

13

TREATING MISCELLANEOUS DISORDERS WITH CUPPING THERAPY

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This section is an addition to Chapter 12 and describes a short treatment protocol to miscellaneous children's and adults' conditions. I have put these conditions together as a result of visiting and observing various clinics around the globe. It may not necessarily present the 'whole picture' such as the full traditional Chinese medicine (TCM) differentiations of the disease. It is, however, imperative that practitioners use their particular skills to address the underlying pathological conditions before and during treatment.

ALLERGIC RHINITIS (HAY FEVER)

This is a seasonal allergy due to increased pollen count in the atmosphere. Hay fever is characterized by sneezing bouts and a blocked, itching and runny nose; many people develop the additional symptom of red and runny eyes. In TCM, hay fever is considered to be Wind-Cold invading the Lungs at its initial onset, then becoming a Wind-Heat syndrome in the later stages.

TREATMENT PRINCIPLE. Remove Wind-Cold and 'open' the chest. If not treated in time, Wind-Cold may turn into Wind-Heat with its own characteristic features (Maciocia, 1994).

CUPPING THERAPY

Wind-Cold Stage. Medium to Strong cupping on GB-21 Jiangjing, BL-13 Feishu and Dingchuan Extra (Fig. 13-1A).



FIGURE 13-1 (A, B) Treating allergic rhinitis.

Wind-Heat Stage. In addition to the above points, also apply Light to Medium cupping on LU-1 Zhongfu and Light-moving or Moving cupping to the Upper Zone (Fig. 13-1B, see also Fig. 6-1).

ANKYLOSIS SPONDYLITIS

This is a chronic arthritis condition where the spinal joints, ligaments and the sacroiliac joints become inflamed. Bones of a joint can also fuse together. This causes pain and stiffness in the neck and back.

CUPPING THERAPY. Apply 15–20 minutes of Light to Medium cupping, to both sides of the Bladder channel, across the lower back including Du-3 Yaoyangguan, BL-26 Guanyuanshu, BL-28 Pangguangshu and GB-30 Huantiao. If the patient can tolerate it, apply a further 5 minutes of Light-moving cupping on both side of the spine Huatuo Jiaji Extra points (Fig. 13-2).



FIGURE 13-2 Treating ankylosis spondylitis.



FIGURE 13-3 (A, B) Treating bronchitis.

BRONCHITIS

This condition is an inflammation of the mucous membrane of the bronchi (the main airways of the lungs). Symptoms include cough accompanying yellow/grey phlegm, sore throat, wheezing and a blocked nose.

CUPPING THERAPY. Apply Medium cupping application to LU-1 Zhongfu and Ren-17 Tanzhong; Strong cupping method to P-4 Ximen and Du-14 Dazhui; Medium cupping to BL-12 Fengmen, Dingchuan Extra point and BL-13 Feishu (Fig. 13-3).

CARPAL TUNNEL SYNDROME

This condition is an obstruction or entrapment of the median nerve at the wrist, causing paraesthesia (numbness and tingling feeling, like pins and needles) and pain in the affected wrist and fingers.

TREATMENT PRINCIPLE. Clear the obstruction in the channels and return the normal flow of Qi and Blood to the wrist and fingers.

CUPPING THERAPY. Apply four to five Medium to Strong strength cups on the inner aspect of the arm starting 1 cun above the point P-4 Ximen, and terminating at P-8 Laogong, making sure that a cup is also placed on P-7 Daling (Fig. 13-4).

CHRONIC FATIGUE SYNDROME (ENCEPHALOMYELITIS)

Chronic fatigue syndrome (CFS), or encephalomyelitis (ME), as it is also known, affects many people of all ages. Yet many conventional doctors are refusing to recognize or acknowledge this condition as a disease. It is, however, quite a debilitating condition. The manifestations are disabling fatigue after a minimum of physical effort, headaches, muscular pains, gastrointestinal complaints, poor memory and difficulty in concentration, poor sleep patterns, catching colds several times a year, reduced immune system (CFS is sometimes described as the ‘immune system deficiency syndrome’), painful lymphatic glands and generally feeling unwell.

In TCM pathology, Dampness – especially the Damp-Heat type pathogen – is considered the primary cause of CFS/ME. Qi deficiency is the next major factor. Long-term Qi deficiency will almost always cause stagnation of various types, in particular Qi and Blood stagnation that may lead to physical symptoms such as pain as well as extreme tiredness. (For more detailed reading on the subject of CFS/ME, see the *Journal of Chinese Medicine* Issues 35, 40 and 44.)



FIGURE 13-4 Treating carpal tunnel syndrome.

TREATMENT PRINCIPLE

1. Resolve phlegm and clear pathogens such as Damp and Heat
2. Tonify and move the Qi in order to resolve Qi and Blood stagnation and improve the energy level.

CUPPING THERAPY

1. Apply short (10 minutes) of Empty to Light cupping to the Middle and Upper Zones twice a week
2. Apply short (10 minutes) of Light-moving cupping to the entire back, concentrating on the Bladder channel twice a week.

If memory and poor concentration are part of the complaint, try stimulating the Du Mai (Governing Vessel) either by applying Light-moving cupping or gentle massage on the channel (Fig. 13-5).

COLITIS

Colitis is an inflammation of the colon, also called ‘mucous colitis’ or ‘irritable bowel syndrome’, where the patient suffers pain and spasm of the muscles of the colon. Symptoms are: abdominal pain, diarrhoea, cramping, urgency, weight loss, change in the bowel habits, blood in the stools, distension and fatigue.

CUPPING THERAPY. Rub the entire abdomen and the back of the body with warm olive or sesame oil. Apply Light cupping on Ren-8 Shenque, Ren-10 Xiawan, Ren-12 Zhongwan, ST-25 Tianshu, Ren-3 Guanyuan, Ren-6 Qihai, ST-37 Shangjuxu, BL-20 Pishu, BL-49 Yishe and BL-28 Panguangshu. For children under the age of 14 years old, choose up to six treatment points per treatment, and employing Empty or Light cupping methods only (Fig. 13-6).

DEPRESSION

Emotional disturbances such as anxieties, phobias, mood swings and depression often accompany behavioural symptoms. Changes in sleep pattern, tension headaches, irritability, panic attacks, chest pains, general tiredness and altered appetite are common. Treatment depends on the particular situation. Psychotherapy or antidepressant medication, or both, are the standard treatments offered to patients within the mainstream medical system. Patients coming to complementary therapy clinics are those who are seeking a drug-free approach.

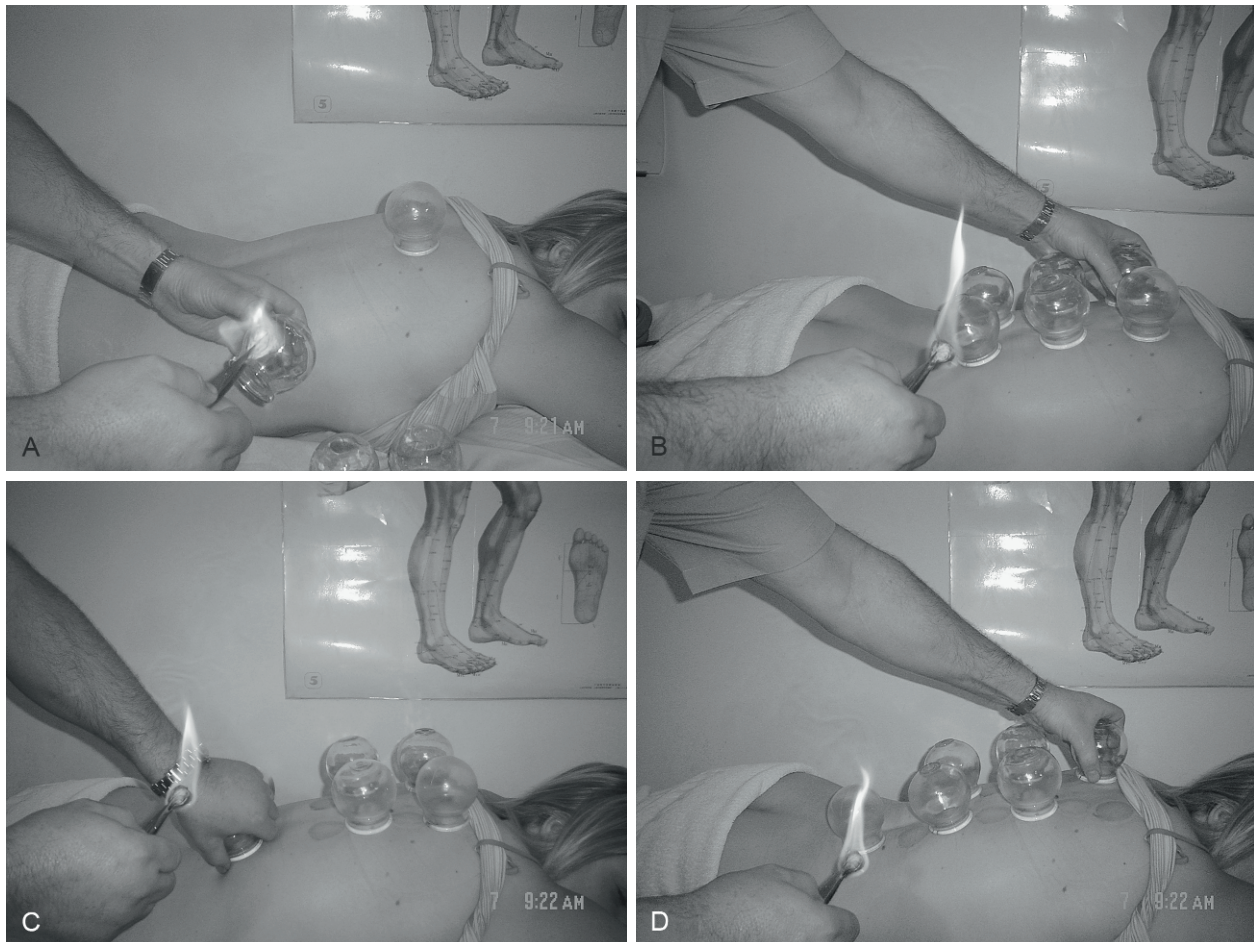


FIGURE 13-5 (A–D) Cupping therapy for chronic fatigue syndrome (encephalomyelitis).

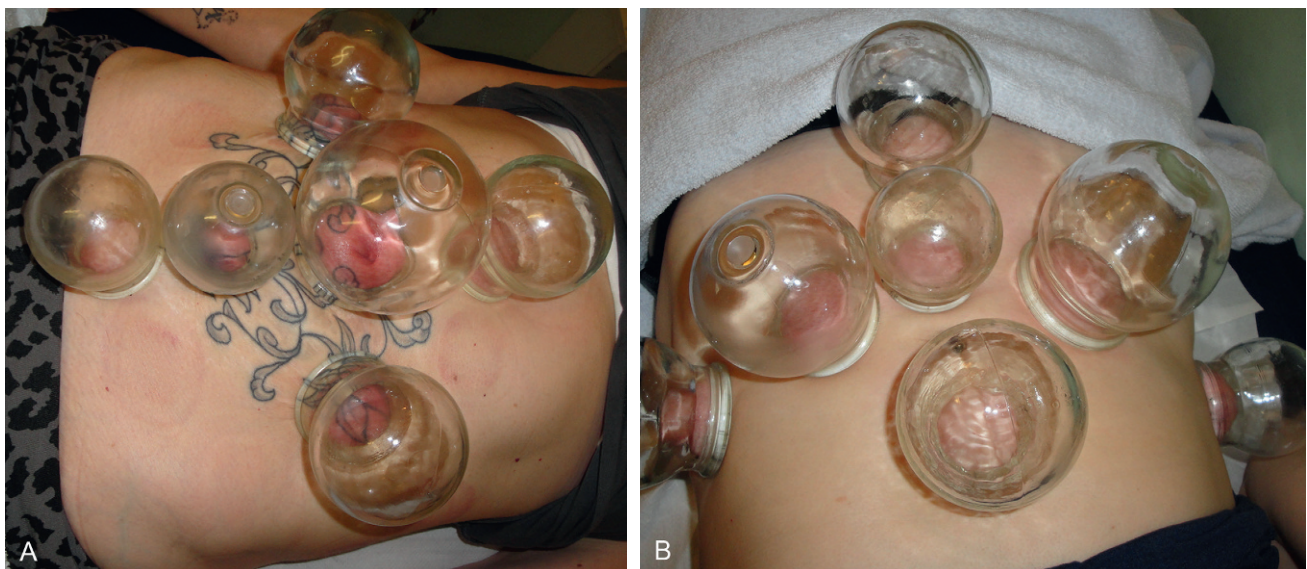


FIGURE 13-6 (A, B) Treating colitis.

As far as TCM is concerned, mental and emotional conditions are intimately linked to the Zang-Fu (Internal Organs) and reciprocally influence each other's energies. *Anger and frustration*, for instance, affect the Liver; *excessive joy* affects the Heart; excessive or *prolonged worry* affects the Lungs and the Spleen; long-term *pensiveness* affects the Spleen; long-lasting *sadness* or *grief* affects the Lungs; *fear*, even in the short term, affects the Kidneys; *shock*, again even a brief shock, can affect the Heart and the Kidneys; *love* (especially unreciprocated) affects the Heart; *hatred* affects the Heart and the Liver; continuous *craving* affects the Heart; long-term *guilt* affects the Kidneys and the Heart (Cui & Zhang, 1989). However, particular emphasis is placed upon the Liver (responsible for smooth flow of the Qi), the Heart (which houses the Shen-Spirit and the Mind) and the Spleen (responsible for Blood production). During cupping treatment, the above factors must also be taken into account.

Liver Pattern Qi Stagnation

Rebellious (i.e. flowing the wrong way) Liver-Qi and deficiency of Qi both cause Qi stagnation.

TREATMENT PRINCIPLE. In both cases the treatment should be directed towards *releasing and maintaining a smooth flow of the Qi*.

Rebellious (Excessive) Liver-Qi Causing Stagnation

Symptoms include frustration, short temper, red eyes, restlessness, depression, anger, intolerance and a feeling of fullness in the chest; they also include premenstrual tension and breast distension in women.

CUPPING THERAPY. Apply Medium to Strong Moving cupping to the Middle and Upper Zones, concentrating on the Bladder meridian.

CUPPING DURATION. Up to 15 minutes on each side.

Deficiency of Qi Causing Stagnation

Symptoms include pale appearance, depression, apathy, inward personality, lack of spirit and exhaustion.

CUPPING THERAPY. Apply Light to Medium Moving cupping to the Middle and Upper Zones, concentrating on the Bladder meridian.

CUPPING DURATION. Up to 10 minutes on each side.

Heart Patterns

Disturbed Shen-Spirit due to inability of the Heart to store the Shen. Symptoms include depression, palpitations, weepiness, restlessness (especially during the night), nightmares or unpleasant dreams, waking up and not being able to get back to sleep.

TREATMENT PRINCIPLE. Nourish the Heart, calm the Mind and restore the free flow of the Qi.

Alongside the cupping therapy, Heart-nourishing herbal prescriptions are an essential component of this pattern. Cupping strength should be determined according to the patient's energetic condition.

