

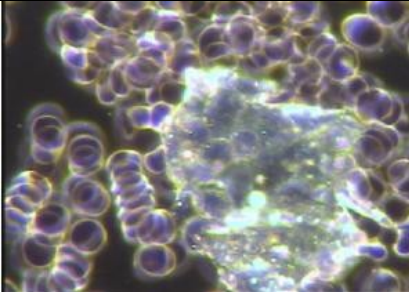



CUPPING/HIJAMA TIMES. 1ST ISSUE

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INTERNATIONAL CUPPING SOCIETY (ICS)



United Kingdom Registered with Companies house as a Company Limited
by guarantee (Charity)

Number 6935313

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What is the ICS

The ICS holds an international register of qualified cupping therapists. All are members of the ICS and adhere to the Code of Ethics.

Advantages of Being a recognized ICS Member

The ICS is the only independent body that exists NOT for profit but for the benefit of practitioners and their associations.

The ICS is a body with a Voluntary Self Regulation (VSR) Council framework to help therapists,

ICS Philosophy - Why we are different :-

- We are non profit making and therefore have only your interests at heart.
- We champion the preservation of all holistic values not to be compromised by bureaucratic regulation.
- We support meaningful voluntary self regulation where the VSR Council created by the therapy peers maintains control. This



protects the therapy associations and practitioners as well as the public.

- We embrace and support complementary schools and clinics that meet our criteria.
- The ICS Council IS the membership, not a separate body.


Code of Ethics

The International Cupping Society has the right to expect that all of its members conduct their professional activities in accordance with the Code of Ethics of the Society.

All practitioners and therapists must have appropriate Training and follow appropriate cross infection control procedures, to ensure a safe and hygienic environment for themselves, their colleagues and their clients.

The following are some of the basic standards required and are considered the minimum standards expected by the Society for all its members:

- Hepatitis B Immunisation
- First aid kit is required .
- Clean and hygienic conditions.
- Waste Disposal Procedures are sufficient and follow the law of the relevant country.
- Relevant Sharps disposal and clinical waste.
- All work materials such as chairs surfaces, and tables are thoroughly cleaned using a suitable disinfectant between patients and at the end of each working day and after any spillage on the surface.
- The skin in the area of the cupping site must be appropriately cleansed.
- Before conducting the cupping procedure, the practitioner will wash their hands and forearms with soap and hot water, drying with clean disposable towels.

- 
- Gowns and towels must be changed and cleaned after each use and free from stains as appropriate.
 - Cups and other disposable instruments must be prepackaged and pre-sterilized and only applied once, after which appropriate disposal in a puncture and leak-proof box, and its contents must be disposed of in a manner authorized for clinical waste.
 - Hands must be cleaned with antibacterial soaps between each patient.
 - Use of disposable gloves during cupping.
 - Therapists must not overcharge, mislead or continue to treat patients for prolonged treatment courses without beneficial treatment results.
 - Controlled infectious disease which require hospitalisation, cancer treatment and other serious diseases should not be offered as a replacement to conventional medical treatment.
 - Patients must be advised to fast for a minimum of three hours before treatment.
 - Therapists must be trustworthy to their patients, not misguide, nor give unqualified advice.
 - Therapists must not advise patients to stop medication or other medical treatments without first consulting with their physician.
 - Therapists must give their complete attention when treating a patient and provide safe and suitable treatments to the best of their ability.
 - Attention must be taken by members not to give incorrect results about the success of treatments or to say that any treatment is a total cure in every case without clear evidence.
 - Members will be asked occasionally to attend additional optional education seminars and lectures appropriate to maintain with current professional standards.
 - Membership to be renewed on an annual basis subject to compliance with the Society's Code of Ethics

CHAIRMAN'S LETTER


AIM OF THE INTERNATIONAL CUPPING SOCIETY

Over the years having met distinguished scholars in the field of Hijamah (Cupping), I came to the realisation that their work was not being recognised by conventional or western medicine, and that patients all over the globe were not aware of this treatment option. The clinical results that their patients have been benefiting from are hidden. As such we decided to form the ICS to bring members from all over the world regardless of race or religion, so that we could all work in conjunction with each other and take this medicine forward. I no longer call it a complementary or alternative medicine; too many patients have been suffering for years on

heavy doses of medications suffering from their side effects and not gaining much benefit. Many of our patients turned to cupping as a last resort but now wished that their routing general medical practitioner had offered this option to them at the beginning.

Only by the education of doctors throughout the world can patients be fully informed of this medical treatment.

