

TREATMENT OF POLYCYSTIC OVARIAN SYNDROME BY WET CUPPING – A CASE REPORT

Abiha Ahmad Khan¹ Wajeeha Begum² Mariyam Roqaiya³

ABSTRACT:

Polycystic Ovarian Syndrome (PCOS) is the commonest endocrinopathy among women of reproductive age with an estimated prevalence of about 4 to 12%. It is a lifelong multisystem genetic disorder and is traditionally first noticed in puberty as menstrual irregularities and weight gain. The treatment of PCOS is surrounded by many controversies. The choice of treatment depends upon the symptoms the patient presents with. There is a scope for alternative management of the disease. In *Unani* literature the syndrome is not mentioned as such. It can be correlated with the clinical presentation related to PCOS; *Ehtebase tams* (amenorrhea), *qillate tams* (oligomenorrhea), hirsutism and *uqr* (infertility) have been described. It has been quoted that *ehetbase tams* (amenorrhea) usually set in those women who are fair and have phlegmatic temperament. These women with *ehetbase tams* may present with masculine features such as hoarse voice and hirsutism. Different treatment modalities have been proposed to resume normal menstrual flow as it is considered to be the root cause of many ailments. One such mode is through *Hijamah mae shurt* (wet cupping therapy). This article presents a successful treated case of PCOS by *Hijamah mae shurt* (wet cupping therapy).

Key Words: PCOS; *Hijamah mae shurt*; *Unani*; Wet cupping.

INTRODUCTION:

PCOS is the commonest endocrinopathy among women of reproductive age with an estimated prevalence of about 4 to 12%.^[1] It is a lifelong multisystem genetic disorder and is traditionally first noticed in puberty as menstrual irregularities and weight gain.^[2] However, this syndrome evolves throughout life and these women have various symptoms depending upon their age and manifestations of the disease. According to Rotterdam criteria the diagnosis of PCOS rests on the presence or absence of the 2 out of the three cardinal features, namely PCO morphology on ultrasonography, hyper androgenic features (defined biochemically and/or morphologically) and oligomenorrhea (an intermenstrual interval greater than 42 days).^[3] However, PCOS is best known and most extensively studied as a cause of anovulatory infertility. Patients with PCOS represent a heterogenous population with different subtypes of the disease. Hence, various diagnostic criteria (ESHRE&ASRM, NIH, AES) are used in the literature to detect women with PCOS.^[4] The success of treatment is likewise variable, ranging from recurrence of symptoms shortly after termination of treatment to spontaneous cure.^[5] In the modern medical literature, this syndrome was first reported by Stein and Lenton who in 1935, described women

suffering from amenorrhea, hirsutism and enlarged ovaries with multiple cysts. The principal molecular defect that causes PCOS is still unknown, insulin resistance seems pivotal. Dysfunctional gonadotropin metabolism and excessive androgen production are now believed to be downstream consequences of insulin resistance.^[6]

According to *Unani* literature the syndrome is not mentioned as such. It can be correlated with the clinical presentation related to PCOS; *Ehtebase tams* (amenorrhea), *qillate tams* (oligomenorrhea) and *uqr* (infertility) have been described.^[7] It has been quoted that *ehetbase tams* (amenorrhea) usually sets in those women who are fair and have phlegmatic temperament. Causes of *ehetbase tams* either lies within the uterus or due to the involvement of other organs such as *jigar* (liver). When the cause lies in the *rehm* (uterus) it is either due to *sudda* (obstruction), *waram*, trauma,

^{1,3}PG Scholar, ²Reader, Dept. of Ilmul Qabalat wa Amraze Niswan, National Institute of Unani Medicine Bengaluru-91, Karnataka, India.

Corresponding author email address: dr.mroqaiya@gmail.com

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or due to the spasm of the blood vessels due to the accumulation of tenacious humour. When *jigar* is involved, it is either due to *zoaf* or due to *sudda* (obstruction) which leads to decreased production of blood and imbalances in the humours leading to *ehtebas*. *Uqr* (infertility) develops as a sequelae to *ehtebase tams*.^[8] *Unani* physicians have also reported cases in which females with *ehtebase tams* presented with masculine features such as hoarse voice and growth of hairs all over the body and face.^[9] Different treatment modalities have been proposed to resume normal menstrual flow as it is considered to be the root cause of much illness. One such mode is through *Hijamah mae shurt* (wet cupping therapy).

Al-hijamah (Cupping therapy):

Cupping therapy is an effective method for extraction of harmful substances from the body. In this process specially designed cups are applied over a particular area and the negative pressure is build in. This facilitates the correction of the *mehjoom* (involved organ).^[10] Depending upon the scarifications, it is of two types;

Hijama bila shurt (dry cupping) and *Hijamah mae shurt* (wet cupping).