CUPPING THERAPY. BL-13 Feishu, BL-15 Xinshu and BL-17 Geshu should be cupped for 3–4 weeks followed by a further 3–4 weeks of Medium Moving cupping to the Upper Zone.

Spleen Patterns

Overwork, too much thinking, constitutional weaknesses, poor diet and worry all damage the Spleen's ability to transform and transport the Body Fluids, leading to accumulation of Fluids, particularly Phlegm, which 'clouds the Mind' causing diarrhoea, nausea, dizziness, confusion, relentless talking and mental confusion.

TREATMENT PRINCIPLE. Tonify the Spleen, resolve Phlegm and restore the free flow of the Qi.

CUPPING THERAPY. The strength of cupping therapy should depend on the energetic condition of the patient: BL-18 Ganshu, BL-20 Pishu and BL-23 Shenshu. This should be followed by Light to Medium Moving cupping to the Lower and Middle Zones.

CUPPING DURATION. Between 10 and 20 minutes (Colour Plate Figure 23).



FIGURE 13-7 (A, B) Treating diarrhoea.

DIARRHOEA

Children Under 4 Years of Age

Using olive oil, *massage by hand* the entire abdomen using an anticlockwise movement around the umbilicus Ren-8 Shenque, for about 5 minutes. This exercise can be repeated several times a day.

Children Over 4 Years of Age

Oil the abdomen with olive oil and using rubber cups apply Light-moving cupping (anticlockwise) concentrating around the umbilicus for 1 minute. This treatment can be repeated two to three times per day (Fig. 13-7).

EYE CONDITIONS

Dropped Eyelid (Ptosis)

This condition is a drooping of the upper or the lower eyelid. It is caused by the weakening of the lifting muscles (levator and superiortarsal). It can affect one or both eyes and is more common in the elderly. Congenital ptosis is where a person is born with the condition.

CUPPING THERAPY. Apply Medium cupping technique to the above points starting from 2 minutes and progressively increasing to 15 minutes per application. Yintang Extra point, Taiyang Extra point, GB-14 Yangbai, GB-4 Hanyan and Moxa cupping on Ren-8 Shenque (Fig. 13-8).

Conjunctivitis

This condition is the inflammation of the conjunctiva (a transparent membrane which covers the front of the eyeball and the inside of the eyelids). This disorder is often caused by an irritation such as allergies or environmental pollution, pollen, dust and electrical flares. Symptoms are red, itchy, burning eyes with profuse lacrimation.

CUPPING THERAPY. Conjunctivitis and ophthalmitis caused by the use of electric flashes are treated by cupping to LI-4 Hegu, LI-15 Jianyu, Du-14 Dazhui and ST-12 Quepen (Cui & Zhang, 1989) (Fig. 13-9).

Lacrimation

Wind-lacrimation is treated by local acupuncture and cupping over Taiyang Extra (Cui & Zhang, 1989) (Colour Plate Figure 27).

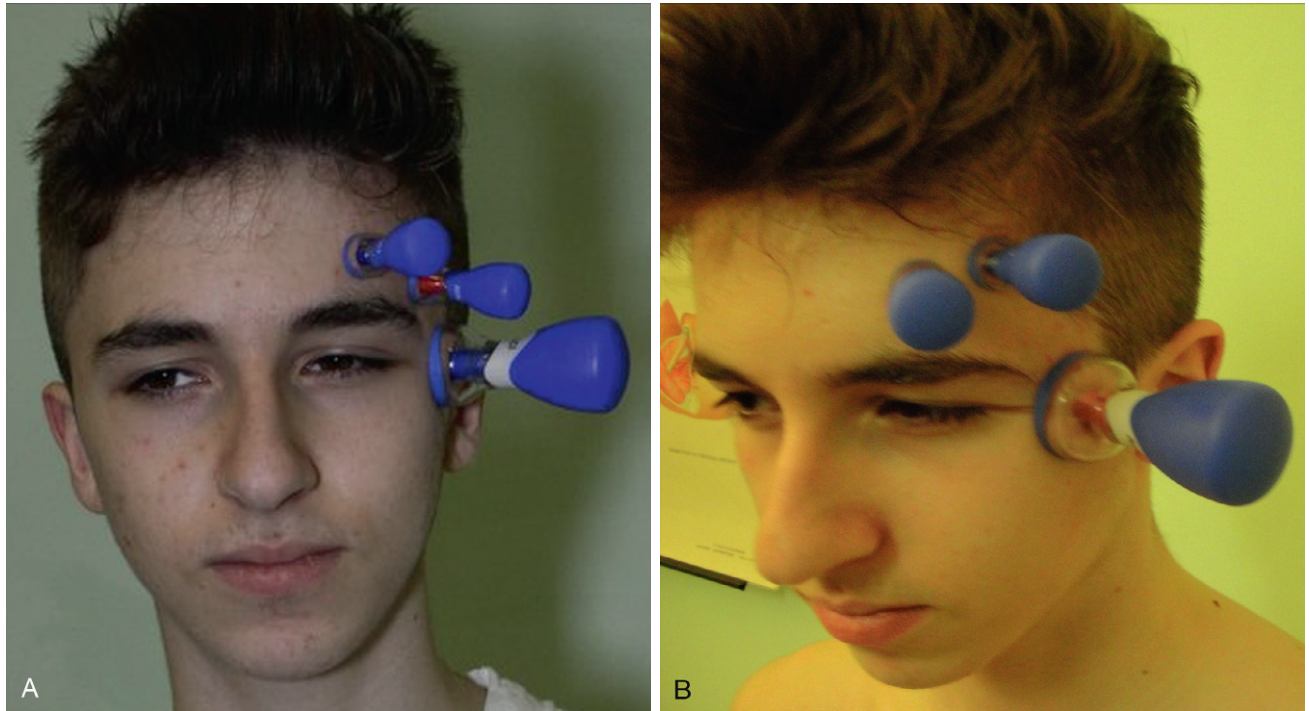


FIGURE 13-8 (A, B) Treating eyelid ptosis.



FIGURE 13-9 Treating conjunctivitis.

EPILEPSY

This is a chronic condition of the nervous system in which convulsions and loss of consciousness occur owing to chaotic brain activity. The main symptoms of epilepsy are repeated seizures, which can happen during the waking consciousness or whilst asleep.

CUPPING THERAPY. Apply Moving cupping on Ren-17 Tangzhong towards Ren-15 Jiuwei and along the Spleen channel from SP-9 Yinlingquan towards SP-8 Dijì and SP-7 Lougu. Apply Bleeding cupping to Du-2 Yaoshu. Also add acupuncture to Du-1 Changqiang using perpendicular insertion to 1 cun (Fig. 13-10).

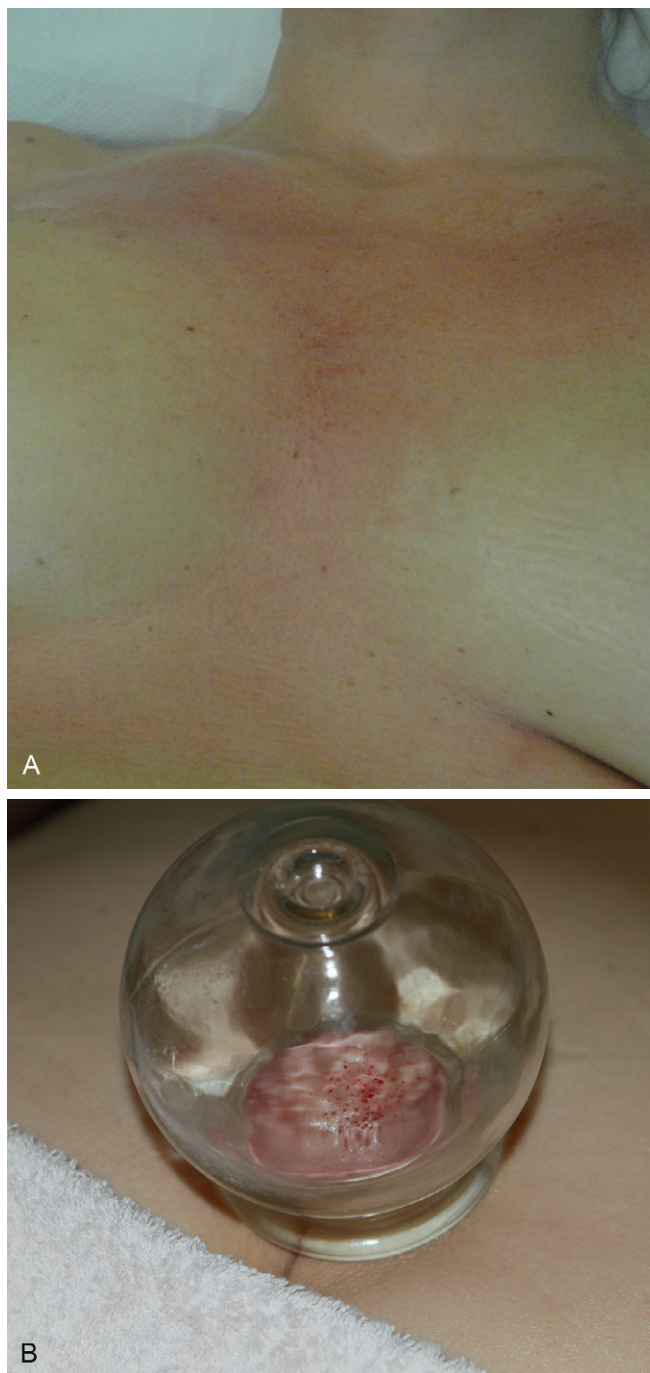


FIGURE 13-10 (A, B) Treating epilepsy.

FEMALE CONDITIONS

Amenorrhoea

This is the absence of one or more menstrual periods by 14 years of age in women and girls. Amenorrhoea is normal during pregnancy, breastfeeding, and after the menopause, but otherwise unusual in adult women.

CUPPING THERAPY. To the front of the body; apply Moving cupping from the point umbilicus Ren-8 Shenque towards Ren-2 Qugu. Also across the lower abdomen use Moving cupping on SP-12 Chongmen from Left to the Right side of the abdomen, and Medium cupping on Liv-11 Yinlian. To the back of the body, apply Moving cupping from left BL-53 Baohuang to the right Baohuang, and finally apply Medium cupping on SP-6 Sanyinjiao (Fig. 13-11).



FIGURE 13-11 (A, B) Treating female conditions.

Breast Pain During Menstruation

Breast pain during the menstruating cycle is quite a common occurrence. In some women the breasts also swell and enlarge. The most common cause is believed to be an imbalance between the hormones oestrogen and progesterone.

CUPPING THERAPY. Using rubber or silicon cups, apply Light-moving cupping to the painful breast starting from under the clavicle and moving the cup following the sternum towards the ST-18 Rugen point under the breast. Apply Light-moving cupping to the Sanjiao (Triple Burner/Warmer) meridian, starting from SJ-8 Sanyangluo and moving towards SJ-5 Waiguan (Fig. 13-12). Also apply Medium cupping to SP-6 Sanyinjiao.

Female Infertility

Over the years I have employed cupping therapy in conjunction with acupuncture and moxibustion, in many cases quite successfully, to treat infertility problems. The whole experience can take an excessive toll on the patient's mental, emotional and physical states, often involving and testing the entire relationship between partners undergoing any form of assisted conception therapy. Failure to have children



FIGURE 13-12 Treating breast pain during menstruation.

after 2–3 years of marriage, despite both partners being healthy, is sufficient to be considered infertile (Cui & Zhang, 1989).

Aetiology and Pathology

According to TCM aetiology, there are five pathological conditions that can cause infertility in women:

- Kidney deficiency
- Liver-Qi stagnation
- Phlegm-Dampness
- Blood stagnation
- Cold uterus.

Kidney Deficiency

KIDNEY-YANG DEFICIENCY. Clinical manifestations include infertility, feeling tired (especially as the day progresses), long-term back pain, a prolonged menstrual cycle with scanty periods with a light-coloured discharge or amenorrhoea, dizziness, weakness of the legs, lack of sexual desire, loose stools, a pale tongue with a white coating, a general feeling of cold and colourless facial features. However, not all the symptoms are expected to be present at the same time.

KIDNEY-YIN DEFICIENCY. Clinical manifestations include infertility, a short menstrual cycle with scanty, clear-red flow, dizziness, palpitations, insomnia, irritability, dry mouth or vagina, heat sensation in the palms, soles and chest, and a red tongue with little coating.

Liver-Qi Stagnation

Clinical manifestations include infertility, mental depression, aggression or short temper, early or late (irregular) periods, dark-coloured scanty periods (usually with clots), dysmenorrhoea, sighing, premenstrual distension and tender breasts, a normal or dark-red tongue body with a thin, white coating.

Phlegm-Dampness

Clinical manifestations include infertility, obese constitution, long history of Phlegm condition, feelings of tiredness with heaviness, prolonged menstrual cycle, sticky vaginal discharge, pale complexion, dizziness, nausea, and a pale/white tongue body with a sticky coating.

Blood Stagnation

Symptoms include infertility, dysmenorrhoea accompanied by cramps, prolonged bleeding with scanty and dark flow with clots, and a dark-purplish tongue body, sometimes accompanied by dark-red spots.

Cold Uterus

Symptoms include infertility, scanty periods with prolonged discharge and dark clots, cold lower abdomen with pain that is relieved by hot-water bottle application, and a pale/white tongue body with no coating.

TREATMENT PRINCIPLE. As well as addressing the above differentiations, one must not underestimate and overlook the importance of the *Ren Mai* (*Conception Vessel*) and *Chong Mai* (*Directing Vessel*), the two extraordinary channels responsible for the health of the uterus, which may affect the outcome of the treatment (Low, 1983). Together with Kidney-Qi, the Ren Mai and Chong Mai are responsible for nourishing the Uterus and assisting the fertility treatment by harmonizing both channels, as illustrated below.

Treatment

Kidney Deficiency

TREATMENT PRINCIPLE. Tonify the Kidney-Qi and regulate the Ren Mai and Chong Mai.

CUPPING THERAPY. Ren-4 Guanyuan, Ren-6 Qihai, K-11 Henggu, ST-30 Qichong, GB-26 Daimai, BL-23 Shenshu and BL-52 Zhishi (Fig. 13-13).

Liver-Qi Stagnation

TREATMENT PRINCIPLE. Disperse Liver-Qi Stagnation, tonify the Kidney-Qi and regulate the Ren and Chong channels.

CUPPING THERAPY. Liv-13 Zhangmen, Liv-9 Yinbao or SP-6 Sanyinjiao, ST-30 Qichong, Ren-4 Guanyuan, Ren-6 Qihai, BL-23 Shenshu and BL-52 Zhishi.

Phlegm-Damp

TREATMENT PRINCIPLE. Remove Phlegm-Damp, tonify the Kidney-Qi and regulate the Ren and Chong Mai.

CUPPING THERAPY. Ren-12 Zhongwan, SP-6 Sanyinjiao or SP-9 Yinlingquan, ST-30 Qichong, Ren-4 Guanyuan, BL-20 Pishu, BL-23 Shenshu and BL-52 Zhishi (see Fig. 13-13C).

Blood Stagnation

TREATMENT PRINCIPLE. Remove Blood Stagnation, tonify the Kidney-Qi and regulate the Ren Mai and Chong Mai.