As such, I call on all of you to work with us. This Endeavour will never succeed by the work of a few. It takes great numbers of us to work together with true conviction and passion.



Think of it very simplistically. Have you or any of your loved ones ever suffered severe pain? Then imagine a simple, relatively cheap method of medical treatment that could be accessed by those throughout the world, to relieve them of this pain you have felt, or witnessed. Is it not worth your little effort to help mankind?

We also should aim to safeguard this ancient practice. Therefore, education of those practising wet cupping is essential and, as such, formal training pathways need to evolve to implement strict infection

control procedures as well as procedures to safeguard patients from those only interested in financial gains and not their well being.

We call on all practitioners, all teachers and all leaders in this field, to join us, work with us and let us take this treatment to the world. It should no longer be hidden in the closet and we should not be afraid or ashamed of it. We call on governments to assist us in research in this field.

God willing, we can succeed with our effort and His Guidance.

Peace unto all mankind

Dr.M.Ravalia

Dr Munir Ravalia

BDS MFDS RCS Eng Cert Sed

Speciality Dentist Kings College Hospital

Member Royal College of Surgeons England

Member British Medical Acupuncture Society (Head/Neck)

Chairman of International Cupping Society

FEATURED CUPPING RESEARCH

A PERSPECTIVE ON THE EFFECTS AND BENEFITS OF THE ANCIENT ART OF HIJAMA (CUPPING) THERAPY –

BY DAVID PARKER ND



As a naturopath, nutritionist and healer I was intrigued to explore the scientific reasons why the ancient art of cupping or Hijama therapy was so effective in treating a whole host of ailments and illnesses.

The wet cupping I found particularly fascinating and was curious to know more about the blood which was being extracted via the cup from various areas of the body.

From this viewpoint I started analysing the

blood under dark field and light field microscopy.

This proved very insightful and proved to me something I had suspected.

The dry layered blood sample viewed under light field microscopy consistently showed high concentrations of toxic metals and chemicals, as well as showing evidence of bacterial and parasitic activity.

The appearance of the live blood under the dark field microscope showed that

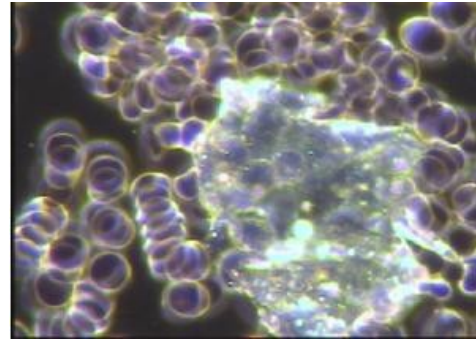
there were high concentrations of acids and inflammatory proteins often referred to as fibrin.

These phenomena were more frequently present when the blood was removed from an area where the patient was experiencing pain and inflammation. I conclude from this that the area of pain appears to act like a magnet for acids, toxins and pathogens.

It is therefore very logical to assume that removal of these from the local area will bring about symptomatic relief, while encouraging fresh circulating blood to deliver healing nutrients and oxygen to the affected tissue, thus providing healing and resolution.

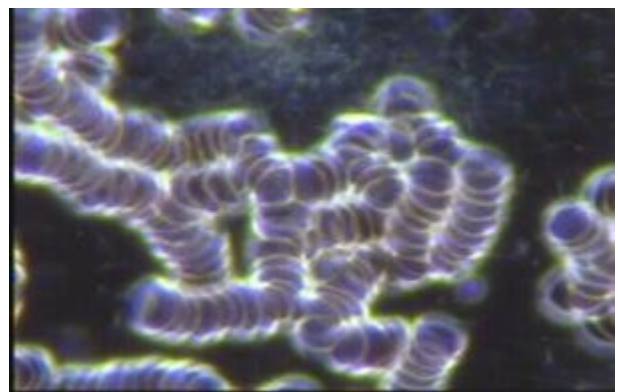
Together with dietary change, cleansing and detoxification therapy, along with education regarding the avoidance of toxins within the patient's environment, I see Hijama wet cupping as a very

effective adjunctive therapy on the path to wellness.



