



AWARENESS AND EMOTIONAL ASPECTS OF CUPPING THERAPY IN YOUNG ADULTS.

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Abstract: Cupping therapy has lately acquired popularity and is now frequently utilized in many parts of the world. Some patients are resistant to being treated with cupping therapy, as visually unpleasant marks on the skin may elicit negative reactions. This study aimed to identify the awareness and emotional aspects of cupping therapy. This is a pilot study of 100 healthy volunteers age between 18-35 years were presented with emotionally evocative visual stimuli representing fear, disgust, happiness, neutral emotion, and cupping, along with control images. Before the experiment, they completed the Fear of Pain Questionnaire-III. The conclusion was awareness was spread in 21% of the participants and the negative emotions were seen in 54% of the participants.

KEYWORDS: Emotional aspects, Cupping therapy, Awareness, Young adults.

INTRODUCTION

Cupping therapy is widely utilized in China, India, Korea, the Middle East, and portions of Europe, and is one of the oldest documented medical methods ⁽¹⁾. Cupping therapy, also known as Hijama in Arabic, has been used in various parts of the world since antiquity and is one of the world's oldest traditional holistic folk therapy practices. Hijama, as a practice, has aided in the treatment of medical and surgical diseases, and was an essential component of ancient medicinal practice. ⁽²⁾

Dry cupping pushes the skin into the cup without scarring it, but wet cupping lacerates the skin to draw blood into the cup. ⁽³⁾ A negative pressure is formed in the cup as a result of this, causing the afflicted skin to rise. This promotes blood circulation in the area, aids in the removal of toxins from the body, and enhances overall health. This also helps to minimize pain and inflammation, as well as infections ⁽⁴⁾.

A small percentage of patients are afraid of cupping therapy because it leaves marks, which are not harmful and fade away in a few days. Patients often have a negative emotional reaction as a result of the inevitable circular red marks that appear on the treatment area ⁽⁵⁾. The nocebo effect is generated by negative expectations and the scary and anxious feelings that go along with them. As a result, determining the arousal state of patients based on their responses to emotional stimuli is crucial to comprehend the fundamental effect of cupping therapy ⁽¹⁾.

The negative pressure created by cupping therapy causes the skin and underlying tissue to expand and the capillaries to dilate. This procedure improves microcirculation, detoxifies tissues, and relieves uncomfortable muscle tension. Cupping therapy can cause a circular patch of redness, petechiae, and ecchymosis, as well as bruising, but symptoms are rarely severe and usually go away after 1–2 weeks. Nonetheless, some patients are still apprehensive about receiving cupping therapy and are concerned about the unsightly markings it left. ⁽¹⁾ Patients' expectations and perceptions can have a significant impact on the therapeutic advantages and side effects of a treatment. Positive treatment expectations can improve therapeutic efficacy, but negative treatment expectations can reduce it. It is therefore vital to assess the valence of cupping therapy as well as the arousal level of patients in order to comprehend its intrinsic activity. The suction creates a negative pressure in the cup, causing the soft tissue along the cup's edge to be sucked into it. Blood will also rush into the area beneath the cup, which will have a lower blood concentration than the surrounding area, in order to maintain equilibrium. ⁽⁴⁾

Hence, the purpose of the current study is to spread awareness and to assess emotional aspects of cupping therapy. With control images of visual stimuli depicting fear, disgust, happiness, neutral emotion, and cupping therapy, participants provided valence and arousal ratings. Based on their responses to emotional stimuli, we evaluated the spatial organization of participants' responses in two-dimensional psychophysical space ⁽¹⁾