CUPPING THERAPY. ST-30 Qichong, Ren-4 Guanyuan, K-11 Henggu, SP-10 Xuehai, BL-17 Geshu, BL-23 Shenshu and BL-52 Zhishi (see Fig. 13-13D).

Cold Uterus

TREATMENT PRINCIPLE. Warm the uterus, tonify the Kidney-Qi and regulate the Ren Mai and Chong Mai.

CUPPING THERAPY. Hot Needle cupping technique on Ren-12 Zhongwan, Ren-4 Guanyuan, Ren-6 Qihai, K-11 Henggu, ST-30 Qichong, BL-23 Shenshu and BL-52 Zhishi (see Fig. 13-12E).

COMMENT

Moxibustion application with a moxa stick or a moxa box is extremely effective and beneficial when dealing with any form of Cold pathological condition. I would therefore urge practitioners not to overlook the importance of the warming and healing properties of moxibustion treatment.

Heavy Periods (Menorrhagia)

This is excessive bleeding during the menstrual period, which can be emotionally and physically very distressing. Some of the symptoms are: extreme tiredness, shortness of breath, palpitations and headache.



FIGURE 13-13 (A-F) Treating female infertility.

CUPPING THERAPY. Using small cups (no. 1 or 2), apply Strong cupping on SP-3 Taibai or SP-4 Gongsun, and Medium cupping on Ren-6 Qihai, SP-10 Xuehai, Liv-8 Quguan, BL-18 Ganshu and BL-23 Shenshu (Fig. 13-14).

Female Sexual Frigidity

Sexual frigidity is described as the inability to experience orgasm or sexual pleasure, or the absence of sexual desire. Causative factors can vary from the emotional to the physical. In TCM, however, frigidity in women is often differentiated into two major pathologies:

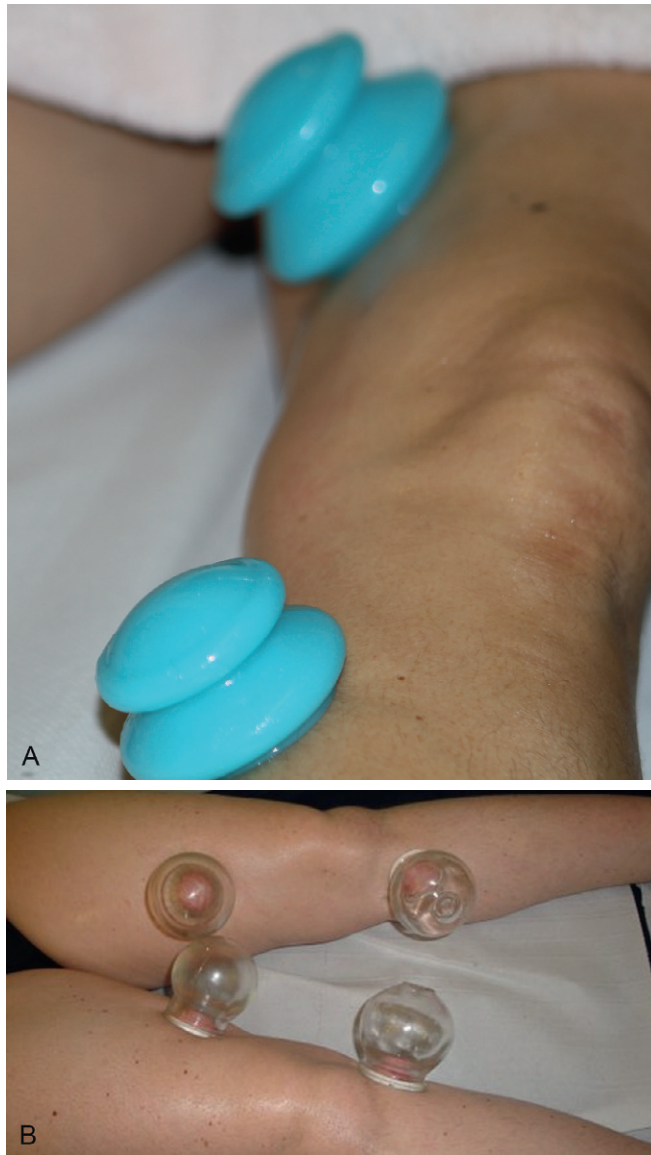


FIGURE 13-14 (A, B) Treating heavy periods (menorrhagia).

- 1. Cold-type frigidity (Kidney-Yang deficiency):** Clinical manifestations include frigidity, tiredness, feeling of cold in the lower abdomen or in the vagina, low libido and a pale tongue with a thin coating
- 2. Hot-type frigidity (Liver-Qi stagnation):** Clinical manifestations include frigidity, painful coitus, feeling of heat or itching in the vaginal region, restless with a short temper and a red to purple tongue body without coating.

Both pathological factors have a profound effect on the pelvic organs and associated energies that control sexual desire.

Kidney-Yang Deficiency

TREATMENT PRINCIPLE. Regulate the Ren Mai and Chong Mai and tonify the Kidney-Yang by warming the Lower Jiao.

CUPPING THERAPY. Apply Hot Needle cupping method on the lower abdomen and the lower back of the body, concentrating particularly on Ren-4 Guanyuan, Ren-6 Qihai, ST-30 Qichong, GB-25 Jingmen, BL-23 Shenshu and BL-20 Pishu. Treatment should be carried out two or three times a week for 5 weeks, subsequently reducing to once a week for a further 5 weeks.

MOXIBUSTION. Moxibustion should also be employed quite frequently during the treatment, in particular to the lower abdominal points as well as the lower back points with the addition of Du-4 Mingmen (Fig. 13-15A).

Liver-Qi Stagnation

TREATMENT PRINCIPLE. Dissipate Liver-Qi stagnation, harmonize the Ren Mai and Chong Mai and calm the Mind.

CUPPING THERAPY. Apply Light to Medium cupping method on Liv-5 Ligou, Liv-13 Zhangmen, GB-25 Jingmen, Ren-4 Guanyuan, Ren-6 Qihai and ST-30 Qichong. To the back of the body apply bilateral Moving cupping method to the Bladder channel, starting from BL-15 Xinshu and ending level with BL-28 Panguangshu. Treatment should be given twice a week for 5 weeks, then reducing the frequency to once a week for a further 5 weeks (see Fig. 13-15B).

Mastitis

Mastitis is inflammation of and pain in the breast. This condition is most common in breastfeeding women. However, some women who are not breastfeeding can also develop it.

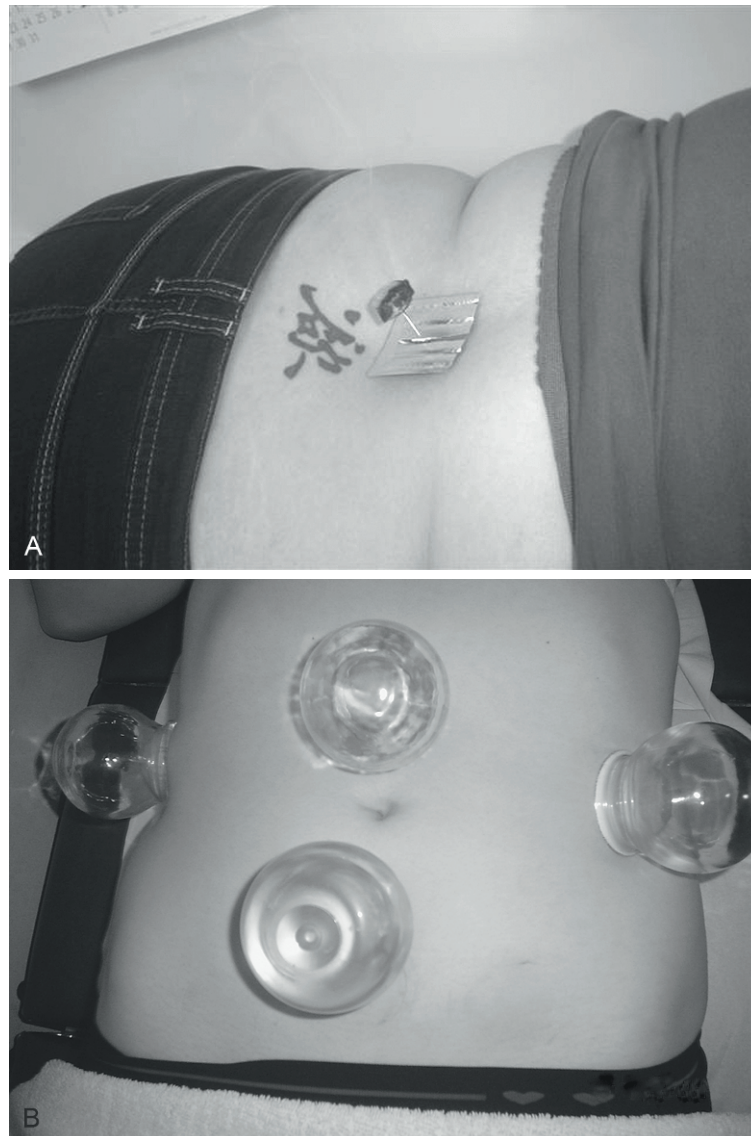


FIGURE 13-15 (A, B) Treating sexual frigidity.

CUPPING THERAPY. Apply Medium cupping to GB-21 Jianjing, and Medium strength Moving cupping to the outer Bladder channel between the points BL-44 Shentang, BL-45 Yixi and BL-46 Geguan. Finally, apply Bleeding cupping on LI-11 Quchi (Fig. 13-16).

Pelvic Inflammation

Pelvic inflammation disease (PID) is a general term to describe an infection that passes from the vagina through the neck of the cervix to the uterus and to the fallopian tubes and/or ovaries. This condition can lead to infertility in women.

CUPPING THERAPY. Apply Medium cupping to ST-30 Qichong, Liv-11 Yinlian and SP-10 Xuehai. Apply Medium to Strong cupping to Du-2 Yaoshu and Du-3 Yaoyangguan. Apply Moving cupping to the Ciliao points from BL-31 Shangliao to BL-35 Huiyang (Fig. 13-17).



FIGURE 13-16 Treating mastitis.



FIGURE 13-17 Treating pelvic inflammation (PID).

Vulvitis

Vulvitis is an inflammation of the vulva, which includes the external female organs such as the labia, clitoris and entrance to the vagina. Vulvitis produces intense local irritation. Apply four cups using Medium cupping method from Liv-11 Yinlian to Liv-8 Quguan, Medium cupping on SP-6 Sanyinjiao and finally Bleeding cupping to LI-11 Quchi and Liv-3 Taichong (Fig. 13-18).

FORGETFULNESS

Forgetfulness, also called amnesia, is a recurrent failure to remember events and information that people are normally able to recall. It is a normal part of ageing, but can be distressing for both the patient and the immediate family.

CUPPING THERAPY. Start the treatment with a moxibustion treatment to Du-20 Baihui. If there is no hair on the scalp, continue the treatment with Strong cupping on the same point. Apply Moving cupping to both inner and outer Bladder channels on the back (Fig. 13-19). Finally, apply Strong cupping on K-3 Taixi.



FIGURE 13-18 Treating vulvitis.

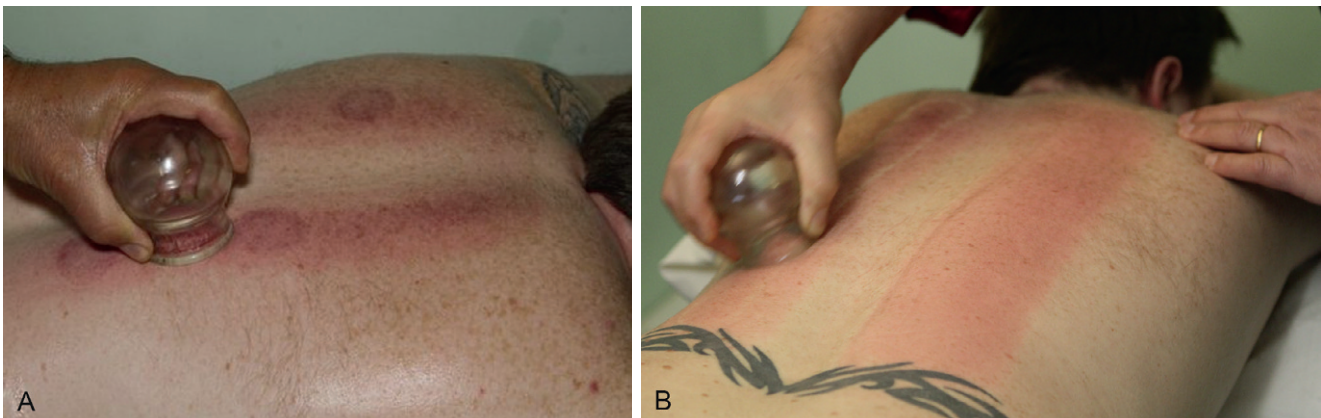


FIGURE 13-19 (A, B) Treating forgetfulness.

GOUT

Gout is considered to be a disorder of the metabolism, in which there is an excessive build-up of uric acid in the blood. Symptoms are a sudden and intense pain in one or more joints, typically the big toe.

CUPPING THERAPY. Apply Moving cupping to the Bladder channel on the back of the body. Apply Bleeding cupping to the affected joint. Avoid foods that are high in purines and drink plenty of water (2–3 litres per day) (Fig. 13-20).

HANGOVER

Overindulgence in alcohol consumption completely disrupts the entire Qi mechanism, including the direction of Qi movement. It causes dehydration, which in turn leads to Yin deficiency such as Liver- and Kidney-Yin vacuity and Empty Heat. Also the Spleen-Qi is destroyed owing to improper diet and eating habits, which is reflected in the skin texture and the overall complexion. As a result, the Qi becomes inadequate as well as rebellious (i.e. moving in the wrong direction) and restless. This complete confusion of the Qi system is the main cause of the 'sick' feeling described as a 'hangover' the next day. The symptoms of hangover can vary enormously from person to person. Some people may display more physical than psychological symptoms, and vice versa.

TREATMENT PRINCIPLE. The overall priority is to restore and regulate the smooth flow of the Qi of the Zang-Fu before dealing with other symptoms such as Empty Heat and Yin or Yang deficiency of various Zang-Fu organs.

CUPPING THERAPY. Apply Light-moving cupping for 10 minutes to the Ren Mai starting from Ren-3 Zhongji and finishing at Ren-15 Jiuwei. Apply Gua Sha technique (or massage) to Ren-17 Shanzhong for a further 5 minutes, moving towards the mouth. To the back of the body, apply a further 15 minutes of Moving cupping technique to both Bladder channels and the Du Mai if possible. Repeat this treatment up to three times a day if the symptoms persist (Colour Plate Figure 24).

HEADACHE/MIGRAINE

Headaches are probably the most common of all complaints seen in the clinic; between 6 and 12% of adults experience a headache at least once a week. The pain experienced can vary in intensity from



FIGURE 13-20 Treating gout.

person to person, from 'mild' headache to a 'severe' debilitating type. The causes of headaches can be emotional as well as physical. Identifying the underlying cause will help determine the treatment modality and the medication. In children, headaches that occur alongside a fever should be taken more seriously as this could be an indication of meningitis (inflammation of the meninges), which can have serious consequences. The majority of adult headaches are harmless and of very little significance.