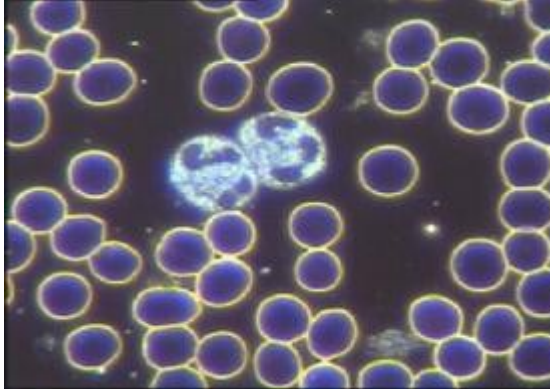
Proteinous waste found in live blood sample viewed under dark field microscopy

(This is often found when the diet contains too much cooked food and lacks enzymes for complete digestion)

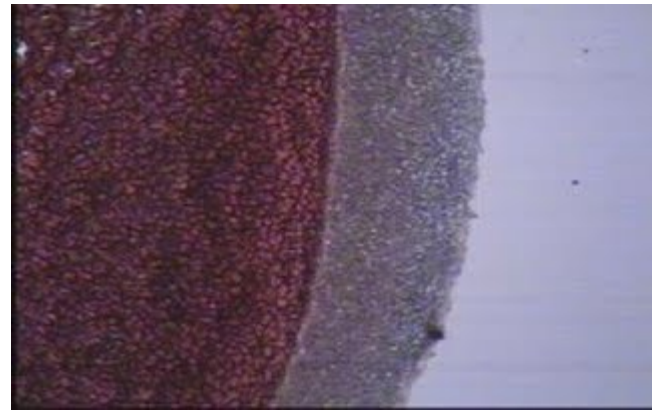


Rouleaux and Fibrin appearing in Live blood under dark field microscopy
(This formation of red blood cells and inflammatory proteins are always present

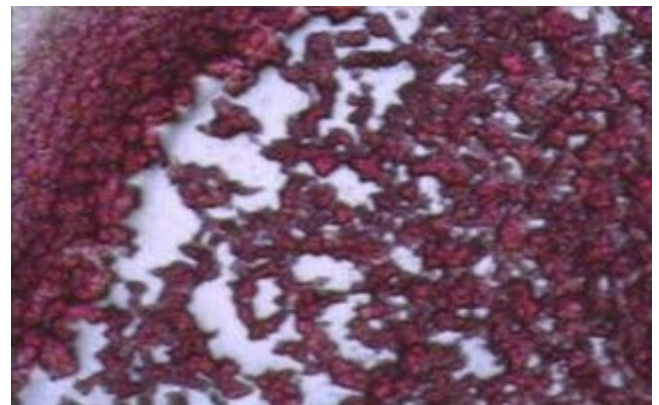
in blood which is overly acidic and infected)



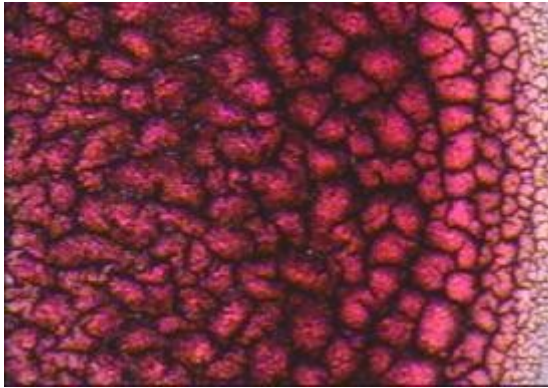
The ideal live blood picture under dark field microscopy. Observe the red cells sitting separately in their own space therefore having the freedom to travel around the body network of capillaries, which in some cases are one red cell in diameter. Observe the free floating white blood cells known as neutrophils, again having the freedom to patrol around the body searching out toxins and pathogens)



Toxic metals appearing on edge of dried blood sample under light field microscopy. (The thicker and denser the grey band, the more metals there are in the blood)



Degenerative processes evidenced under light field microscopy (The white lakes seen here indicate that tissues associated with the vascular system have become inflamed and are harbouring atherosclerotic plaques, toxic metals and cholesterol)



How the dry layered blood sample should look under light field microscopy (Observe the absence of any white lakes, the clean finely cut edge showing no toxic metals and the black lines all joining together like a matrix)

About the Author

**David Parker ND,
DIP ION,
DIP EAV**

David Parker works in the field of clinical nutrition, naturopathy and the research of the effectiveness of both modern and ancient healing techniques.

Microscopic assessment of blood is one means of determining the nutritional status as well as the toxic elements present in a person's blood.

A before and after assessment is useful in determining the changes occurring as a result of the therapy being applied.

