



## COMPERATIVE CLINICAL EFFICACY OF DRY CUPPING AND WET CUPPING IN CERVICAL SPONDYLOSIS

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### ABSTRACT

**Objective:** To observe the clinical efficacy of dry cupping and wet cupping in cervical spondylosis. **Method:** The patients in the one group (12 cases) were treated with wet cupping therapy; and the patients in the another group (12 cases) were treated with dry cupping therapy. Then the clinical efficacy was observed after 30 days of treatment. **Result:** The t- test showed that there was significant difference ( $P < 0.001$ ) between the two groups in recovery rate, total effective rate, relapse rate after two months, and average treatment course. **Conclusion:** wet cupping is therapy is better for cervical spondylosis with a shorter treatment course and low relapse rate.

**KEYWORDS:** Dry cupping, Wet cupping, Cervical Spondylosis.

### INTRODUCTION

Cervical spondylosis can be described as the consequence of deterioration of the intervertebral disc, formation of osteophytes, ossification of the posterior longitudinal ligament, hypertrophy of the ligamentum flavum, occasionally degeneration leads to posterior protrusion of the annulus fibres of the intervertebral disc.<sup>[1,2,3]</sup> The symptoms occurs in case of cervical spondylosis is neck pain, stiffness, resulting in limitation of movement and numbness, weakness in arm, hand, and fingers so the patient becomes so what disable.<sup>[4,5]</sup> Allopathic treatment of cervical spondylosis consist of use of NSAIDS, corticosteroids, cervical epidural steroid injection, surgery and certain physiotherapy regimens like TENS, traction and cervical collar etc.<sup>[3]</sup> Though, the use of NSAIDS and corticosteroids provide significant improvement in symptoms of cervical spondylosis on short term basis, but their prolong use may induce a number of side effects. Similarly, most of the patients avoid surgery due to complications associated with it. As far as concerned with the various regimens of physiotherapy like TENS, ultrasound, superficial thermotherapy etc., definitely they relieve the symptoms of cervical spondylosis, but not up to the mark of satisfaction. Hence, there is a dire need to develop a safe and effective mode of treatment for the management of cervical spondylosis. As far as Unani system of medicine is concerned, Wajaur Raqaba (cervical spondylosis) is not mentioned at all in any classical text, but the term Wajaul Mafasil has been used frequently to represent

joint pain. It comprises all variety of joint pain like Niqras (Gout), Wajaul Warik (Ischial pain), Irqun nasa (Sciatica), Wajaur Rakaba (Knee pain)<sup>[6,7]</sup> etc. The therapeutic effect criteria are based on the *Diagnostic and Therapeutic Effect Criteria of TCM Diseases*, issued by the State Administration of Traditional Chinese Medicine. The symptoms disappeared and the cervical or limb functions restored to norma.<sup>[8]</sup> Modern research indicates that needling Fengchi (GB 20) can relieve spasm, dilate and contract the cerebral vessels and improve the blood circulation in the brain and simultaneously the surgical incisions in wet cupping increases the blood perfusion and ultimately relieves pain and inflammation.<sup>[9]</sup> The cupping also has tremendous effect on relieving Myofacial pain, tendinitis, low back pain, neck pain etc.<sup>[10]</sup> Most of the Unani physicians have been clearly explained the pathogenesis of Wajaul Mafasil on the basis of quantitative and qualitative derangement of Humours. Hence, on the basis of involvement of Mawade Fasida, Wajaul Mafasil could be divided into Sada or Maddi. Wajaul Mafasil Sada is one, in which derangement of Humours is of simple type, i.e. only temperament of Humours gets disturbed causing just functional disturbance of articular surfaces, it is of short duration, while in case of Wajaul Mafasil Maddi organic disturbance and quantitative changes take place in the joint spaces. When this condition develops due to involvement of abnormal Balgham (Phlegm), it is known as Wajaul Mafasil Balghami, its clinical presentation very much resembles with the chronic osteoarthritis of modern medicine, which can affect different joints of

body. When it develops in Fiqrate Unuq (Cervical vertebrae) and causes neck pain, then it is known as Wajaur Unuq (Cervical spondylosis) As for as treatment of Wajaur Raqaba is concerned in Unani System of medicine it could be treated through Ilaj bit Tadbeer (Regimenal therapy), Ilaj bid Dawa (Pharmacotherapy), and Ilaj bil Yad (Surgery). Among them, Ilaj bit Tadbeer is one in which various regimens like Hijama, Fasd, Dalk, Nutool, Inkebab etc. are used to provide relief to the patient. From the above listed regimens, Hijama bish Shart is one which is commonly prescribed to evacuate Mawade Fasida and to provide relief to the patient of Wajaul Mafasil.

## MATERIAL AND METHODS

24 cases from outpatient department from RRIU, Srinagar were included for the study. They were simply randomized into the one group (wet cupping therapy) and another group (dry cupping therapy) by random digits table. The patients complaints of pain in neck and left shoulder which radiates to the index and middle finger with the tingling sensation of left hand for last 2-3 months with mild headache. Patient's daily routine was restricted and was unable to do their personal work; patient also had concentration and sleeping difficulty. The patient is chronic smoker for last 10 year and he had no history of metabolic disease, hypertension and tuberculosis. On general examination, the vitals are within normal limit and no abnormality was detected through systemic examination. On physical examination, the patients head was tilted to the right side and left shoulder was elevated there is mild trophic changes of deltoid, biceps and triceps of left side were seen. The special test like neck distraction test, neck spurling test (foraminal compression) is positive. X-ray report reveals cervical spondylitic changes. Based on the above findings it was diagnosed as *Wajaur Raqaba* (Cervical spondylosis). Before starting the procedure patient underwent thorough examination necessary for starting the dry and wet cupping like Hemogram with ESR, BT, CT. The procedure involved first cleaning the target area (bilateral supraclavicular fossa) with spirit then dry cupping is done for 8-10 minutes of that area with two medium sized cup of diameter 5.5 cm, the benefit of dry cupping are assessed at the end of treatment. total 15 sitting was done on alternate days . Before starting wet cupping is that it increases circulation of that area, then the cup was gently removed and 13-15 superficial incisions were made on the same area and the same cup was applied on that part, finally the area was cleaned and dressed. Total 4 sitting was done on 0th, 5th, 10th, and 15th day. The efficacy of wet and dry cupping was assessed on 30th day with the help of Neck Disability Index (Vernon and Mior Cervical spine Questionnaire).