The most common factors that bring on headaches are worry in various forms (in particular over finances), tension, tiredness and emotional upset. Less commonly, a headache may accompany an infection, such as of the teeth or sinuses. Some eye conditions can also precipitate headaches. *Migraine* is a special type of severe headache that usually affects only one side of the head and is frequently accompanied by other symptoms, such as nausea, vomiting and vision disturbance.

In this section the most commonly seen headache patterns are shown in the cupping therapy protocol. The differentiations of headache will not be discussed, however, as this is a vast subject and beyond the scope of this book.

CUPPING THERAPY. For frontal headaches, treatment by cupping of Taiyang Extra and Yintang Extra (acupuncture) is administered. For migraine, cupping on Taiyang Extra and Du-14 Dazhui is administered (Cui & Zhang, 1989) (Fig. 13-21).

HICCUPS

This condition is considered as rebellious Stomach-Qi rising upwards (whereas Stomach-Qi normally travels downwards).

Treatment

ACUPUNCTURE. A reducing method of acupuncture is applied to regulate, pacify and direct the Stomach-Qi downward: Ren-12 Zhongwan, P-6 Neiguan, ST-36 Zusanli, Ren-17 Shanzhong and BL-17 Geshu (Chen & Deng, 1989).

CUPPING THERAPY. After removing the needles, Medium to Strong cupping is applied to Liv-13 Zhangmen, Ren-12, Ren-17 and BL-17. The hiccups have reportedly stopped completely after 30 minutes (Fig. 13-22; see also Colour Plate Figure 25).

INSOMNIA

An inability to sleep, or regularly waking up after going to sleep, waking up tired and disturbed sleep patterns are all indications of insomnia. In TCM, the relationship between the Body and Mind is very intimate. For instance, Blood deficiency or Fire (especially Heart Fire) will have a profound effect on



FIGURE 13-21 (A,B) Treating headache.

the Mind. Anger or frustration will affect the Liver's energies, leading to restlessness and agitation. Therefore, when treating insomnia, the underlying cause should be investigated and treated accordingly.

CUPPING THERAPY. Insomnia is treated by cupping in conjunction with massage to the same points: BL-15 Xinshu, BL-17 Geshu and BL-23 Shenshu (Colour Plate Figure 26).

MALE SEXUAL COMPLAINTS

Erectile Dysfunction

Erectile dysfunction is the inability to get and maintain an erection to achieve a satisfactory penetration during intercourse.

CUPPING THERAPY. Apply Medium to Strong cupping methods on BL-17 Geshu, BL-20 Pishu, BL-23 Shenshu, Du-2 Yaoshu, Du-3 Yaoyangguan and Du-4 Mingmen. Apply Weak or Medium cupping to Ren-3 Zhongji, Ren-4 Guanyuan and Ren-6 Qihai. Apply Light-moving cupping to the Liver meridian starting from Liv-13 Zhangmen and working towards the Liv-12 Jimai point (Fig. 13-23).



FIGURE 13-22 Treating hiccups.

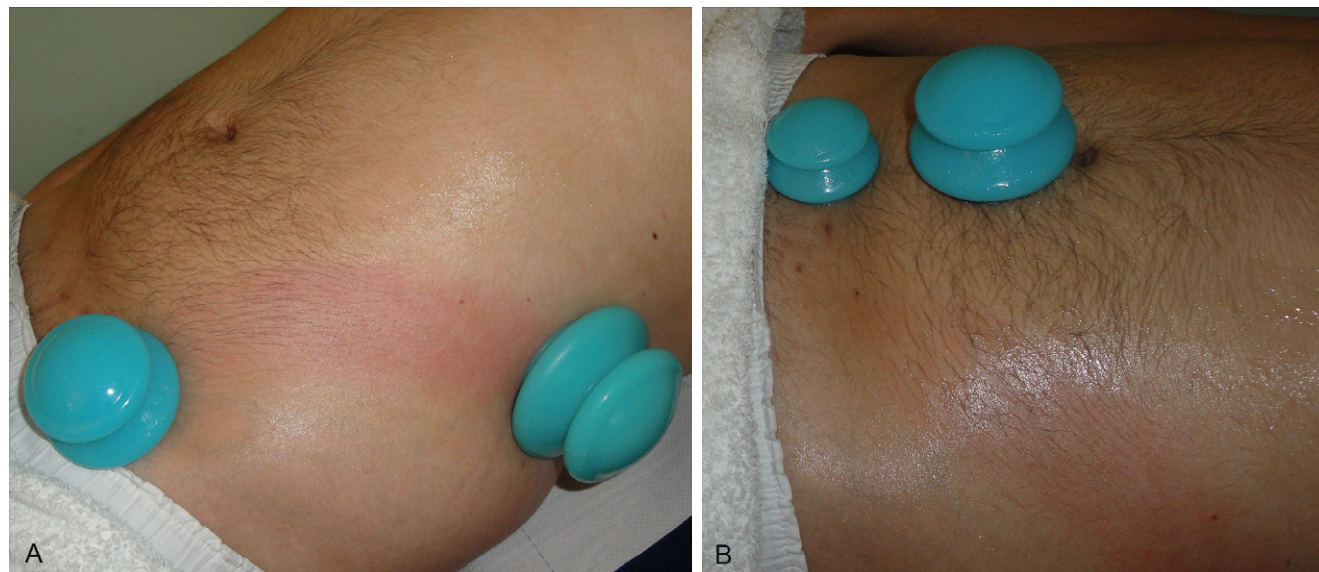


FIGURE 13-23 (A, B) Treating erectile dysfunction.

Male Infertility

Male infertility is considered when a couple cannot conceive after 1 year of regular intercourse without any form of protection.

CUPPING THERAPY. Apply Moving cupping to the five Ciliao points from BL-31 Shangliao to BL-35 Huiyang and the outer Bladder channel between the points of BL-52 Zhisi and BL-41 Fufen. Apply Moxa cupping to BL-23 Shenshu and Du-4 Mingmen, and Medium cupping to Ren-2 Qugu, Ren-3 Zhongji, Ren-4 Guanyuan and Ren-6 Qihai. Apply Moxa cupping to the same points if a Cold pattern exists (Fig. 13-24).

Prostatitis

Prostatitis is a general term to describe inflammation or infection of the prostate gland.

Symptoms can vary from individual to individual including: pain in the pelvis, lower back, or when passing urine, frequent urination (day and night), difficulty in urinating, and pain when ejaculating and high temperature (above 38°C).

CUPPING THERAPY. Apply Strong cupping to LI-4 Hegu and LI-11 Quchi, Medium cupping to Liv-8 Quguan, and Moving cupping between the points SP-7 Lougu and SP-6 Sanyinjiao (Fig. 13-25).

MUMPS

Mumps – also known as *infectious parotitis* – is mostly seen in children with fever and swelling in the salivary glands. This highly infectious viral illness characteristically begins with painful swelling of the parotid salivary glands. Following a 2–3-week incubation period there may be low fever, muscular pain and headaches. In TCM, mumps is described as ‘rising of Wind-Damp infection’ (Scott, 1991).

CUPPING THERAPY. Mumps is treated by applying Water cupping over the swollen glands, with good results (Fig. 13-26).



FIGURE 13-24 Treating male infertility.



FIGURE 13-25 (A–C) Treating prostatitis.

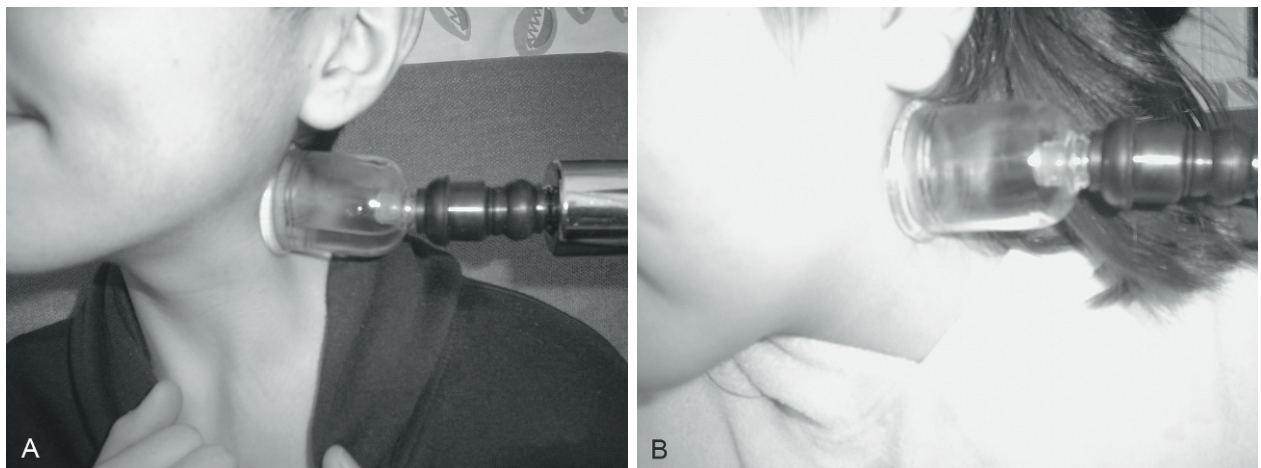


FIGURE 13-26 (A, B) Treating mumps.

NIGHT SWEATING (HYPERHIDROSIS)

Hyperhidrosis is a common condition where a person sweats excessively even when the room isn't excessively hot.

CUPPING THERAPY. Apply 'A' cupping to the upper back (see Fig. 12-7), Strong cupping to Du-14 Dazhui and BL-15 Xinshu, and Moving cupping to the Pericardium channel between the points P-7 Dailing and P-4 Ximen. Finally apply Moxa cupping on Ren-8 Shenque (Fig. 13-27).

POOR APPETITE

Adults

A decrease in appetite could be the result or a sign of emotional or physical condition; explore and if possible treat that first.

CUPPING THERAPY. Apply Moxa cupping on Ren-8 Shenque, and Medium cupping to Ren-12 Zhongwan, Ren-6 Qihai, Liv-13 Zhangmen and Liv-14 Qimen. Apply Light-moving cupping to the entire Bladder channel on the back of the body (Fig. 13-28).



FIGURE 13-27 Treating night sweating (hyperhidrosis).



FIGURE 13-28 Treating poor appetite (adults).

Children

Short-term loss of appetite in children should present no health problem. However, sometimes parents – particularly those from Far Eastern, Middle Eastern and the Mediterranean countries – react dramatically to the problem far too early, acting as if the child has an ongoing appetite problem. In fact in most cases there is no cause for alarm. Children, like adults, lose their normal appetite from time to time and take less interest in food. A sudden loss of appetite in the very young (0–2 years old) should be taken more seriously, however, especially when accompanied by a simultaneous lack of bowel movement.

CUPPING THERAPY

Under 4 years old. Massage the chest and the entire abdominal region of the child using a *clockwise* movement. Using the entire Bladder channel on the back of the body, apply massage oil and massage gently with a minimum of pressure on the Bladder channel for 2–3 minutes, using the index and the middle fingers (Fig. 13-29).

Over 4 years and under 7 years old. Apply olive oil to the back of the body and administer Light-moving cupping on the Bladder channel for 2 minutes, preferably using silicon or rubber cupping apparatus (Fig. 13-30).



FIGURE 13-29 (A, B) Treating poor appetite (under 4 years old).



FIGURE 13-30 Rubber cupping apparatus.

PROLAPSE OF THE BLADDER AND THE UTERUS

Bladder Prolapse

Both the bladder and the uterus are held in place by muscular layers and ligaments much like a 'hammock'; this is called the 'pelvic floor'. When the pelvic floor is damaged and becomes weak it fails to hold the organs in place, causing prolapse. The most common contributory factors are heavy lifting, pregnancy, obesity, surgical interventions to the pelvic organs (e.g. hysterectomy) and age (with age all muscles and ligaments become weaker). Symptoms include pain in the lower back, heaviness with a pulling sensation in the vaginal area, incontinence with lifting or coughing, the need to urinate frequently, exertion during a bowel movement and pain during sexual intercourse.

As far as TCM is concerned, all prolapses (including those of the vagina and rectum) are due to Kidney-Yang deficiency (i.e. failure of Kidney-Yang to 'lift and hold upright' the urogenital organs). Therefore, alongside cupping therapy, Kidney-Yang tonifying herbs and acupuncture should also be applied as part of the treatment.

CUPPING THERAPY. Apply Medium to Strong cupping to Ren-3 Zhongji, ST-30 Qichong, BL-26 Guanyuanshu and BL-28 Pangguangshu (Colour Plate Figure 28).

Prolapse of the Uterus

CUPPING THERAPY. Apply Medium to Strong cupping to Ren-6 Qihai, K-12 Dahe, ST-29 Guilai, Du-3 Yaoyangguan and BL-26 Guanyuanshu (Colour Plate Figure 29).

PSORIASIS

Psoriasis is a common skin condition that can occur at any age. The lesions are bright red in colour, have clearly defined edges and a silvery scale. Typically the lesions are symmetrical, but any part of the body can be involved.

TREATMENT PRINCIPLE. Disperse and clear the Damp/Heat from the lesions as well as the body.

CUPPING THERAPY. Apply Bleeding cupping method to one lesion at a time. Using a plum-blossom needle, bleed the borders and the middle of a lesion and apply Strong cupping on the bled location. Allow some blood to exude from the location before terminating the cupping. Reapply the same cupping protocol on each visit until very little or no blood is exuding from the lesion. This mode of treatment helps to remove and disperse the Damp-Heat and the Heat-poison from the location, allowing a normal skin to grow back (see also Chapter 12, Skin Complaints) (Fig. 13-31).

RESTLESSNESS AND HYPERACTIVITY

Under 4 years old

Massage the chest and the abdominal region of the child with olive oil. Turn the child over and oil the entire back, again using olive oil. Concentrating on the Bladder channel, massage the back applying gentle pressure on this channel. This action 'opens and regulates' the Bladder channel, resulting in relaxation and removal of Heat pathogen from the body. This action can be repeated up to three or four times a day.

Over 4 and under 7 years old

Apply Light-moving cupping (preferably using rubber cups) for not more than 1 minute to the back of the body on the Bladder channel (bilaterally) (Fig. 13-32).

TRIGEMINAL NEURALGIA

Trigeminal neuralgia, also known as tic douloureux and facial neuralgia, is pain in the trigeminal nerve, which sends a stabbing and severe pain shooting across the face.



FIGURE 13-31 (A–C) Treating psoriasis: (D) After treatment.

CUPPING THERAPY. Apply Strong cupping to LI-4 Hegu and SJ-17 Yifeng. Apply Light or Medium cupping to GB-2 Tinghui, ST-6 Jiache and ST-7 Xiaguan.

TOOTHACHE

Toothache is treated by cupping over Du-11 Dashu, ST-6 Jiache and ST-7 Xiaguan, massage over SJ-17 Yifeng and acupuncture to LI-4 Hegu (Cui & Zhang, 1989) (Colour Plate Figure 31).