TRIALS & RESEARCH

NEW TRIALS SUPPORT THE EFFECTIVENESS OF CUPPING THERAPY

BY DR: TAMER SHABAN

Ther have been many published clinical trials and scientific papers written in 2009 about the effectiveness of cupping therapy. Three papers from Germany, South Korea and Iran support the use of cupping therapy and give new scientific evidence to this old therapy.

Cupping therapy for carpal tunnel syndrome

The first trial was a German study, published in the *Journal of Pain* in 2009. The researchers investigated the effect of the cupping therapy as a treatment for the carpal tunnel syndrome. There were 52 participants in this trial. The patients were randomly assigned to either a treatment group or a control group. The treatment group experienced pain relief and a decrease in other symptoms. The researchers concluded that "Cupping therapy may be effective in relieving the pain

and other symptoms related to CTS (carpal tunnel syndrome)."1.

Cupping therapy for pain

The second trial was a South Korean study, published in the *Journal of Complementary and Alternative Medicine* in 2009. The researchers searched 14 medical databases. Cupping therapy trials investigating a pain condition were included. Trials investigating unproven therapy or combining cupping with unproven therapy were excluded. The researchers found seven randomized clinical trials that met the previous inclusion criteria. The researchers concluded that "The results of our systemic review provide some suggestive evidence for the effectiveness of cupping in the management of pain conditions."2.

Cupping therapy for low back pain

The third trial was an Iranian



study, published in the *Complementary Medicine in Therapies Journal*. The researchers investigated the effectiveness of wet cupping therapy for the treatment of nonspecific low back pain. The researchers concluded that "Wet-cupping is associated with greater short-term clinical benefit than usual care. No adverse effects were reported."³.

Conclusion

Cupping therapy is a good natural treatment with a promising effect for many diseases. It is used successfully to treat all types of pain. More randomized controlled trials are needed to assess its effectiveness in other diseases. Please, consult a health care professional before using any type of alternative or complementary medicine therapies.

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FEATURED ARTICLE (CUPPING THERAPY CONTEST
WINNER 2009)

LESSONS FROM A CELLIST


BY MARION BERGAN IRWIN, M. AC.



A 50 year old man in otherwise excellent health presented with level 8 out of 10 pain in this left arm. He complained that the left bicep muscle felt like it was in a vice grip and that there was numbness and pain shooting down the arm to the fingers. The pain had started one year ago on an overseas flight after having slept in an awkward position on the plane. He awoke with pain in the left

arm that was so excruciating that he was unable to attend his business functions.

Upon his return to the States he saw a Neurologist who performed an MRI and neurological testing that indicated he had a C5-6 “Nerve burner” or “Stinger”, a compression of the upper portion of the left brachial plexus. He was given Valium and Celebrex that helped temporarily. After five months he started to work out at the gym but found that sit-ups were causing the left arm pain to return with greater intensity this time. He was also experiencing difficulty sleeping, as the pain would wake him several times during the night. In



addition to being a lawyer for a national non-profit organization, he was a cellist for a major metropolitan orchestra. The pain and numbness affecting his left arm and hand were severely limiting his ability to play. He had to cancel concerts, and limit his teaching schedule with his cello students.

He returned to the Doctor and received cortisone injections with no positive result. Physical Therapy was tried along with Mobic to relieve any inflammation causing pain, as well as Lyrica at night to help him sleep. He found no relief with the Physical Therapy and limited relief from the medications. He was looking for alternative treatment when a neighbor suggested he try acupuncture.

My examination of the patient's left neck, shoulders and back revealed extreme tightness in these areas. I performed

acupuncture with electric stimulation along with the Japanese style moxibustion called Okyu, which is the burning of sesame seed size threads of moxa wool on a thin layer Shuinko applied directly to the skin. These therapies promote circulation of the energy, which when stagnant cause pain. On the second office visit the patient reported that he felt a little "different". The pain was less intense and he felt a bit light headed. The squeeze on the bicep was not as tight, and the numbness down his arm was less severe but still significantly there.

I sensed the patient's desperation and was concerned my usual approach would not achieve results rapidly enough. As I considered alternatives, I recalled a recent conversation I had with a Medical Resident who was trained as an Osteopathic Doctor and was entering a Psychiatry


subspecialty training program. As part of her Residency, she was working with a physician who had done some training in Oriental Medicine. He maintained a 7,000 patient case load and had used cupping successfully with most all of them. He resolved their complaints in just a few sessions and they only returned when they had a new complaint. This was challenging her training which involved drugs and complicated procedures. This was so simple, it caused her to question everything. Since we were friends she called me to discuss what she was seeing. I naturally asked a lot of questions about what he was doing, how he did it, and his results. Up to this point in my career as an acupuncturist, I had not used cupping therapy very often. Having had some time to mull this conversation over, and considering the urgency with which this medication

dependent Cellist wanted relief, I decided to give wet cupping a try.

