. Podar Hospital, Worli, Mumbai.

24 patients of both sex and of age group 20 to 40 years with clinically and radiologically diagnosed 'Lumbar Disc Herniation', showing symptoms at present were treated with 4 sessions of 'Hijama Cupping' at an interval of 7 days. The outcome was evaluated on 3 criteria viz. Pain, Tenderness and Straight Leg Raising Test. Before and after treatment scores were statistically compared. Improvement of more than 75% was considered as cured, that of 50 to 75% as markedly improved, that of 25 to 50% as improved, & that of less than 25% as unchanged.

- **Inclusion Criteria**

Clinically and radiologically diagnosed cases of 'Lumbar Disc Herniation' who at present are showing symptoms.

- **Exclusion criteria**

1. Reactive for HIV
2. Reactive for HBsAg
3. Impaired BT- CT
4. Haemoglobin less than 8 gms%
5. Diabetics
6. Pregnant women
7. Pott's spine
8. Fractured vertebrae

- **Materials**

1. Hijama cups and pump
2. Surgical blade no 11
3. Triphala kwath
4. Madhu-Ghrita
5. Sterile drapes, Gauze pieces, etc.

- **Procedure**

- Patients were placed in prone position and most tender point on lumbar spine was marked.
- The lower back was cleaned with Triphala kwath. Draping was done.
- Three cups were placed in line, perpendicular to vertebral column, at a distance of 5 cm, with the middle cup being on vertebral column.
- Vacuum was created using pump and maintained for 10 minutes.
- The cups were removed and small superficial incisions of depth and length 1 mm were taken on the cupped areas at a distance of 1 mm from each other.
- Cups were placed again and vacuum was created.
- The blood accumulated was disposed of as per universal safety precautions.

CRITERIA OF ASSESSMENT○ **Clinical signs and symptoms**

Pain, Tenderness and Straight Leg Raising Test were assessed before and after treatment according to scoring system as following:

Sr. no.	Symptom	Degree	score
1.	Pain* (Visual Analogue Scale)	No pain	0
		Mild pain	1
		Moderate pain	2
		Severe pain	3
2.	Tenderness (Tenderness Grading Scale)	No tenderness	0
		Tenderness with no physical response	1
		Tenderness with grimace	2
		Tenderness with withdrawal/Positive Jump Sign	3
		Withdrawal to non-noxious stimuli, superficial palpation or gentle percussion.	4
3.	S.L.R. Test	90° – 76°	0
		75° – 61°	1
		60° – 46°	2
		45° – 31°	3

○ **Visual Analogue Scale**

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild		Discomforting		Distressing		Horrible		Excruciating	
Nil	Mild		Moderate				Severe			

● **STATISTICAL ANALYSIS**

The data obtained before and after treatment was statistically analyzed using Wilcoxon Matched Pairs test. A level of $P < 0.05$ was considered statistically significant.

● **OBSERVATIONS AND RESULTS**

The observations are mentioned below in tabular form.

Symptom	Degree	No. of Patients in %	
		Before treatment	After treatment
Pain	No pain	0	45.84
	Mild	12.5	41.67
	Moderate	50.0	12.5
	Severe	37.5	0
Tenderness	No tenderness	8.34	54.17
	Tenderness without physical response	16.67	37.5
	Tenderness with grimace	33.34	8.34
	Tenderness with withdrawal	25.0	0
	Withdrawal to non-noxious stimuli	16.67	0
SLRT	90° to 76°	0	45.84

	75° to 61°	8.34	41.67
	60° to 46°	58.34	12.5
	45° to 31°	33.34	0

DISCUSSION

- Out of 24 patients in the study, 15 patients were male and 09 patients were female, which reflected a male pre-dominance in the study.
- Approximately 75% patients in the study were having a sedentary life style –sitting for hours together in the chair. This shows that people having sedentary lifestyle and sitting for long hours in the wrong position are prone to suffer from Disc Herniation more than those with an active lifestyle.
- 45.84% of patient were cured, 33.34% markedly improved, 16.67% improved and 4.17% were unchanged.
- ‘P’ value for all 3 criteria was <0.0001. Thus efficacy of ‘Hijama Cupping’ in treatment of ‘Lumbar Disc Herniation’ is statistically extremely significant.

CONCLUSION

Hijama Cupping is one of the ancient methods of Raktamokshan. It is used to treat many acute and chronic ailments. Many theories have been proposed to explain it's mode of action. The probable action in this particular ailment can be explained in two ways-

- Pain and tenderness due to lumbar disc herniation can be understood as vitiation of ‘Rakta’ in the sthana of ‘Vata’. Hence ‘Raktamokshana’ can be an effective remedy in this ailment.
- There is now recognition of the importance of ‘Chemical Radiculitis’ in the generation of back pain.^[8] A primary focus of the treatment of lumbar disc herniation is to remove pressure or reduce mechanical compression on neural element-either the spinal cord or a nerve root. But it is increasingly recognized that rather than being solely due to compression, back pain may also be due to chemical inflammation.^{[8][9][10][11]} This inflammation can be relieved effectively by ‘Hijama Cupping’ as it removes the blood containing inflammatory substances from the site of their production. In addition the spasm of para spinal muscles can be effectively reduced by the procedure. Hence it can yield very good results in ‘Lumbar Disc Herniation’.

In conclusion, we can say that

‘Lumbar Disc Herniation’ occurs mostly in middle aged men having sedentary lifestyle & ‘Hijama Cupping’ provides significant relief in this condition.

The study needs to be conducted on a larger sample to establish the conclusion.

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