

MINDFULNESS ABOUT CUPPING THERAPY AND THE AUTHENTICITY OF CUPPING THERAPISTS

Misbah Ahmed¹, Saghir Pervaiz Ghouri², Imtiaz Mahmood Tahir³, Muhammad Mudassar⁴,
Mudassar Khan⁵, Fahad Said Khan⁶, Saima Siddique⁷, Sabira Sultana⁸, Syed Muhammad Ali
Shah⁹, Hamad Ahmed¹⁰, Nosheen Saleem¹¹, Fethi Ahmet Ozdemir¹²,
Gawel Solowsky¹³, Muhammad Akram^{14*}

¹BEMS - Hamdard University, PGD Mind Science - Transformation International Society, M.Phil (Fellow) Jinnah University for Women, Tabiba in Hamdard Matab, Karachi, Pakistan

²Department of Business Administration, Jinnah University for Women Karachi-Pakistan

³College of Allied Health Professionals, Government College University Faisalabad Pakistan

⁴College of Allied Health Professionals, Faculty of medical sciences, Government College University Faisalabad, Pakistan

⁵Health Services Academy, Islamabad Pakistan

⁶Department of Eastern Medicine, Faculty of Medical and Health Sciences, University of Poonch Rawalakot Azad Kashmir Pakistan

⁷Department of Eastern Medicine, Government College University Faisalabad Pakistan

⁸Department of Eastern Medicine, Government College University Faisalabad Pakistan

⁹Department of Eastern Medicine, Government College University Faisalabad Pakistan

¹⁰Department of Eastern Medicine, Government College University Faisalabad Pakistan

¹¹Department of Eastern Medicine, Faculty of Medical and Health Sciences, University of Poonch Rawalakot Azad Kashmir Pakistan

¹²Department of Eastern Medicine, Faculty of Medical and Health Sciences, University of Poonch Rawalakot Azad Kashmir Pakistan

¹³Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol University, Bingol, 12000, Türkiye

¹⁴Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol University, Bingol, 12000, Türkiye

¹⁵Department of Eastern Medicine, Government College University Faisalabad, Pakistan

makram_0451@yahoo.com^{15*}

Corresponding Authors: *

Muhammad Akram

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ABSTRACT

This study examines public awareness and perceptions of cupping therapy, focusing on the authenticity and qualifications of practicing therapists. Cupping therapy has experienced significant growth in recent decades, with various modalities including dry cupping, wet cupping, massage cupping, and pneumatic cupping gaining prominence. While cupping has historical foundations in Traditional Chinese Medicine and Islamic traditional medicine (Tibb-e-Nabawi), contemporary practice faces considerable controversy and regulatory challenges. Current evidence reveals polarized public opinion regarding cupping therapy's efficacy and safety. Significant knowledge gaps exist concerning practitioner qualifications, treatment mechanisms, and appropriate regulatory oversight. Despite reported therapeutic benefits across various health conditions, cupping therapy remains marginalized within mainstream healthcare systems. This disconnect between traditional use and modern acceptance necessitates systematic investigation. This research aims to: (1) assess public awareness of certified cupping practitioners; (2) evaluate community perceptions of treatment authenticity and safety; (3) identify barriers to wider therapeutic acceptance; and (4) examine patient care-seeking behaviors, particularly the distinction between consulting qualified medical professionals versus unregulated practitioners. Understanding these factors is essential for developing appropriate regulatory frameworks and improving patient safety in complementary medicine practices. The findings may inform evidence-based policy recommendations for integrating traditional therapies within contemporary healthcare systems while maintaining appropriate professional standards and patient protection measures.

Keywords: Cupping Therapy; Hijama; Awareness of Cupping; Mechanism of Action of Cupping, Registered Cupping Therapist..