I prepared the patient for what I was about to do, and selected the areas to lance, then applied nine suction cups to the upper and middle portion of the upper trapezius, and the medial portion of the lower trapezius. The skin beneath the cups turned red and then purple under some of



the cups with the blood being dark, indicating significant stagnation. Cups were applied for about 30 minutes. The next week the patient reported he was feeling better. There was not a lot of pain, the thumb was still numb, the shocks going down his arm less severe, squeezing around



the biceps still there but not as severe, and that he no longer needed narcotics because his pain was 60% less than when he presented at his initial office visit. I applied cups again without lancing and he reported at the next office visit a further reduction of the shocks shooting down his arm, and the tightness in his bicep. The trapezius muscle had loosened significantly with the exception of an area around Gall Bladder 21 and

Triple Warmer 15. At this point I resumed using needles and electric stimulation as my primary modality of treatment.

This case revolutionized my practice. I saw dramatic results with this modality and began to incorporate it into my treatments on a regular basis. People enjoy the feeling and appreciate the freedom it brings to their lives. After 10 years of practice I am still amazed at the new things I am learning.

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National Board Certification with NCCAOM

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Acupuncture Society of Massachusetts

CUPPING THERAPY CASES

SOME CASES OF CUPPING THERAPY
DR MASS R. USUF


Alternative medicine is not very popular in Sri Lanka where I live. However, the indigenous system of medicine, namely ayurveda which has existed for many centuries and which was smothered by the advent of western medicine when the British colonised the then Ceylon is gradually surfacing in popularity although it still has a long way to go before it attains its former stature of many centuries back.

But other alternative therapies are virtually unheard of or not well known or accepted. Cupping therapy is virtually unheard of in Sri Lanka. There are only a handful of practitioners.....about less than five to my knowledge in a population of 20 million.

Patients used to popping pain killers for long periods of time with attendant side effects find this therapy fascinating. And.....when they find relief through this drugless therapy after a few sessions they are astonished at what some simple cups can do! Here are five such cases:

CASE 1

A lady in her mid sixties found it extremely difficult to do meditation in the temple as she could not maintain posture for some time without suffering from severe pain down the back of both her thighs accompanied with cramps of the calves. She has been suffering for about two years and only strong analgesics provided temporary relief. But taking such analgesics precipitated severe



gastritis so much so she was between the devil and the deep blue sea! She looked so forlorn that she could not meditate anymore with success as the pain creeps in to her meditative state and disturbs the tranquility she otherwise experiences.

She was asked to lie face down (prone position) with her hands crossed and her forehead placed on the dorsum of her hands. Sesame oil was applied from the area below the gluteal crease up to the popliteal crease. A medium size cup was applied just below the gluteal crease and suction and negative pressure exerted by means of a pistol grip.


When the cup was gently moved down she complained of severe pain. It meant that though chronic characterises her condition her present predicament was acute. The pressure was released and a less strong suction

was made – one she could put up with.

Movement elicited complains of pain at various sites and it corresponded to muscle knots (myofascial trigger points) that can be felt in the hand when moving the cup. An overall examination revealed that the posterior-medial aspect of both thighs had many hard muscle knots.

Gentle cupping massage was then initiated over the course of these hard muscle knots in soft tissue – back and forth a few times. This was done to break up the tension in the tissues. Subsequently, average sized cups were placed over the knobby areas and stationary cupping done for 20 minutes.

The same method was applied to the calves and here too muscle knots were identified and stationary cupping initiated. A cup was placed over acu-point



UB-57 with moderate suction after needling it with a one inch, 32 gauge, filiform needle.

She also complained of a pain radiating from both buttocks down the posterior aspect of the thighs. Acu-point GB-30 over both buttocks were deeply palpated by a jimmy and sharp tenderness elicited which indicated she suffered from bilateral sciatica.....which also could contribute to her discomfort when she assumed the pose for meditation (seated on the ground with legs crossed over – lotus position).


Long filiform needles (5 inches-32 gauge) were inserted over GB-30 of both buttocks and large cups were thereafter placed over the needles, suctioned and acu-cupping initiated.

When the cups from the thighs/calves were removed the interior was misty (coated with water vapor) which was clearly

indicative of the prevalence of damp in the sites cupped. 'Damp pathogen' as it is sometimes called always manifests in the type of pain and discomfort and muscle knots the patient suffered from.