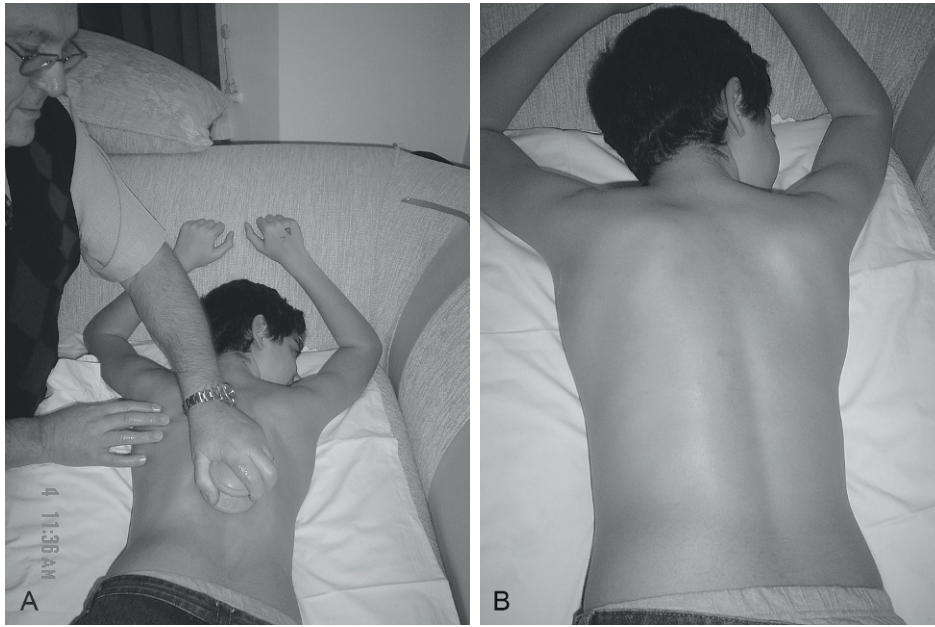


FIGURE 13-32 (A,B) Treating restlessness.

TORTICOLLIS (WRY NECK)

Torticollis (also known as wry neck) is due to the involuntary contractions of neck muscles, where the head is twisted to one side by tightening of the sternocleidomastoid muscle. Head deviation to one side, shaky head, neck pain and abnormal posture are among the symptoms. In TCM, torticollis is considered as Wind attack that injures the channels.

CUPPING THERAPY. Treatment is aimed at removing the Wind factor from the channel involved by using acupuncture, moxibustion and cupping therapy.

Torticollis is treated by applying acupuncture to GB-39 Xuanzhong in an upward direction, followed by cupping therapy to the affected site (Cui & Zhang, 1989) (Colour Plate Figure 32).

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SPORTS INJURIES

14

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INTRODUCTION

Sports injuries are quite common, especially for people who tend to be active or exercise a lot. Over the years I have treated numerous sportsmen/women, applying cupping therapy in conjunction with acupuncture and many times on its own with numerous benefits to the athlete. Although many sportsmen/women come seeking help as a result of an injury, I have also treated many, and in particular long-distance (endurance) runners, *before* the event took place. Without any overstatement, I can testify that almost all athletes reported some form of improvement to their overall health, including feeling 'refreshed', 'light' and 'more flexible', and having 'less pain' and 'more energy'. For the reasons I have listed below, I believe cupping therapy can be employed quite successfully during the management phase of many injuries as well as before the sporting activity, in order to help the athlete deliver their maximum performance.

PRECAUTION

Cupping therapy immediately following sports injury should not be attempted at the site of the injury until the practitioner is absolutely certain that the bleeding into the injured tissues has completely stopped. It is of paramount importance that this safety measure is adhered to, in order to avoid further damage to the tissues involved.

In the acute stages of sports injuries the normally acceptable treatment is to apply an ice pack to minimize swelling and bleeding into the muscle. After the initial treatment has been undertaken, rest, physiotherapy or, if necessary in the case of extreme injuries, surgical intervention might be the next course of action. Cupping therapy is most effective in the subsequent stages of the injury (usually around 24 hours later) and is certainly not suggested as an immediate treatment directly following an injury.

This is because the instant physiological reaction to injury is a rush of synovial fluid and blood into the injury site in order to 'protect' the injured area (hence the swelling of the injured site). If the injury is severe, blood also escapes into the tissues, resulting in a black and blue swelling. At this stage, cupping therapy is not an appropriate form of treatment, as the condition could worsen owing to the power of suction that is created inside the cup. From the TCM energetic point of view, we can safely conclude that all forms of injury, anywhere on the body, cause local stasis and stagnation of Qi, Blood and Fluids.

The purpose of cupping therapy, therefore, is to remove and eliminate this adverse stagnation of Qi, Blood and Fluids by dispersing the stasis and harmonizing their smooth flow. Consequently, the best time to administer cupping therapy is when the practitioner is quite satisfied that the bleeding has completely stopped, which in most cases will be the next day. The cupping application forces the stagnant Blood, Fluid and Qi into movement towards the cup. When this treatment is administered by means of the Bleeding cupping technique, some blood and fluid will also be removed from the swollen site into the cup. This action will have the immediate effect of decreasing the localized pressure and reducing both swelling and pain. Consequently, it offers welcome relief and benefit to the patient.

With regard to the question 'Should cupping therapy be administered to an open wound?', the answer is, most definitely not! Wound healing takes time and depends on several factors. Local tissue oxygenation, infection, patient-related factors such as diabetes, nutritional deficiencies, smoking and medication are amongst the important healing factors (Scuderi & McCann, 2005: 103). Once again, to reiterate the point I have made above, cupping therapy is not the appropriate choice of treatment in the acute stages, but is most effective in the healing and recovery phases of the injury.

WHY CUPPING THERAPY?

One of the most authoritative books available on sports medicine is *Sports Medicine: A Comprehensive Approach* (Scuderi & McCann, 2005). In Chapter 10, entitled *Wound Healing* (contributed by Dr Susan Craig Scott), a very clear account of the healing process is described:

Factors that affect wound healing: Local tissue oxygenation (pO_2 , tissue partial pressure of oxygen) is the single most important factor in wound healing. It is poor local pO_2 that ultimately accounts for healing problems in irradiated tissue or in a patient with diabetes mellitus, peripheral vascular disease, chronic infection, and pressure sores. Interestingly, the fibroblast, which lays down the collagen for wound healing, is oxygen sensitive. Collagen synthesis requires a pO_2 in the range of 90 to 95 mmHg; in patients on a normal diet with adequate vitamin C, the availability of O_2 to the fibroblast is the rate-limiting factor for collagen production. Adequate local pO_2 depends on several factors. There must be adequate inspired O_2 and haemoglobin must be adequate in level and normal in structure to allow the transfer of O_2 on demand by local tissue.

Let us take a pause for a moment and remind ourselves of the reasoning as well as the purpose of the cupping application itself. Cupping suction is due to the negative pressure created inside the cup either by introducing a fire into the cup or by manual/mechanical influences over the cup. This negative pressure forces the oxygen-rich blood to move towards the cup, thus saturating the damaged tissues with such blood and consequently precipitating the healing process. This is precisely why cupping therapy has an advantage over all other forms of healing systems, and one that is considered the most fundamental requirement in the healing process, according to Scuderi & McCann.

As far as cupping therapy is concerned, we can further group the injuries into two categories: *overuse injuries* and *on-field trauma injuries*. Overuse injuries are the result of repetitive, cumulative mini-injuries to the same part of the body. They do not appear as a sudden-onset complaint but rather as a slow-onset aggravation that gets worse with each activity or exercise. Consequently, when the complaint becomes sufficiently intolerable for the athlete to seek help, the injury has penetrated into the deeper energetic layers of body tissue, resulting in the need for much more extensive treatment. However, when on-field trauma injuries are involved, after waiting for the initial acute stage of the injury to settle, the management of the injury is more rapidly responsive. This will therefore reflect favourably on the long-term outcome of the treatment.

LIGAMENT AND TENDON INJURIES

Tendons and ligaments are both potentially vulnerable to many incapacitating sports injuries. Together they bind, support and give stability, flexibility and strength to the entire musculoskeletal system as well as being responsible for the stretching and movement of the joints. I would like to take a brief look at the structure and functions of both ligaments and tendons.

Ligaments

A ligament is a short, tough band of white, fibrous, elastic connective tissue that binds nerves and muscles together and retains tendons in place. Ligaments connect individual bones to others to form a joint. Some ligaments limit the mobility of articulations, or prevent certain movements altogether (Wikipedia, n.d.). Capsular ligaments are part of the articular capsule that surrounds synovial joints. Extracapsular ligaments unite bones together and provide joint stability (Wikipedia, n.d.). Ligaments also help support many internal organs, such as the bladder, uterus, liver and diaphragm. Ligaments are composed of 60–70% water and long, stringy collagen fibres.

Ligament injuries vary from mild injuries involving the tearing of only a few fibres to complete tears of the ligament, which may lead to instability of the joint. Ligament injuries are divided into three grades:

- A grade I sprain represents some stretched fibres but clinical testing reveals a normal range of motion on stressing the ligament (Brukner & Khan, 2001: 9-18). Cupping therapy is applicable to a grade I injury.
- A grade II sprain involves a considerable quantity of fibres and, therefore, stretching of the joint and stressing the ligament show increased laxity but a definite end point (Brukner & Khan, 2001: 9-18). Cupping therapy is also applicable to grade II sprains.
- A grade III sprain is a complete tear of the ligament with extreme joint laxity and no firm end point. Although they are often painful conditions, grade III sprains can also be pain free as sensory fibres are completely divided in the injury (Brukner & Khan, 2001: 9-18). Cupping therapy in grade III sprains is contraindicated until after the necessary intervention (i.e. after surgery), and well into the healing and building phase of the injured tissue.

Tendons

Tendons connect or attach muscles to bones; they provide the ‘pulling’ action on the bones. Tendons comprise tough and flexible bands of fibrous tissue that transmit power from muscle to bone and also act as shock absorbers. Tendons often become inflamed – a condition known as tendonitis. Rupture of a tendon, especially the Achilles tendon, is a common complaint amongst sportsmen and women. The composition of a tendon is similar to that of ligament: mainly water, fibrous and collagenous fibres. Both tendons and ligaments lack blood vessels (hence the familiar grey or white colouring in anatomical charts).

In the event of an injury, both of these tissue forms are deprived of the oxygen necessary for repair work. The application of cupping therapy, either directly or proximally on the tendons and ligaments, will facilitate blood flow via the method described above, thus providing more evidence to support the opinion that cupping therapy is an effective treatment for muscular as well as tendon and ligament injuries.

Tendon rupture comes in two forms: partial and complete. The two most commonly ruptured tendons are the Achilles tendon and the supraspinatus tendon of the shoulder (Brukner & Khan, 2001: 9-18).

SKIN INJURIES

Injury to skin tissue during sporting activities is quite common, particularly in athletes involved in contact sports. The underlying structural damage to the bones, blood vessels, muscles and ligaments should always be taken into consideration. Damage to the skin resulting in an open wound should be managed appropriately:

There are three principles of treatment of all open wounds. The first is to stop any associated bleeding. The second principle of open wound treatment is to prevent infection by removing all dirt and contamination. The third principle is that, if the wound is over a constantly moving part, the area should be immobilised to encourage healing.

(Brukner & Khan, 2001: 9-18)

Cupping therapy in all three circumstances is therefore contraindicated.

MUSCLE INJURIES

Muscle Strain and Muscle Tear

Muscle tissues are strained or torn when some or all of the fibres fail to cope with the burden placed upon them. Muscle strains are among the most common sporting injuries. Common muscles affected are the hamstrings, quadriceps and gastrocnemius – all muscles that are biarthrodial (cross two joints) and are thus more vulnerable to injury. A muscle is most likely to tear during sudden acceleration or deceleration.

Muscle strains are classified into three grades:

- A grade I strain involves a small number of muscle fibres and causes localized pain but no loss of strength.
- A grade II strain is a tear of a significant number of muscle fibres with associated pain and swelling (Brukner & Khan, 2001: 9-18). In both types of strain, cupping therapy during the first 1–3 weeks should be avoided until the bleeding, swelling or inflammation is adequately managed.
- A grade III strain is a complete tear of the muscle. This is seen most commonly at the musculotendinous junction (Brukner & Khan, 2001: 9-18). Cupping therapy is once again contraindicated during the first 5–6 weeks of injury in grade III strains. However, when the underlying bleeding, swelling or inflammation is properly managed, cupping therapy can safely be administered in order to promote healing and to encourage the muscle building and strengthening process.

BONE INJURIES

Bone Fractures

Bone fractures are common sporting injuries amongst athletes. This may be the result of direct on-field trauma such as a blow or a fall. Fractures are categorized as transverse, oblique, spiral or comminuted (where the bone is broken in several places). Another type of fracture seen in athletes, particularly children, is the avulsion fracture, where a piece of bone attached to a tendon or ligament is torn away.

The clinical characteristics of a fracture are pain, tenderness, localized bruising, swelling and, in some cases, deformity and restriction of movement (Brukner & Khan, 2001: 9-18). Cupping therapy is totally contraindicated until symptoms such as bruising, swelling and deformity have disappeared or completely resolved.

Stress Fractures

Stress fractures are also a common injury amongst athletes, especially those that are engaged in running, jumping or repetitive stress. A stress fracture is a micro-fracture (tiny cracks) appearing in bones as a result of muscles becoming overtired and no longer able to absorb the shock of repeated force:

Overload stress can be applied to bone through two mechanisms: 1. The redistribution of impact forces resulting in increased stress at focal points in bone. 2. The action of muscle pull across bone. Histological changes resulting from bone stress occur along a continuum beginning with vascular congestion and thrombosis. This is followed by osteoclastic and osteoblastic activity leading to rarefaction, weakened trabeculae and micro-fracture and ending in complete fracture. Stress fractures may occur in virtually any bone in the body. The most commonly affected bones are the tibia, metatarsals, fibula, tarsal navicular, femur and pelvis. Patients with stress fractures usually complain of localised pain and tenderness over the fracture site.

(Brukner & Khan, 2001: 9-18)

A clear and definite diagnosis is difficult to reach using ordinary X-ray investigation. Magnetic resonance imaging (MRI) scan or a radioisotopic bone scan (scintigraphy) is more revealing. Traditionally, rest and avoidance of the precipitating activity are advised. Most stress fractures heal with 6 to 8 weeks of total rest. Once the injured limb is pain free and fully mobile, cupping therapy is of great value, particularly when a Light-moving cupping technique is employed and is accompanied by acupuncture.

CONTRAINDICATIONS WHEN DEALING WITH SPORTS INJURIES

Cupping therapy is contraindicated in all the following conditions: to an open wound, to inflamed or infected tissue, to a bleeding injury (external as well as internal), over a fracture and to a grade III muscle or ligament sprain, as well as in complete tendon rupture.

The *Sports Injury Bulletin* (UK), *Sports Medicine for Specific Ages and Abilities* (Maffulli et al, 2001), MedicineNet.com, *Sports Medicine: A Comprehensive Approach* (Scuderi & McCann, 2005) and *Clinical Sports Medicine* (Brukner & Khan, 2001) were the main sources of sports injuries mentioned in this chapter.