Hijamah mae shurt: It is a minor surgical eliminatory procedure where negative pressure (suction force) is applied to the skin surface using cups. Scarifications of the skin uplifting opens skin barrier for the evacuation of fluids admixed with pathogenesis causing substances. Wet cupping therapy is considered as a mode of treatment where humoral imbalance is involved.^[11] For *ehtebase tams* multiple incisions (25to30) are applied over the calf muscles and the blood is sucked through application of cups.

Case description:

A 28 year old female patient approached National Institute of *Unani* Medicine, Hospital, Bengaluru on 1 September 2013 with chief complaint of irregular menses with scanty flow and weight gain from 2 years. Her marital life was of 3 years. She seemed diseased due to her irregular periods and was anxious to correct the same. She consulted many gynecologists and went on to take the treatment as per their advice. Patient continued to take the treatment for 1 and a half year but as soon she stopped the medicines the problem recurred. A detailed comprehensive history reveals that initially there was increase in weight. The periods were regular in the first year of marriage. Gradually her cycle became prolonged

for a duration of 1and a half to 2 months and then would occur only after withdrawal (cycle duration >4months). As usual she avoided consulting a medical professional in the beginning. The patient belonged to high socioeconomic group having junk foods and sedentary lifestyle.

On general physical examination the patient was overweight having weight 68 kg and height 160 cm. USG pelvis was carried to rule out pathology, which showed bilateral polycystic ovaries. Diagnosis was confirmed irregular periods due to PCOS.

Intervention given:

Four sitting of *hijama mae shurt* were planned in each month (weekly once). Her vitals were recorded and under all aseptic precautions wet cupping therapy was performed.

Procedure: The patient was asked to lie down. The calf muscle area was cleaned using 10% povidone iodine solution and cupping area was marked. Then the cups (one cup over each calf muscle) were applied to produce hyperemia. After 5 to 10 minutes the cups were removed and 25 to 30 deep scarifications were given over the hyperemic skin. With manual pumping the cups were applied again with maximum negative pressure. The cups were retained for over 5 to 8 minutes. Thereafter, the pressure was released and the blood was collected in the measuring glass beaker to record the amount of blood extracted (**Fig. 1**)

Figure 1. Steps of Procedure



Step 1. Paint area with betadine



Step 2. Create hyperaemia



Step 5. Allow blood letting for 5-8 mins



Step 3. Hyperaemia created



Step 6. Remove cups one by one



Step 4. Give scarification



Step 7. Clean the area with betadine



Step 8. Record the amount of blood

Probable mechanism of action:

Hijamah mae shurt helps in the resumption of menstrual flow. Although the exact mode of action is not known various theories have been proposed to describe the mechanism of action involved in this therapy. One theory suggests that it is by increasing circulation around the area of *hijamah* and allowing for the elimination of toxins trapped in the tissues. Another theory suggests that it is the transferring of discomfort or even pathology from one site to another that may cure the original site of any disease process.^[12] The prime objectives of *hijamah* are; *ikhraje mawad/tanqia-e-ghalba-e-khilt* (evacuation of matter) and *imala-e-mawad-aleel uzwa se uzue shirki ki janib* (diversion of matter to the associated organ). Cupping with bloodletting works according to the principle of *tanqiyae mawad* (evacuation of matter) and *imalae mawad* (diversion of matter) i.e. evacuation of morbid matters from the affected area and diversion of the matter to the associated area or organ. According to *Unani* literature patients with *ehtebase tams* or *qillate tams* have excessive accumulation of *balgham* (phlegm). *Hijama mae shurt* helps to bring the humoral imbalance at par and corrects the irregularity in the menstrual flow.^[13] Hence, the beauty of *hijama mae shurt* lies in the fact that it is an excretory form of therapy not an introductory one in which the blood and tissue fluids mixed with potentially harmful substances are removed.

Result of the intervention

After 8 sittings (2 months) of *hijamah*, patient had regular menses. A repeat scan was performed

after the procedure and showed normal study and normal ovarian size.

DISCUSSION AND CONCLUSION:

It is clear that PCOS is an enigma. Its underlying pathophysiology is not fully understood. The management is directed at the symptoms and not at the syndrome itself hence no treatment so far has given complete cure. Treatment for PCOS is also based on what issue is most important to the patient at that stage of her life.^[14] Treatment using cupping therapy keeps human body away from a long list of undesired side effects and possible drug to drug interactions of therapeutic drugs.^[15] Further, health and therapeutic benefits from *hijama mae shurt* may include improvement of general condition, *tanqiae mawad* (detoxification benefit), *imalae mawad* (diversion of matter), restores balance of neuro-endocrine system and resumes normal physiological function. *Hijama mae shurt* regularizes menstrual cycle without fluctuating hormonal levels. In this paper, an attempt has been made to study the use of *hijama mae shurt* for the treatment of irregular periods due to PCOS. To establish the effectiveness and safety of this therapy in *ehtebase tams*, rigorous studies are recommended in the future.

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