INTRODUCTION

Cupping therapy is an ancient therapeutic practice with documented evidence in *Tibb al-Nabawi* (Prophetic medicine), Greco-Arab traditions, and Traditional Chinese Medicine. Within the Unani system, Ibn Sina (Avicenna) described cupping as one of the 36 regimental therapies in his seminal work *The Canon of Medicine* (Lone, 2011). Broadly, cupping therapy is classified into two main types: dry cupping and wet cupping, although additional

specialized variations have since been developed for specific clinical applications..

- Dry cupping (with fire or without fire suction)
- Wet cupping (with fire or without fire suction)

Before cupping therapy, the practitioner should wear gloves, and the patient is asked to wear a gown specific for cupping patients. After providing proper pre and post-procedure steps, the site where the cups will be applied is cleaned with disinfectant, and then the cup is applied in both types of cupping..Current evidence of moderate to high

quality indicates that cupping therapy yields meaningful reductions in both pain intensity and functional disability. The therapeutic outcomes, however, are influenced by factors such as treatment duration, the specific cupping technique employed, anatomical site of application, and the clinical subtype of low back pain. When compared with pharmacological management and routine care, cupping has been shown to produce greater and more sustained improvements in pain relief (Zhang et al., 2024).

In dry cupping, suction is created with a glass or plastic cup on specific points recommended for diseases for 3 to 8 minutes, and then the cup is detached.

In wet cupping, suction is created by a cup (glass, plastic material) of different sizes for different ailments at different recommended points. After 3 to 5 minutes the cup is detached, and superficial cuts or scarification is done. Then under sterile conditions the same cup is applied again. For scarification, surgical blades of 15 or 20 gauge or a puncturing needle are used. After scarification the cup is placed for 5 to 8 minutes. After the recommended time, the cup is detached and blood is wiped out with a sterile gauze piece. An antiseptic solution (and optionally, honey or olive oil is) is applied, and the area is covered with a bandage. After the process, the patient is guided for after-care steps and cups along with blood-stained gauze pieces, and gloves are disposed of properly. (Hasan, 2018).

MECHANISM BEHIND CUPPING THERAPY

Cupping therapy is believed to exert its effects primarily through activation of parasympathetic activity, which occurs as a result of localized blood loss and vasodilation. This vasodilatory response, mediated by histamine, noradrenaline, and

adenosine, indirectly promotes muscle relaxation while enhancing blood circulation, thereby contributing to pain relief. Additionally, somatic-visceral reflexes and stimulation of the peripheral nervous system are thought to modulate immune responses, regulate blood pressure, and further reduce pain.:

- Diffuse Noxious Inhibitory Controls (DNICs)/Conditioned Pain Modulation
- Nitric Oxide Theory
- Immune system Activation Theory
- Blood Detoxification Theory
- Pain Gate Theory (PGT)

These proposed mechanisms are grounded in both mechanical and biological models of pain relief. However, the precise physiological pathways remain uncertain, and existing theories are largely based on experimental observations and hypotheses. Samadi et al recorded oxyg

- Pain reduction through gate theory mechanisms, noxious inhibitory control systems, and reflex zone stimulation
- Immune modulation effects, activation of immune system and complement system theory
- Hematological homeostasis, blood detoxification theory
- Enhanced circulation and reduced inflammation through nitric oxide pathways (SalehAlqaeda, 2019)

In their study of gastrocnemius muscle responses, Samadi et al. (2025) measured regional blood flow changes during multiple-cup cupping treatment. They noted that proper oxygen supply is essential for optimal muscle function, with oxygen variations directly impacting muscle performance and healing processes. The research provided initial evidence of how suction intensity and cup location interact to influence local hemodynamic patterns. Their

findings established that muscle blood flow responses are determined by both the applied negative pressure and the positioning relative to treatment sites.