RESEARCH METHODOLOGY

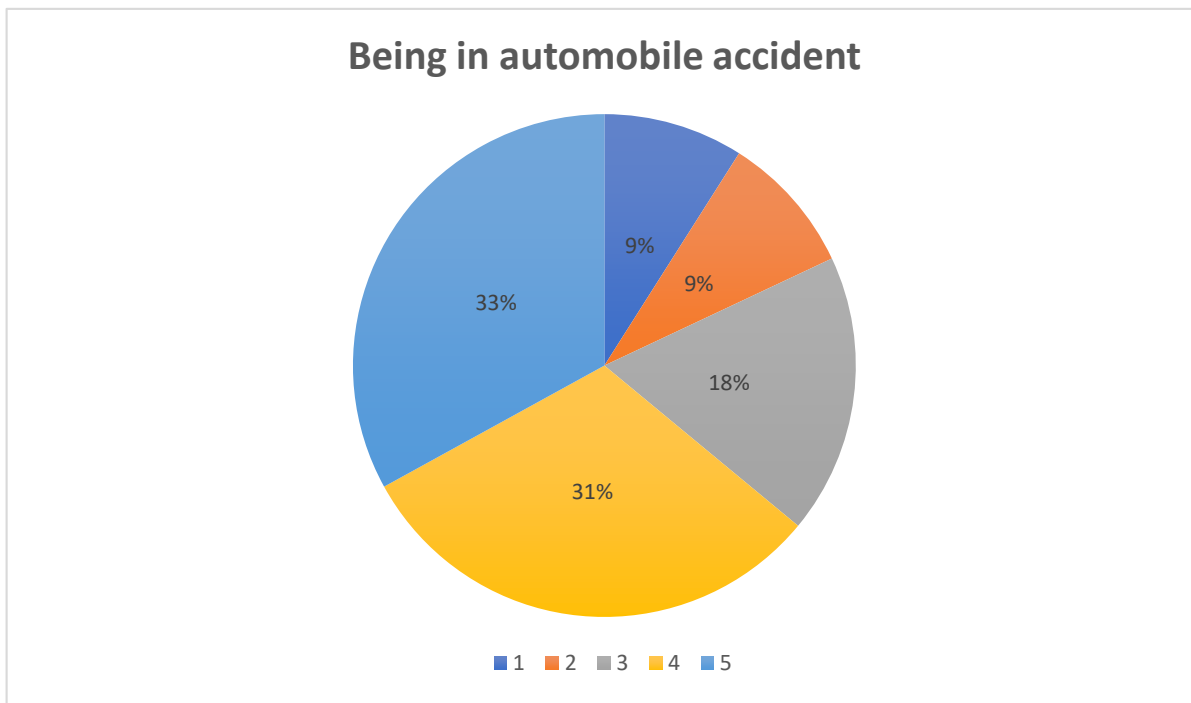
Ethical clearance was obtained from concerned college committee, Department of Physiotherapy, TMV, Pune. A visit was arranged in a Physiotherapy clinic set up in and around Pune and permission was obtained prior the study. The aim of the study was explained to the participants. All participants were screened for inclusion and exclusion criteria. Consent form was given to those who wished to participate in the study it was made sure the participants responded to every question asked in the questionnaire with a best response. Pilot study was conducted of 100 young healthy participants of age group 18-35 years old and the data was analysed. The doubts of the participants were cleared and awareness was spread among the participants. All participants were asked to complete the Awareness questionnaire and Fear of Pain Questionnaire (FPQ-III) which addresses fear and medical pain to assess individuals fear variety of different stimuli that may induce pain. Participants were instructed to look straight and seated comfortably in an armchair placed 70 cm away from the screen. They were informed that images shall be shown containing emotional components. And then images were shown cupping therapy treatment photo and post marks. Participants were given visual analogue scale after the images are shown and they will have to mark accordingly. This is to compare patient's tolerance level in fear of pain and then correlate it with the visual analogue scale to know the arousal level. Thus, to determine the correlation between the arousal level of cupping therapy images and FPQ-III scores.

RESULTS AND DISCUSSION

Table No. 01: Fear of pain Questionnaire

QUESTION:	Being in an automobile accident
MEAN ± STANDARD DEVIATION	3.72 ± 1.2397