Immediately after the cupping session the patient complained of a sense of soreness and stiffness. She did not look happy. After she went home she made a phone call and said she felt more sore and stiff. I reassured her that these sensations would soon subside.

Some patients do feel such post-cupping discomfort which eventually subsides. A strong suction (particularly on the elderly and children must be avoided) would often precipitate such post-cupping conditions. Even a moderate suction (as in this case) sometimes would elicit such discomfort if the condition is acute (though chronic over time). Therefore, it is best to tell



the patient that ‘only’ sometimes some post-cupping discomfort may be felt when/after returning home but that it would soon dissipate and give over to relief.

When the patient came for the second session she said the sense of soreness and stiffness disappeared after some hours and a sense of relaxation crept in. She felt more confident of the treatment. Four more cupping sessions later she was virtually relieved of her suffering totally. And now she does meditate for many hours without any pain or discomfort. She was so happy that she could meditate in peace that she donated a 12 piece cupping set to the clinic!!


CASE 2

The patient, in her teens, complained of severe pins and needles sensation above the supraorbital

torus accompanied with nasal (watery mucus) secretion and sneezing. Palpation of acu-points UB-2+EX-3+GB-14 elicited tenderness. Palpation of the sinus maxillaris (at acu-point ST-3) also elicited tenderness. Inflammation of the Para nasal sinuses was very evident (rhinosinusitis).

As there was insufficient musculature on the forehead to perform stationary cupping, flash cupping was resorted to using a small cup. In the area of ST-3 (bilateral) small cups were used for stationary cupping and the suction was not strong nor was it kept for a longer period (5 minutes only) to preclude an ecchymotic appearance that would disfigure the face.

The possibility of a post-cupping ecchymotic appearance arising must always be told to patients who wear clothing exposing body parts where stationary cupping may be



done. Women who wear sleeveless tops, tops with low necklines or deep back cut blouses should be told that stationary cupping often results in circular discoloration of skin or blisters.


Imagine a patient who has an important function to attend in the evening.....and she has bought an expensive dress with a low neck line. Complaining of pain in the chest (diagnosed as say costochondritis) stationary cupping is performed. Subsequently, say post cupping results in the emergence of many bright red cup prints on the chest (deficiency of yin – of qi/blood). Imagine her plight!

Contrary to Case 1 above, many, rapid flash cupping later the patient felt immediately relieved. The flash cupping probably facilitated the passage of mucus and air between the nose and sinuses thus relieving the pressure-pain

sensation in the forehead. After two sessions of cupping the patient's distressing symptoms disappeared.

CASE 3

The patient in his thirties complained of pain and stiffness in the spinal column extending from the lower cervical area up to the lumbar spine area with the condition very pronounced in the lumbar area. He had been suffering from this condition for the last nigh on 10 years. Analgesics gave him no more relief and he was desperate. Even turning his body (by rotating shoulders by a few degrees) caused him pain. Moreover, he could not stoop rapidly nor could he stoop more than a few degrees or engage in any activity with hands raised. He had no disc herniation nor was his condition a result of a trauma. With no overt pathology of the spinal column it looked




more like muscular fatigue. Symptoms corresponded to cold/damp.

Placing him in a prone position with the forehead resting on the dorsum of his hands sesame oil was applied on the spinal column and adjacent to it on both sides. An average size cup was suctioned (not strongly) at the level of acu-point DU-14 and gently dragged down the DU channel up to DU-3.

At several points on the spinal column and on both sides to it tenderness was elicited with the lumbar spine area registering greater tenderness. Gentle cupping massage was performed up and down the spinal column and the areas adjacent to it (over UB and EX-21 Huatuojiaji acu-points) in order to release tissue tension (it is not possible to drag a cup over the spinal column of those with a deep spinal valley). Thereafter, cups were placed at points where pain was elicited (Ah

Shi points) for 15 minutes. A cup was placed over acu-point DU-14 and two cups were placed over acu-points UB-23 and DU-3. Small cups were also placed at sites adjacent to the spinal column, which were found tender when cupping massage was done.

After the cups were removed there emerged in some places cup prints of a purplish-dark colour that signified deficient blood and blood stasis. These were more apparent on sites where the patient complained of more tenderness. Almost all the cups had water vapour coating which spoke of damp pathogen. However, the patient felt a difference and said that the stiffness had lessened. Six sessions later the patient recovered almost totally. He achieved full articulation by being able to move his body by rotating his shoulders. He stooped enough to touch his toes! There was some



minor residual stiffness and mild pain that lingered in the lumbar region and follow up treatment was not possible as the patient migrated to Canada.