TREATMENT: LOWER LIMBS

Ankle Injuries

Sprains

Ankle sprains are one of the most common ankle injuries a healthcare practitioner will see. These injuries can comprise as much as 10% of all A&E visits (Scuderi & McCann, 2005: 407-409). Sprains can be very painful and can cause restrictions in the movement of the joint. Swelling and bruising or both can also result from sprains.

SPORTING ACTIVITIES THAT CAUSE MOST ANKLE INJURIES. Participants in Australian football, football (soccer), skiing, snowboarding, surfing, karate, Tae Kwon Do, triathlon, running, rugby, cricket, squash and netball are amongst the sufferers.

CUPPING THERAPY. Using a no. 1 or 2 glass cup, apply Medium cupping, increasing to Strong method on SP-5 Shangqiu, ST-41 Jiexi (when swelling is present), BL-62 Shenmai, BL-60 Kunlun, K-3 Taixi and K-8 Jiaoxin. Apply Bleeding cupping on ST-41 Jiexi and BL-62 Shenmai when persistent bruising or swelling occurs. Moxibustion is also applicable to ankle injuries (Fig. 14-1).

Achilles Tendon Injuries

Achilles Tendonitis and Achilles Tendon Rupture

The Achilles tendon attaches the calf muscle (gastrocnemius) to the heel bone (calcaneus) and connects the leg muscles to the foot. It facilitates walking, puts a spring in our step and helps us stand on tiptoe. The Achilles tendon is the largest and strongest tendon in the body; in mature adults it measures between 10 and 15 cm in length (Scuderi & McCann, 2005: 407-409). It lies just under the skin, has no protective covering and is therefore vulnerable to injury and inflammation.

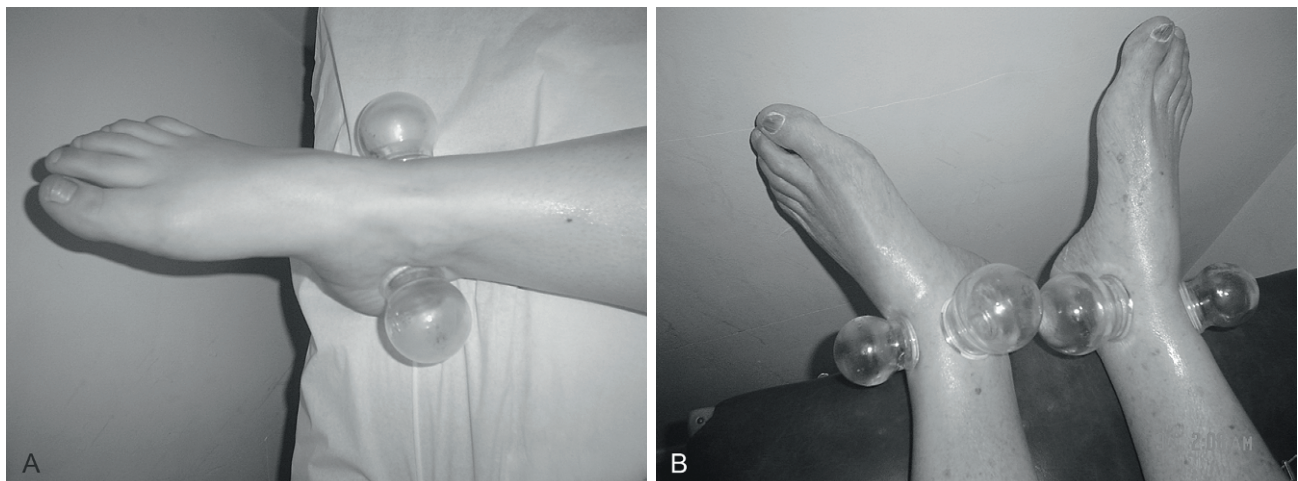


FIGURE 14-1 (A, B) Treating ankle injuries.

Achilles tendonitis is a painful and incapacitating inflammation of the Achilles tendon. It often originates from overuse or micro-injuries that go untreated and cause the tendon to become painful, less flexible and swollen. Known causes of acute Achilles tendonitis include inflexibility of the Achilles tendon, insufficient gastrocnemius strength or flexibility, functional overpronation producing a whipping action on the Achilles tendon on heel strike as the heel goes from varus (bending towards the centre of the body) to valgus (bending away from the body) in mid stance, number of years running, training pace, stretching habits, recent change in footwear and poor running shoes, recent increase in training (especially if it includes hill running), eccentric loading of a fatigued muscle–tendon unit from overtraining and running on uneven terrain (*Sports Injury Bulletin, 2002*).

Achilles tendon rupture is a complete disturbance of the Achilles tendon, usually occurring at 2–6 cm above the heel bone (calcaneus). Achilles tendon rupture is characterized by sudden-onset pain with local swelling and bruising. Patients often describe the feeling as been kicked in the back of the leg. Achilles tendon complaints may account for 5–10% of all athletic injuries (*Sports Injury Bulletin, 2002*). The blood supply to the Achilles tendon is also quite deprived; therefore, in order to help reverse this condition, cupping therapy is particularly appropriate.

SPORTS ACTIVITIES MOST AFFECTED BY ACHILLES TENDON INJURIES. Achilles tendonitis is seen in runners, jumpers, rugby players, gymnasts, cyclists and participants in football (soccer), volleyball, tennis and all other forms of racquet sports. Achilles tendon rupture is more often seen in tennis players and the incidence seems to be rising because of an increasing number of older athletes. It is also common in sports such as basketball, squash, triathlon, diving, dancing, cricket and rugby.

CUPPING THERAPY. Using a no. 1 or 2 glass cup, apply Moving cupping directly on the Achilles tendon, starting from point BL-57 Chengjin and moving the cup in the direction of the calcaneus. Continue to apply Moving cupping to the inner and outer aspects of the Achilles tendon.

MOXIBUSTION. Moxibustion therapy is of immense benefit when treating Achilles tendon rupture injuries. A burning moxa stick is held directly over the swollen tendon for between 5 and 15 minutes, following the cupping treatment (*Fig. 14-2*).

Calf Muscle (Gastrocnemius) Injuries

Calf muscles are amongst the strongest in the body and are designed to absorb the shock as we walk or run. The gastrocnemius is the powerful muscle that runs down the back of the calf and terminates in the Achilles tendon (*Sports Injury Bulletin, 2002*). Medial gastrocnemius muscle tear usually happens at a time of utmost force during running, jumping or change of direction. The gastrocnemius muscle has been described as a ‘short-action’ muscle, making it vulnerable to overstretching and rupture (*Scuderi & McCann, 2005: 398*). Athletes describe a sudden-onset, crippling pain in the calf. Pain, swelling and bruising are the main symptoms.

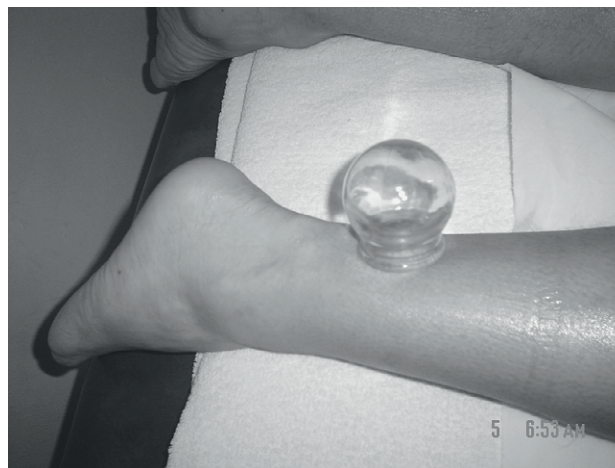


FIGURE 14-2 Treating Achilles tendon injuries.

SPORTING ACTIVITIES THAT CAUSE MOST GASTROCNEMIUS MUSCLE INJURIES. Runners (20% of all injuries) (*Sports Injury Bulletin*, 2003), high jump, rugby (40% of all injuries) (*Sports Injury Bulletin*, 2003), Australian football and football (soccer).

CUPPING THERAPY. Depending on the size of the calf muscle, use a no. 2 or 3 glass cup to apply Moving cupping on the middle of the gastrocnemius, starting from the back of the knee (BL-40 Weizhong) and moving the cup towards the heel alongside the Achilles tendon. Starting from GB-34 Yanglingquan, apply Moving cupping alongside the Gall Bladder channel, terminating at GB-37 Guangming. Finally, apply Moving cupping to the inner aspect of the gastrocnemius, starting from SP-9 Yinlingquan and following alongside the Spleen channel, terminating at SP-6 Sanyinjiao. Apply between 10 and 20 movements to all three sides of the muscle. This treatment can be repeated up to twice a day for the first 3 days, reducing to once a day for a further 3 days. Cupping therapy to the gastrocnemius is particularly effective when muscle tightness or cramp occurs (Fig. 14-3).

Medial Tibial Stress Syndrome

Medial tibial stress syndrome (shin splints, MTSS) is defined as injuries to the front of the outer leg. While the exact injury is not known, shin splints appear to result from inflammation from injury to the tendon (posterior peroneal tendon) and adjacent tissues in the front of the outer leg. Shin splints represent one member of a group of injuries called ‘overuse injuries’. Shin splints occur most commonly in runners or aggressive walkers, causing pain in the front of the outer leg below the knee. The pain of shin splints is characteristically located on the outer edge of the mid region of the leg next to the shin bone (tibia). Shin splint discomfort is often described as dull at the outset. However, with continuing trauma, the pain can become so extreme as to cause the athlete to stop workouts altogether (Shiel, n.d.). The definitive location of injury in the shin area can be muscle, tendon, bone or the connective tissue wrappings that surround the muscle and tendon (*Sports Injury Bulletin*, 2000).

SPORTING ACTIVITIES THAT CAUSE MOST SHIN SPLINT INJURIES. All athletes concerned in sports that involve running and jumping are at higher risk of shin splint injuries. It is considered an overuse injury. Sportsmen/women taking part in endurance running, sprinting, triathlon, football (soccer), squash, tennis, gymnastics, handball, basketball, rugby, cricket and volleyball are amongst the high-risk athletes.

DIAGNOSIS. A correct diagnosis of MTSS is crucial during the cupping treatment as it can easily be confused with stress fracture injuries, where cupping is contraindicated. Rest diminishes the symptom in the early stages of the injury but the pain changes progressively from a ‘dull ache’ to more severe pain. The pain is not well localized but expands over approximately one-third of the length of the posteromedial tibia. This finding is important in distinguishing stress fractures, which are characterized by localized point tenderness. Negligible swelling may be present, but no specific mass is seen (Scuderi & McCann, 2005).

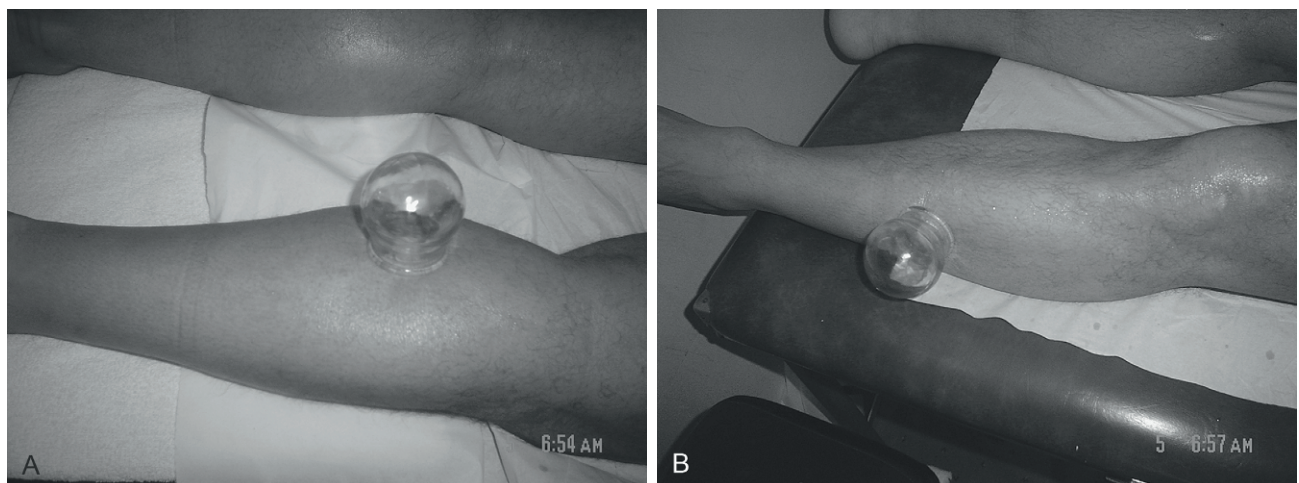


FIGURE 14-3 (A, B) Treating calf muscle injuries.

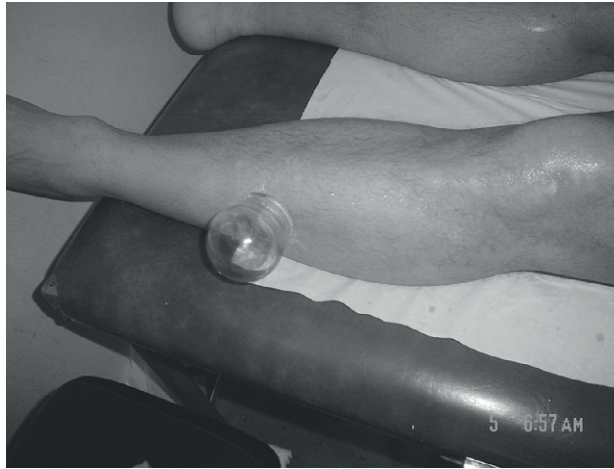


FIGURE 14-4 Treating medial tibial stress syndrome injuries.

CUPPING THERAPY. Using a no. 2 or 3 glass cup, apply Moving cupping to the outer aspect of the tibia. The cupping direction should follow the posterior tibial line, starting from ST-36 Zusanli and ending just below ST-39 Xiajuxu. A maximum of 15 minutes of daily treatment is recommended for the first 2 weeks, thereafter reducing the frequency to twice a week (Fig. 14-4).

Knee Injuries

The knee is the body's biggest, and heaviest, joint. It is enclosed in a protective, fluid-filled sac called the synovial capsule. The medial collateral ligament (MCL) and the lateral collateral ligament (LCL) connect the upper leg to the lower leg along the sides of the knee. Together they stabilize and prevent sideways movement of the knee joint. The parts of the joint are lashed together with tendons and ligaments and it is protected by a solid bony shield: the kneecap (patella). The thighbone is protected from contact with the lower leg bones by shock-absorbing cartilage. Despite all this protection, the knee is injured more often than any other joint (Scuderi & McCann, 2005). Both overuse and on-field trauma are very common knee injuries because of the demand that sportsmen/women place on the legs during strenuous sporting activities.

SPORTING ACTIVITIES THAT CAUSE MOST KNEE INJURIES. Runners (25–30% of all injuries to endurance runners) (*Sports Injury Bulletin*, 2000), basketball, volleyball, football, skiing, water skiing, snowboarding, rugby, netball, high jump, swimming, cycling, golf, cricket, and martial arts including Tae Kwon Do athletes are all prone to knee injuries.

CUPPING THERAPY. Using a no. 2, 3 or 4 size cup, apply Medium strength cupping to ST-35 Dubi, ST-34 Liangqiu, GB-34 Yanglingquan, Heiding Extra and Liv-8 Quguan. Apply Bleeding cupping to persistent swellings and bruises (Fig. 14-5).