Figure No.1: Fear of pain Questionnaire

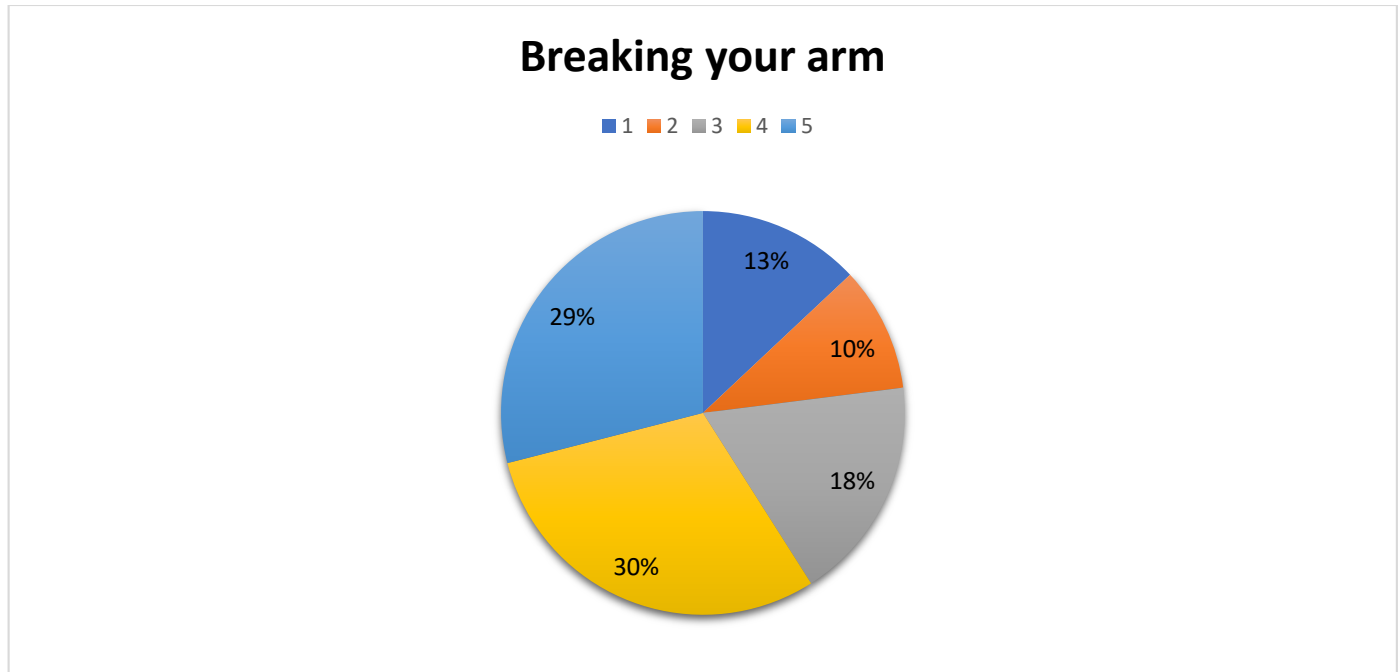


INTERPRETATION: In figure, Fear of Pain Questionnaire (on a scale of 1 to 5) 9 individuals had selected 1 (not at all), 9 individuals had selected 2 (a little), 18 individuals had selected 3 (a fair amount), 31 individuals had selected 4 (very much) and 33 individuals had selected 5 (extreme).