PAIN GATE THEORY

Pain signals are carried by nociceptive fibers, including A-beta (large diameter), A-delta, and C fibers (small diameter), into the dorsal horn of the spinal cord. Within this region, the impulses interact with interneurons that regulate the presynaptic “gates” controlling whether pain continues toward the brain along the spino-thalamo-cortical pathway. A-beta fibers, which respond to pressure, touch, and vibration, are generally more effective in suppressing pain than A-delta and C fibers, which tend to reduce the activity of inhibitory cells. In cupping therapy, both large and small fibers are activated. At the beginning of suction, A-beta fibers close some of the presynaptic gates, which decreases the pain signal. As suction pressure rises, additional gates are closed, further dampening transmission. During the middle stage, particularly when scarification is applied, adaptation in the large fibers may allow the gates to reopen, letting pain signals through. In the final suction phase, however, A-beta fibers are again stimulated, causing the gates to close once more and producing relief. This sequence suggests a possible explanation for the pain-relieving effects of cupping, though further research on a larger scale is needed to confirm the mechanism. (Al. Bedah&Alqaed, 2019; Al. Bedah&Alqaed, 2019) (Asma Al-Shidhani, 2020).

DIFFUSE NOXIOUS INHIBITORY CONTROLS (DNICS)/CONDITIONED PAIN MODULATION

The theory proposes that cupping achieves pain relief through competitive neural processing. As

pain signals traverse ascending spinal-medullary pathways, diffuse inhibitory mechanisms become active. When competing pain inputs arrive simultaneously at the spinal cord level, noxious stimulation activates inhibitory interneurons that suppress the primary nociceptive signal. Applied to cupping practice, the original disease-related pain (whether from joint inflammation, muscle tension syndromes, headache disorders, or visceral conditions) becomes attenuated by the controlled discomfort produced through cup application and minor skin puncturing. This therapeutic irritation generates sufficient neural activity to engage endogenous pain suppression systems, providing clinical benefit to treated patients. (Asma Al-Shidhani, 2020).

NITRIC OXIDE (NO) THEORY

Nitric oxide is released from endothelial cells after cupping and it acts as a vasodilator while controlling blood volume and blood flow. It supports the process of useful biological changes. (hani& Saleem, 2019) . Nitric oxide acts as a vasodilator, muscles relaxant, an anti-spasmodic, an antithrombotic, decreases inflammation, and prevents the blood vasculature from stenosis. (Hasan, 2018). Nitric oxide is released on the surface of the skin and it regulates blood pressure and triggers the immune system. (KOMYUNITI WELLNESS).

IMMUNE SYSTEM ACTIVATION THEORY

Cupping acts in different ways to activate the immune system

- By induction of artificial inflammation during cupping immune system is activated
- Complementary system is activated
- Immune chemicals like interferon and tumor necrotizing factors are released
- It activates the lymphatic flow

BLOOD DETOXIFICATION THEORY

After cupping, old blood cells are removed in a certain amount from the body along with excess uric acid, cholesterol, triglycerides or urea and way more we can mention. So these parameters need to be checked on larger-scale research to confirm the exact mechanism of action behind cupping for blood detoxification (Al. Bedah&Alqaed, 2019).

METHODOLOGY

A questionnaire-based survey was done on the age group 15 to 60 yrs of both genders among those who have availed cupping therapy, and what they know about cupping therapy and their therapist. A Google form is generated via Google Forms and then the link is spread among people who have availed cupping therapy in clinics of Karachi. Link shared via WhatsApp, Facebook, and email. 44 responses recorded over the period of 5 months. And the results are analyzed on SPSS. Data is split into two parts: questions that were about cupping therapy and questions that were about cupping therapists.