Iliotibial Band Syndrome

Iliotibial band syndrome (ITBS) is a pain or aching on the lateral (outside) side of the knee or the hip. It is caused by friction between the iliotibial band and the knee or hip bone. The pain is often described as sharp with a burning sensation. Pain may also be present below the knee where the iliotibial band attaches to the tibia; accompanying pain may also occur much higher up – in the tensor fascia lata itself or in its tendinous connection to the hip (*Sports Injury Bulletin*, 2000).

SPORTING ACTIVITIES THAT CAUSE MOST ILIOTIBIAL BAND INJURIES. Running (12% of all running-related overuse injuries) (Fredericson et al, 2000), cycling, football, tennis, squash, weightlifting and handball.

CUPPING THERAPY. Using a no. 1 or 2 glass cup, apply Medium to Strong cupping method on the lateral side of the painful knee. Moxibustion application is also quite beneficial (before the cupping treatment). If the pain is higher up, in the tensor fascia, perform Moving cupping with a no. 3 or 4 cup,

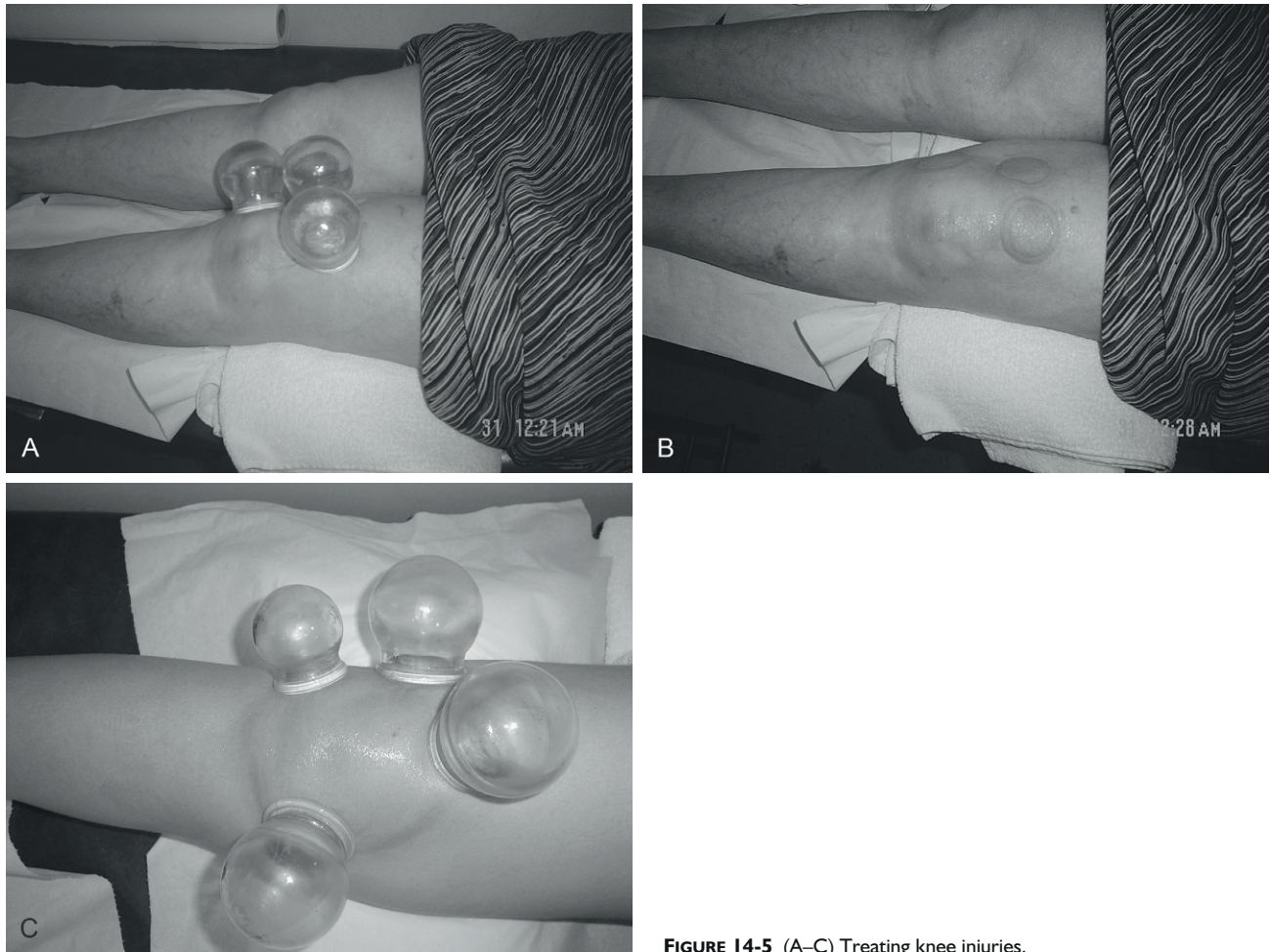


FIGURE 14-5 (A–C) Treating knee injuries.

directly on the tensor fascia. Should the pain be in the hip, Medium to Strong cupping with a no. 4 or 5 cup is applied to GB-30 Huantiao, followed by Moving cupping on the tensor fascia (Fig. 14-6).

Hamstring Injuries

The hamstring muscles are a group of muscles at the back of the thigh that flex the knee and extend the gluteus maximus (the largest of the three muscles in the buttock). The hamstring tendon is a group of tendons behind the knee that link the thigh muscles to the bones in the lower leg.

Injuries to the hamstring group of muscles can vary from a minor strain to a major rupture. Minor strains are classified as grade I tears, whereas complete ruptures are classified as grade III tears. Grade II tears are incomplete ruptures. Given the function of these muscles, it should not be surprising that grade III injuries most frequently occur in the athletically strenuous and demanding sports. Grade I injuries tend to be mild in that they usually heal fully with only minor aggravation to the injured, especially in the sedentary individual. On the other hand, in power athletes, hamstring injuries can be severe and debilitating. Hamstring injuries usually occur after sudden lunging, running or jumping (Wikipedia, n.d.). An inconsistent amount of pain is experienced. The athlete is usually unable to continue and cannot even stand.

Hamstring complaints vary from strains to ‘pulls’, tendonitis and tightness. Unfortunately, hamstring injuries are rather slow to heal, and athletes often spend several weeks resting or carrying out alternative activities before they are able to train without much pain (*Sports Injury Bulletin*, n.d.).

SPORTING ACTIVITIES THAT CAUSE MOST HAMSTRING INJURIES. Hamstring injuries are particularly common in sports that require short bursts of power, acceleration and deceleration, such as football (a two-season study of English football league clubs confirmed that hamstring strains are the most

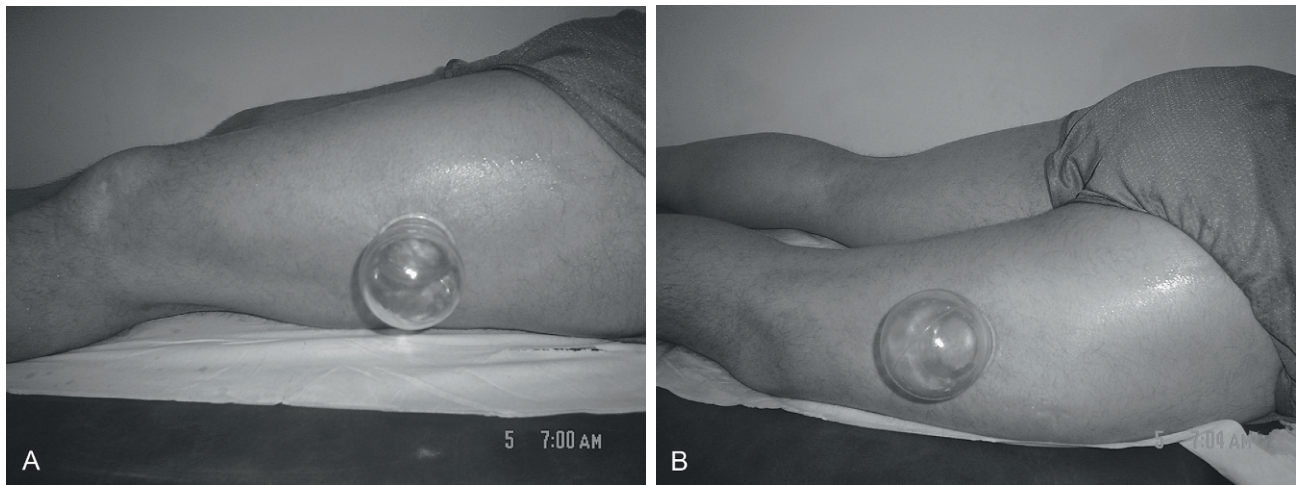


FIGURE 14-6 (A, B) Treating iliotibial band syndrome.

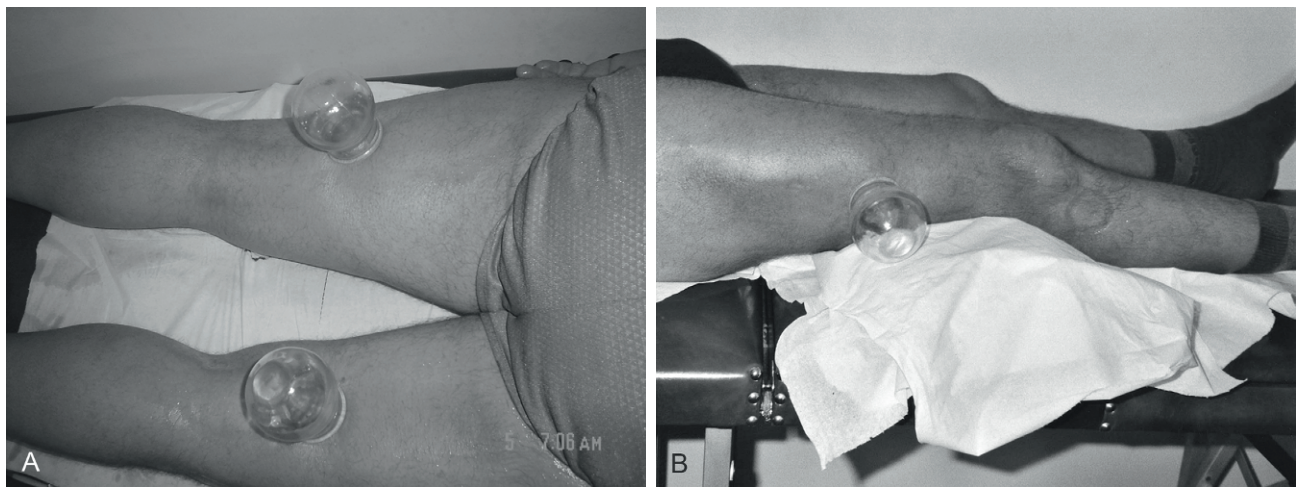


FIGURE 14-7 (A, B) Treating hamstring injuries.

common injuries in football, accounting for an average of 90 days and 15 matches misses per club per season, with a significant recurrence rate of 12%) (*Peak Performance, 2004*), rugby, cricket and American and Australian rules football (*SportEx, 2002*). Long-distance runners and in particular sprinters are well known for their hamstring injuries.

The hamstrings consist of three muscles covering the posterior thigh; the biceps femoris is the most lateral with the semitendinosus and semimembranosus making up the medial side (*Scuderi & McCann, 2005: 324*). The hamstring muscles are the most commonly involved muscle injury of the pelvis, hip and thigh. The injuries often occur at the musculotendinous junction, with forced flexion of the hip with a fully extended knee, or when the hamstrings are maximally stretched. The symptoms are posterior thigh pain, possibly with a ‘pop’ being felt, and difficulty in walking (*Sports Injury Bulletin, 2003*). Hamstring pain is sometimes described as a ‘referred pain’ originating from lumbar spine injuries.

CUPPING THERAPY. In order to determine the exact site of injury during the treatment phase, always refer to the hamstrings muscle group as indicated above. When treating lateral muscle injuries (biceps femoris), the cupping application should start from GB-30 Huantiao region, directing the cupping movement towards GB-32 Zhongdu (*Fig. 14-7A*). When treating medial muscle injuries (semitendinosus and semimembranosus), the cupping application should start from BL-36 Chengfu, moving towards BL-40 Weizhong (*Fig. 14-7B*).

All cupping applications relating to hamstring injuries should be a Moving cupping technique. The strength of the suction can vary from Medium suction to Light-moving method. If the hamstring pain

is a 'referred pain' originating from the lumbar spine, add Du-3 Yaoyangguan, BL-26 Guanyuanshu and BL-28 Pangguangshu.

Quadriceps Femoris Injuries

The quadriceps femoris, or 'quads' for short, is the large four-part extensor muscle at the front of the thigh (rectus femoris, vastus intermedius, vastus lateralis and vastus medialis). The muscle, the tendons and their attached bones include contraction parts that stabilize the hip and knee and allow their motion:

They cross both the knee and hip joints and consequently produce flexion at the hip, moving the thigh towards the chest, and extension or straightening at the knee. Vastus medialis is particularly important for the stability of the patella during activity. The oblique pull of the quadriceps muscle is counteracted by vastus medialis and weakness can cause the knee to give way.

(University of Bristol, 2005)

An injury takes place at the weakest part of the unit. Quadriceps strains are of three types:

1. A mild (grade I) strain, which is a slightly pulled muscle without tearing of muscle or tendon fibres. There is no loss of strength.
2. A moderate (grade II) strain, which is a tearing of fibres in a muscle or tendon or at the attachment to the bone. Strength is diminished.
3. A severe (grade III) strain, which is a rupture of the muscle–tendon–bone attachment, with separation of fibres. A severe strain may require surgical repair.

Chronic strains are caused by overuse; acute strains are caused by direct injury or overstress (The BodyGuard, n.d.). Symptoms include pain when stretching or flexing the thigh, swelling of the injured muscle and weakness of the knee and the leg.

SPORTING ACTIVITIES THAT CAUSE MOST QUADRICEPS FEMORIS INJURIES. Athletes involved in contact sports such as football, Australian football and rugby, as well as cricket and all sports that require a quick start such as running, sprinting and track events are amongst the higher-end sufferers from quads injuries.

CUPPING THERAPY. Apart from a direct blow to the external muscle (vastus lateralis) and to the front muscle (rectus femoris), the inner muscle (vastus medialis) is the most treated muscle at the clinic. The majority of complaints are weakness of the leg and knee, together with pain, especially in women suffering from osteoporosis. Cupping application should always start with Light to Medium cupping technique as the vastus medialis muscle can be very sensitive to the pulling action of the cup. Moving cupping technique can be employed when treating external (vastus lateralis) and front (rectus femoris) muscles (Fig. 14-8).

Hip Injuries and Groin Pain

All complaints about hip and/or groin pain should be taken seriously and examined thoroughly, since this region accommodates a complex array of vital organs, such as the reproductive organs, as well as the ligaments, tendons, arteries, veins, nerves and bony structures of the hip and corresponding attachments. This is also an area that deals with a constant and demanding burden during sporting activities as well as while carrying out our daily chores.