### Subjective parameters

- Pain in joints.
- Tenderness on the joint area.
- Morning stiffness.

- Swelling over the affected joint.
- Restriction of movement.

### Objective parameters

- Radiological evidences (X-ray knee joint, AP and Lat. view).
- Western Ontario and McMaster University (WOMAC) Scale.
- Visual Analogue Scale (VAS) score.

### Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and **mark in each section only the one box that applies to you.** We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

#### Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

#### Section 2: Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful.
- I need some help but can manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, I wash with difficulty and stay in bed.

#### Section 3: Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights
- I cannot lift or carry anything

#### Section 4: Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want to with moderate pain in my neck.
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck
- I cannot read at all.

**Section 5: Headaches**

I have no headaches at all  
 I have slight headaches, which come infrequently  
 I have moderate headaches, which come infrequently  
 I have moderate headaches, which come frequently  
 I have severe headaches, which come frequently  
 I have headaches almost all the time.

**Section 6: Concentration**

I can concentrate fully when I want to with no difficulty.  
 I can concentrate fully when I want to with slight difficulty.  
 I have a fair degree of difficulty in concentrating when I want to.  
 I have a lot of difficulty in concentrating when I want to  
 I have a great deal of difficulty in concentrating when I want to.  
 I cannot concentrate at all.

**Section 7: Work**

I can do as much work as I want to  
 I can only do my usual work, but no more  
 I can do most of my usual work, but no more  
 I cannot do my usual work  
 I can hardly do any work at all  
 I can't do any work at all.

**Section 8: Driving**

I can drive my car without any neck pain

I can drive my car as long as I want with slight pain in my neck.  
 I can drive my car as long as I want with moderate pain in my neck.  
 I can't drive my car as long as I want because of moderate pain in my neck.  
 I can hardly drive at all because of severe pain in my neck.  
 I can't drive my car at all.

**Section 9: Sleeping**

I have no trouble sleeping  
 My sleep is slightly disturbed (less than 1 hr sleepless)  
 My sleep is mildly disturbed (1-2 hrs sleepless)  
 My sleep is moderately disturbed (2-3 hrs sleepless)  
 My sleep is greatly disturbed (3-5 hrs sleepless)  
 My sleep is completely disturbed (5-7 hrs sleepless).

**Section 10: Recreation**

I am able to engage in all my recreation activities with no neck pain at all  
 I am able to engage in all my recreation activities, with some pain in my neck  
 I am able to engage in most, but not all of my usual recreation activities because of pain in my neck  
 I am able to engage in a few of my usual recreation activities because of pain in my neck  
 I can hardly do any recreation activities because of pain in my neck  
 I can't do any recreation activities at all.

**RESULT**

**Table 1. Comparison of the therapeutic effect between the two groups (Cases).**

Group	N	Recovery	Improvement	Failure	Total effective rate (%)
Dry cupping group	12	3	6	3	72.3%
Wet cupping group	12	9	3	0	100%

**Table 2. Comparison of the treatment course between the two groups.**

Group	N	average
Dry cupping group	12	22.3±0.70
Wet cupping group	12	14.3±0.12

**Table 3. Comparison of the relapse rate between the two groups after the one-month follow-up (Cases).**

Group	N	Relapse	Relapse arte
Dry cupping group	12	6	50%
Wet cupping group	12	1	8.3%

**DISCUSSION**

Among the 12 cases in the one group,(dry cupping therapy ) male cases: 4; female cases: 6; the youngest case: 1; the oldest case: 1; mean age: 27.5 years old; the shortest duration: 1 month; and the longest duration: 5 years. Among the 12 cases in the (wet cupping therapy), male cases: 5; female cases: 7; the youngest case: 20 years old; the oldest case: 60 years old; mean age: 32.2 years old; the shortest duration: 2 months; and the longest duration: 8 years. The t test showed that there

was no significant difference (P>0.05) between the two groups in age, gender, disease duration, and pattern identification, therefore the two groups can be compared. The recovery rate and total effective rate in the wet cupping therapy group were 90.0% and 100% respectively, and the effective rate and total effective rate in the dry cupping group were 25% and 72% respectively. The t- test showed that the therapeutic effect in the wet cupping group was significantly better than the dry cupping group (P<0.001) as shown in table no.1.

The average rate in dry cupping group was  $22.3 \pm 0.70$  and wet cupping group was  $14.3 \pm 0.12$  with ( $p < 0.001$ ) shows wet cupping therapy is more effective as compared to dry cupping group. as shown in table no.2. The relapse rate in dry cupping group was 50% and in wet cupping group was 8.3% which again indicated that the effect of wet cupping remain prolonged as compared to dry cupping. as shown in table no.3.

## CONCLUSION

Wet cupping therapy is a better therapy for cervical spondylosis with a shorter treatment course and low relapse rate.

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