Table No. 02: Fear of pain Questionnaire

QUESTION:	Breaking your arm
MEAN ± STANDARD DEVIATION	3.74 ± 1.3443

Figure No.2: Fear of pain Questionnaire

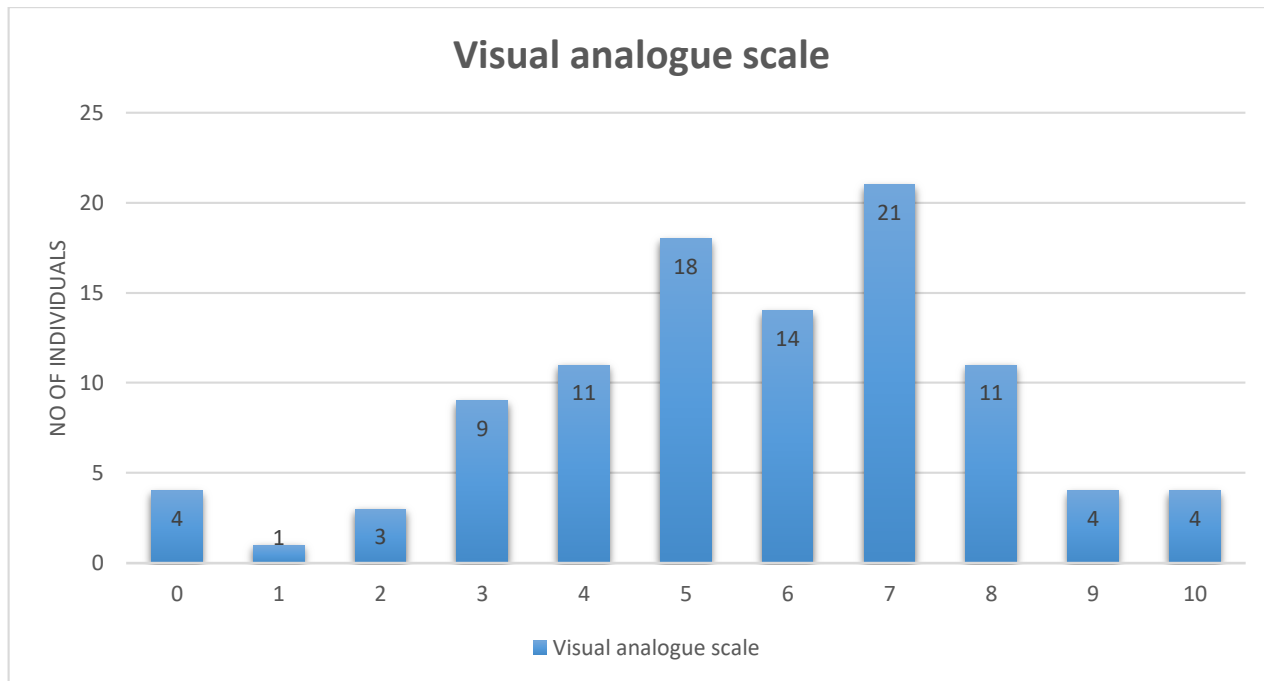


INTERPRETATION: In figure, Fear of Pain Questionnaire (on a scale of 1-5) 13 individuals had selected 1 (not at all), 10 individuals had selected 2 (a little), 18 individuals had selected 3 (a fair amount), 30 individuals had selected 4 (very much) and 29 individuals had selected 5 (extreme).

Table no.3: Visual Analogue Scale

VISUAL ANALOGUE SCALE	
MEAN ± STANDARD DEVIATION	5.57 ± 2.21680

Figure No 3: Visual Analogue Scale



INTERPRETATION: In the graph of visual analogue scale 4 individuals had selected 0 (no pain), 1 individual had selected option 1, 3 individuals had selected 2, 9 individuals selected 3, 11 individuals had selected 4, 18 individuals had selected 5, 14 individuals had selected 6, 21 individuals had selected, 11 individuals had selected 8, 4 individuals had selected 9 and 4 individuals had selected 10 (extreme pain).

DISCUSSION

In our study there were 100 participants (60 females and 40 males) age = 22.2 ± 1.9796 took part in this study. When we conducted the study 79 participants out of 100 participants had heard about cupping therapy. 36 participants were scared to take cupping therapy because of the marks left after the therapy. 31 participants had a thought about avoiding cupping therapy because of they heard it was painful. Nine participants had prior experience with cupping therapy.

In earlier study by Minyoung Hong (2020) documented that in total, 25 participants (14 females; age = 24.6 ± 0.8 years) took part in this study. There were significantly higher arousal ratings (5.22 ± 0.48 vs. 1.87 ± 0.32 , $t = 7.877$, $p < 0.001$) compared with the control images and a significant positive correlation between the arousal ratings for cupping therapy and FPQ scores ($r = 0.540$, $p < 0.01$).⁽¹⁾

Fear of pain questionnaire in table no 1 there was an interpretation of mean and standard deviation (3.72 ± 1.2397) and out of 100 participants 33 had selected 4 (very much) fear of pain scale and 31 had selected 5 (extreme). Fear of pain questionnaire in table no 4 the interpretation of mean and standard deviation (3.74 ± 1.3443) and out of 100 participants 30 individuals had selected 4 (very much) and 29 individuals had selected 5 (extreme).

Adulraheem alshareef (2020) had documented that: Almost 60% of all participants were afraid of cupping and this fear was mainly from the injury (37%). There were statistically significant relationships between the gender of the participants and cupping procedure ($p=0.003$), fear of performing it ($p<0.001$) and preference for cupping over donating blood ($p=0.002$). In the study there were majority people preferred to donate blood than cupping therapy.⁽⁹⁾

In our final scale, the participants after the viewing of images the interpretation in the graph of visual analogue scale - 4 individuals had selected 0 (no pain), 1 individual had selected option 1, 3 individuals had selected 2, 9 individuals selected 3, 11 individuals had selected 4, 18 individuals had selected 5, 14 individuals had selected 6, 21 individuals had selected, 11 individuals had selected 8, 4 individuals had selected 9 and 4 individuals had selected 10 (extreme pain).

The mean and standard deviation (5.57 ± 2.21680) for visual analogue scale.

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