CASE 4

A lady in her fifties complained of long standing left shoulder pain with restricted arm movement where she found it difficult to even tie her hair. Palpation of acupoints LI-15+SJ-14 elicited pain. There was also restricted movement of the neck with pain at two Ah Shi points down the sternocleidomastoid muscle and pain even in the trapezius (palpation of GB-21 elicited tenderness).


Peri-arthritis of the shoulder (frozen shoulder) was diagnosed together with torticollis – the cervical lateral flexion and the cervical extension pointed to torticollis. On inquiry it was revealed that

the patient was in a crowded train compartment when a powerful bomb went off. She was thrown back and since that day she suffered from this neck pain. The type of whip lash she experienced could also bring about trapezius myalgia from which also she suffered.

Two small cups were suctioned on the sternocleidomastoid muscle – one cup was placed half a cun below GB-20 and the other half a cun distal to it to address the whiplash injury. SJ-5 was needled by a half inch 32 gauge, filiform needle and cupped with a small cup using moderate suction.

A small south pole magnet was placed over GB-21 and a large size cup suctioned over it to initiate magnet-cupping to address the trapezius myalgia.

One average size cup covered the LI-15+SJ-14



area in relation to the frozen shoulder.

Strong suction was applied. This cup also covered the Un-numbered Extraordinary acu-point Jianquan which helps eliminate supra-spinatus tendonitis (painful arc syndrome).


A half inch 32 gauge, filiform needle was placed over SI-9 and a small cup placed and suctioned strongly.

Strong suction was applied to the GB-21+LI-15+SJ-14 areas and maintained as the patient did not feel any pain or discomfort by the strong suction. Strong suction must not be applied and maintained to the elderly, to children, to those debilitated, to those convalescing, to those whose musculature is soft and thin, over areas of the neck and face, over varicosities with imminent ulceration to name some.

The cups at the neck area tended to lose grip many times as the negative pressure could not be maintained for long as cupping was performed over somewhat hairy areas. Moreover, strong suction could not be given in this area as it would result in pain and discomfort to the patient. Therefore, suctioning had to be done many times to compensate for cups falling with gradual loss of negative pressure.

Fifteen minutes later the cups were removed. The area covering LI-15+SJ-14 had many blisters, some large, some very small with thin blood in blisters. Blisters are indicative of pathogenic damp whereas the thin blood in blisters is a reaction of heat-damp toxins.

The very small blisters were left alone but the large blisters were punctured, the fluid drained out and a sterile dressing was applied.



The area surrounding acupoint GB-21 had a circular cup print that was almost black in colour which was indicative of blood stasis.

Allowing the blisters to settle down for a couple of days cupping was recommenced.


Six sessions later her neck problem was resolved to a great extent The trapezius myalgia in the area of GB-21 disappeared. She regained much movement of the arm and was able to lift it enough to tie her hair. She is still under treatment to further improve articulation of the neck and shoulder joint.

CASE 5

The patient in her early fifties complained of persistent, chronic cough with thin, white sputum with a sense of suffocation in the chest. She also complained of left side chest pain with pain radiating down the left

arm. Her mother died of a heart attack in her early fifties. Fearing it could be related to the heart she had undergone a battery of tests under a cardiologist. A cardiac involvement was ruled out but still the patient suffered pain in the chest and pain radiating down the left arm. She also suffered a puncture wound from a bite by her vaccinated pet dog in the area approximately one cun proximal to EX-31. The wound had healed but she felt a stinging pain deep in the tissues in the site of the puncture. Then she complained of neck pain with some rigidity accompanied by shoulder pain. Lastly, she said she had a dull pain in the left deltoid region which she felt more when she raised her arm.

There was no evidence that the cough was of viral or bacterial in origin. It was not eosinophilic bronchitis as well. She was a febrile.



The cough was attributed to the damp phlegm type.

The chest pain and pain radiating down the left arm very closely corresponded to Tietze syndrome (slipping rib syndrome) and possibly exacerbated by the persistent fits of coughing impinging upon the rib cage.

The stinging pain deep at the site of the dog bite had to be neuro-muscular in origin as the wound was completely healed (and so was the deltoid pain).


Palpation of the vertebrae from DU-14 to 15 elicited pain which pointed to possible sub-acute cervical spondylosis and the symptoms were indicative of invasion by exogenous wind/cold. Moreover, the pain radiating down the arm could either be from cervical spondylitis or Tietze syndrome or from both.