Hypothesis

H^I: people availing cupping therapy are well aware of the procedures, pre and post-treatment

H⁰: people availing cupping therapy are not well aware of the procedure, pre and post-treatment

H^{II}: people availing cupping therapy are approaching a registered medical practitioner for cupping therapy

H⁰: people availing cupping therapy are not approaching a registered medical practitioner for cupping therapy

SURVEY QUESTIONNAIRE

This research employed a questionnaire-based methodology involving 44 participants aged 15-60 years, representing both sexes. The study population consisted entirely of individuals who

had undergone cupping therapy sessions and possessed some familiarity with the treatment modality and their healthcare providers. Data collection centered on participants with prior cupping exposure and addressed predetermined research questions

QUESTIONS ABOUT CUPPING THERAPY

- Have you availed of cupping?
- Were you relieved from cupping therapy?
- Did you face any side effects/adverse effects?
- Do you know that cupping is prohibited during periods?
- Do you know that 4-6 hours of fasting is a must before wet cupping?
- Do you know cupping can be done while fasting (Ramadan)?
- Do you know what kind of cupping you have availed (dry or wet)?

QUESTIONS ABOUT THE THERAPIST

- Have you inquired about a cupping therapist?
- Is your cupping therapist a medical professional?
- Is your therapist registered to perform cupping?
- Did your therapist guide you about the procedure?
- Did your therapist use sterilization before cupping?
- Did your therapist guide you about after-care steps?
- Did your therapist ask you about your illness and medication that is going on?

RESULTS

ANALYSIS OF QUESTIONS

1. **Age Group:** 20-30 yrs. -46.5%, 31-40 yrs. -14%, 41 and above -34.9%.
2. **Gender:** Females - 69.8%, Males -30.2%
3. **Type of Therapy Wet/ Dry:** Wet cupping-50%, Dry cupping-11.4%, Don't know about the type-38.6%

Question	Yes	No	May be	Others
4. Ratio of relieve after cupping	77.3%	4.5%	18.2%	
5. Side effects / adverse effects	4.6%	92.8%		Weakness 2.3%
6. Cupping is prohibited in menses	63.6%	25%	11.4%	
7. 4-6 hours fasting before cupping	93.2%	6.8%		
8. Cupping can be done in Ramadan during fasting	65.9%	34.1%		
9. Inquired about the cupping therapist	84.1%	15.9%		
10. Is the therapist a medical professional?	84.1%	4.5%	11.4%	
11. Registered therapist	75%	2.3%	22.7%	
12. Procedure guidance before therapy	93.2%	6.8%		
13. Post-therapy guidance	95.5%	4.5%		
14. Sterilization before therapy	59.1%	2.3%	38.6%	
15. The therapist asks about past illness and medication	93%	7%		

- Maximum people who availed CT are females from the age group 21-30 years (69.8%).
- Half of the respondents know that they availed wet CT (50%), while the other half don't know what kind of therapy they availed (38.6%), and the rest of them know that they availed dry CT (11.4%).
- Majority of respondents had no adverse effects after cupping (92.8%).
- More than half of the respondents know that CT is prohibited in periods (63.6%).
- More than half of people know that cupping can be done in Ramadan while fasting (65.9%).
- Maximum respondents have guided about pre- and post-therapy procedures (93.2%-95.5%).
- More than half respondents know that sterilization is done before therapy (59.1%), while a few don't know about it.

- Maximum respondents have awareness that 4-6 hours fasting is necessary before cupping and they inquired about the therapist who they are registered medical professionals for CT, and the therapist also asked about the past illness or medication Hx of the patient (93%).

CONCLUSION

A questionnaire-based survey was conducted among 44 individuals of both genders and varying age groups who had undergone cupping therapy. The findings revealed that most participants were well-informed about the procedure and its requirements, and the majority opted for registered medical professionals to perform the therapy. However, a small proportion of respondents reported seeking treatment from non-professionals or failing to verify the practitioner's credentials. This gap highlights the need for awareness

campaigns, particularly through social media platforms, to educate the public about the importance of consulting qualified practitioners. Such efforts could reduce the risks of adverse effects associated with untrained providers and help protect the reputation of cupping therapy..

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

CONFLICTS OF INTEREST

The author declares that he has no conflicts of interest.

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