She had big arms and that warranted a large cup to

counter the deltoid pain. An Ah shi point over the deltoid was needled by a one inch 32 gauge, filiform needle and the cup placed over it and strong acupuncture initiated.

A half inch, 32 gauge filiform needle was sunk into the dog bite site and a small cup applied over it and suctioned strongly.

For the chronic cough the acu-point UB-13 was needled by a half inch, 32 gauge filiform needle and an average size cup placed over it and suctioned. The acu-point UB-13 lies over the lung area and deep insertion is dangerous as it could precipitate pneumothorax. A small cup was placed over LU-1 with moderately strong suction (deep needling at LU-1 also can cause pneumothorax). A very small cup was placed over REN-17 and suctioned strongly. REN-17 is an important acu-point for respiratory disorders and is at the level of the fourth intercostal space. It



can prove to be a tricky area to cup as it lies on the sternum where in most instances the contour of the mammary glands do not permit a cup to be placed there. Somewhat a flat chested anatomy would permit use of a small or very small cup depending on musculature and mammary glands contour.

A large and a few average sized cups were also placed on Ah Shi points on the chest to counter the chest pain arising from Tietze syndrome.

For the cervical spondylosis DU-14 was punctured by a half inch, 32 gauge filiform needle and a cup placed over it with moderate suction. A small cup was placed between DU-14 and DU-15 with moderate suction. A needle was also placed on SJ-5 and

cupped with a small cup with moderate suction. Another needle was placed over GB-21 and cupped strongly with an average size cup. UB-11 was also punctured and an average size cup placed with moderate suction.

When the patient came the next day she said she was amazed at the sudden disappearance overnight of the stinging pain at the dog bite site. The effect of cupping reaches almost 4 inches deep into the tissues. So, any minor neuro-muscular effect would have been countered. Cupping therapy thus gave her more confidence and she came for more sessions till she overcame her cough and all her pains and aches within a few weeks!

Dr Mass R. Usuf – PhD, MD (Acu), MFHom, MIAC (UK)

Sri Lanka

READER'S CORNER

All readers are welcome to contact us with their articles, cases, comments and questions.



FEVER DUE TO COMMON COLD

FROZEN SHOULDER BY THE SAME TIME

Male patient 32 years old with fever 38,5 degrees, and frozen Shoulder on the left side

One day before the fever, symptoms of sneezing and coughing almost although the day, were noticed.

Next morning the patient woke up with a hot feeling and after temperature measurement the fever was

38. Immediately strong cupping was applied. Kindly note also that at the same time we had

Symptoms on the left side of Frozen shoulder. Strong cupping method was applied on the following

Points : Dazhui DU-14, Zhongfu LU-1 and Feishu BL-13 bilaterally, dazhui (GV-14). Concerning now the frozen shoulder we added the

Supplementary point for frozen shoulder : jianyu (LI-15) was added for 20 minutes on all above points.

After the first second treatment fever was gone, and after 4 treatments frozen shoulder pain

was disappear and patient was completely relieved.

Nektarios Psychoyiouakis

Greece

Member of ICS

CUPPING CONTEST

THE ICS INTERNATIONAL CONTEST 2010

ICS Contest.

Contest rules:

- 1) Submit an article, story or a photo about cupping therapy.
This must be your own original work.
- 2) Submit your CV, and photo
- 3) Agree to have your work published in any ICS
publications/website

Benefits/(Prize)

- 1) Your work will be published internationally
- 2) There will be 5 winners who will receive the E-Cupping book
- 3) There will be 5 winners who will receive 2 years free
subscription to the ICS Magazine
- 4) There will be an additional prize for the best work

Please act promptly to gain a chance in winning in this contest
send your work to

info@cuppingtherapy.info

Or to:

Mail Address:



**PO BOX 506-New Malden-Surrey
KT3 9AF
United Kingdom**

the deadline is 1 June 2010



CUPPING THERAPY WEBSITES

This section tends to provide you with the latest cupping therapy websites.

- International Cupping Society Website
- <http://www.internationalcuppingsociety.com>

- Cupping Therapy Information
- <http://www.cuppingtherapy.info>

- Zakariya Health Studios
- <http://www.zhijama.co.uk/>

- Ahealth-Information about cupping
- <http://www.ahealth.co.uk/>

- International Cupping Therapy Association (USA)
- <http://www.cuppingtherapy.org/>