The hip is a ball-and-socket joint where the head of the femur attaches itself to the pelvis. Walking, running and jumping all affect the hip. Weakness of the lower back muscles as well as inappropriate footwear can contribute to hip pain. Most hip pain is due to a hip sprain caused by trauma during a contact sport: contusions, fractures, dislocations, ligament or tendon injuries, muscle contraction and overuse injuries.

The groin is a junction at each side of the body where the lower abdomen joins the top of the thigh. Groin pain can be triggered by a variety of factors including groin strain, or stretch and tear or rupture of the adductor longus muscle.

SPORTING ACTIVITIES THAT CAUSE MOST HIP INJURIES AND GROIN PAIN. Athletes involved in running and twisting sports such as football, Australian football, rugby, golf and basketball are all susceptible to hip and groin injuries.

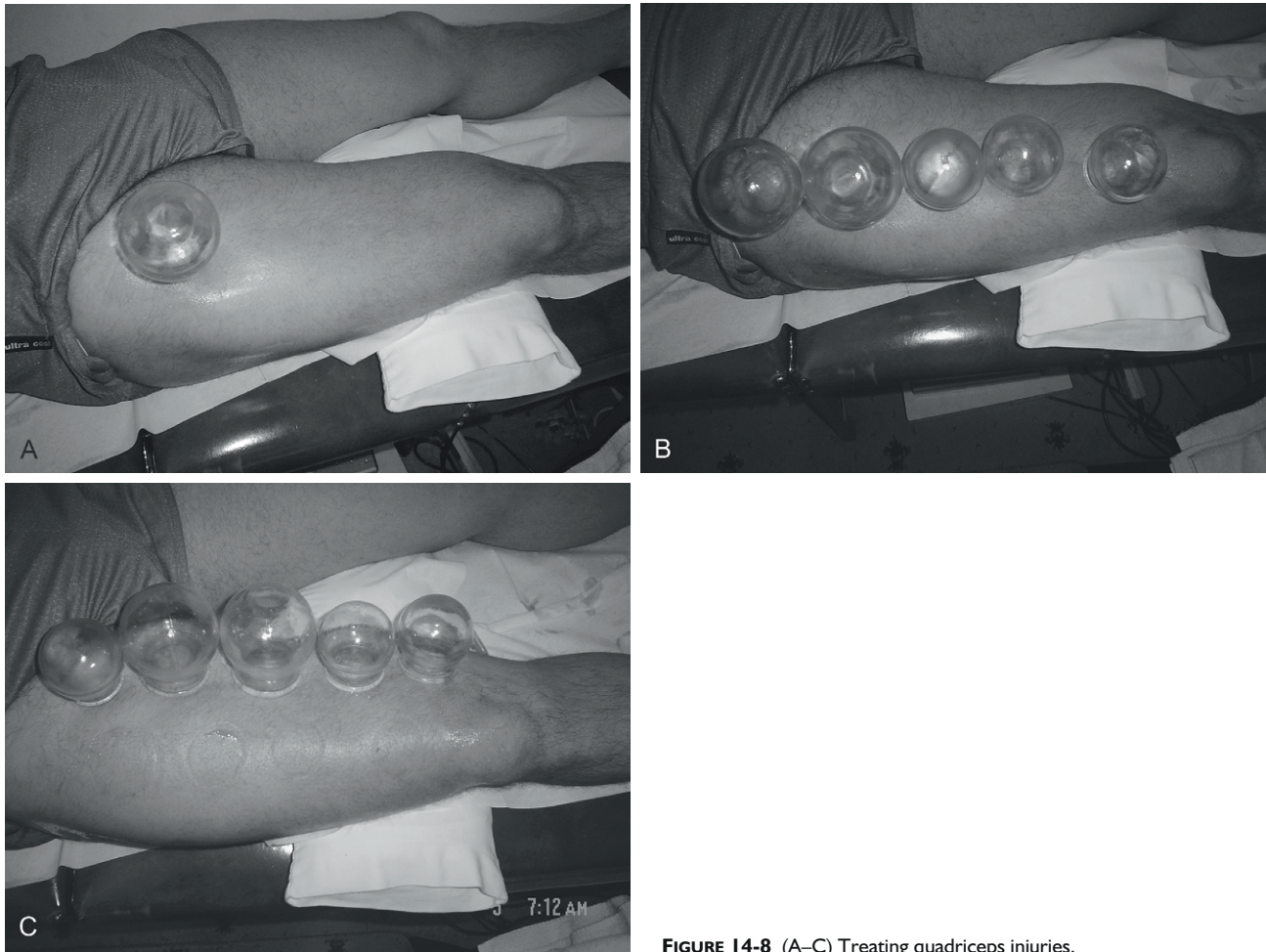


FIGURE 14-8 (A–C) Treating quadriceps injuries.

CUPPING THERAPY. As well as dealing with pain, back strengthening should also be part of the treatment when addressing hip and groin injuries. Starting with a Medium cupping method and increasing to a Strong cupping method, apply cups on the lower back points BL-28 Pangguangshu, BL-53 Baohuang, EM-Yaoyan (extra point, also known as Guihai) and GB-30 Huantiao. When treating groin pain, apply Moving cupping, starting from BL-28 Pangguangshu and moving the cup towards GB-28 Weidao (this helps to relax the adductor longus muscle as well as strengthening the back muscles). Moxibustion with moxa box should also be included as part of the treatment if pathogens such as Cold or Wind-Cold are present. Treatment should consist of at least one course of therapy, twice weekly for the first 3–4 weeks then reducing the frequency to once a week for a further 6 weeks (Fig. 14-9).

Buttock Pain

Buttock pain is most frequently seen in athletes involved in kicking or sprinting sports. It can occur in isolation or may be associated with low back or posterior thigh pain. The diagnosis of buttock pain can be difficult as pain may arise from a number of local structures in the buttock or can be referred from the lumbar spine or sacroiliac joint (Brukner & Khan, 2001). The most common causes of buttock pain are referred lower back problems including the lumbar spine, the sacroiliac joint and the hamstring attachments on the ischial tuberosities (bony parts of the buttock). There are, however, some more serious conditions that can also be the cause of buttock pain, including spondyloarthropathies, ankylosing spondylitis, Reiter's syndrome (reactive arthritis), psoriatic arthritis, arthritis associated with inflammatory bowel disease, malignancy and bone and joint infections (Brukner & Khan, 2001).

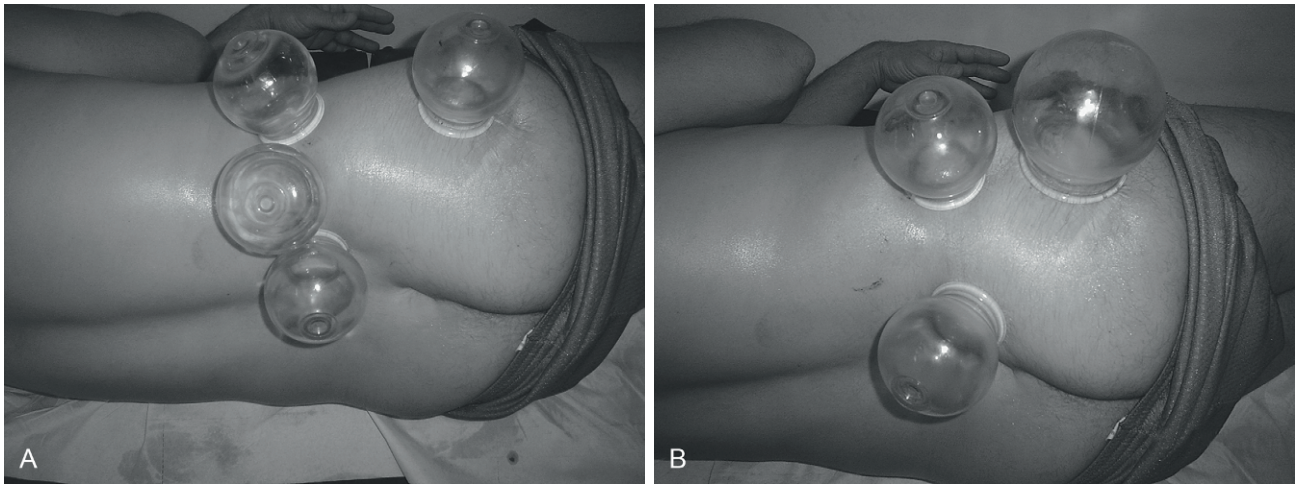


FIGURE 14-9 (A, B) Treating hip injuries.

SPORTING ACTIVITIES THAT CAUSE MOST BUTTOCK PAIN. Athletes involved in kicking and sprinting sports, cyclist and runners are amongst the sufferers from buttock pain. Female athletes are more susceptible to it (Brokner & Khan, 2001).

CUPPING THERAPY. Correct diagnosis and elimination of more serious conditions such as bowel disease, malignancy or bone infection are essential before any form of cupping treatment is administered:

- **For localized buttock pain:** Apply Medium to Strong cupping method to GB-30 Huantiao, BL-28 Pangguangshu, BL-54 Zhibian and Extra point EM-Yaoyan (see Plate 36 in the colour plate section).
- **For a spreading buttock pain:** As well as the above applications, add Moving cupping therapy using a medium-sized cup (no. 3 or 4), following the path of the gluteus maximus muscle.

Lower Back Injuries

Without any doubt, lower back pain is the single most common complaint amongst the general population – and athletes are no exception! The most common back complaints in sportsmen/women are due to tightness or strain of the lower back muscles. When a muscle is strained or tightened it goes into spasm; this in turn results in constrained blood supply to the muscle tissue, which leads to even more muscular tension, pain and restricted movement. On-field injury, overuse or inflammation of the lumbar spine also results in lower back pain. In the case of overuse, repeated rotational movements of the spine such as the swinging motions required for baseball, cricket, tennis, squash, handball, racquetball or golf may eventually lead to injury or inflammation of the vertebrae, spinal discs, ligaments of the spine or the spinal muscles themselves, mainly in individuals whose lower back muscles are functionally weak (*Sports Injury Bulletin*, 2000).

Spinal stress fractures resulting from a serious blow to the lower back during contact sports can also leave the athlete in constant pain and out of action for a considerable length of time. It is also worth reminding the practitioner that if there is any doubt about a potential spinal injury, such as fractures, then treatment with cupping therapy should not be attempted.

The majority of injuries to the lower back are soft tissue injuries. Most of these injuries are contusions, musculotendinous strains and ligament sprains. Contusions result from blunt trauma sustained by a direct blow. Often the athlete is able to remember an incident responsible for the injury. On physical examination, a contusion will present as a relatively separate area of point tenderness with the occasional overlying bruise (Scuderi & McCann, 2005: 217).

SPORTING ACTIVITIES THAT CAUSE MOST LOWER BACK INJURIES. Most running athletes and those taking part in sports that require a back-twisting action are susceptible to lower back injuries. Golfers, especially amateur golfers, are more prone to lower back injuries (*SportEx*, 2004); four out of five

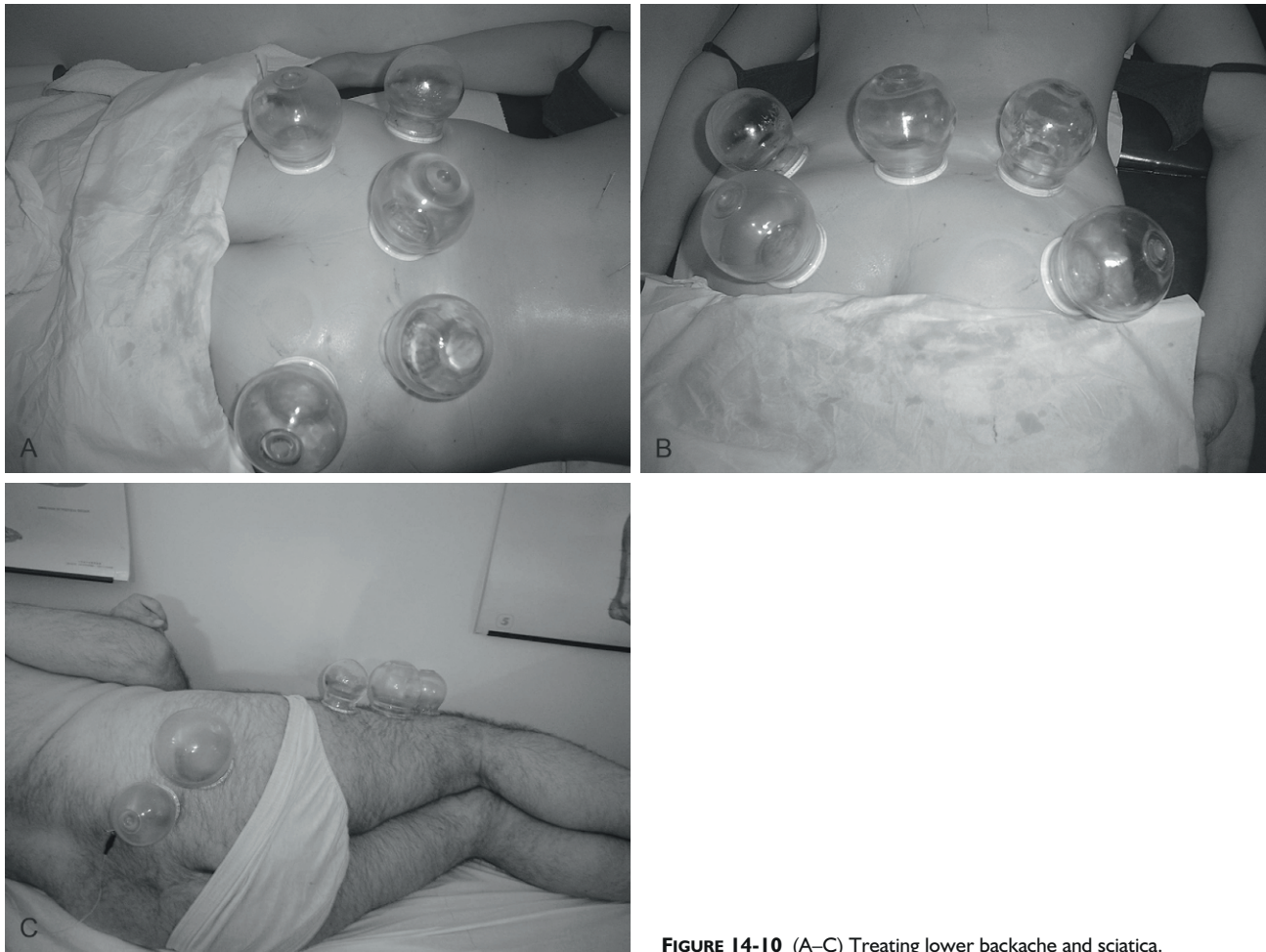


FIGURE 14-10 (A–C) Treating lower backache and sciatica.

golfers, at all levels, will suffer low back pain at some time during their pursuit (*Sports Injury Bulletin, 2004*). Cricket bowlers are reported to suffer as much as 20% from low back injuries (*Sports Injury Bulletin, 2004*) and female players' bowling-related back injuries were reported to be as high as 60% (*Sports Injury Bulletin, 2004*). Rugby, baseball, tennis, squash, handball, racquetball and weight-lifting athletes are amongst the highest on the list of sufferers.

CUPPING THERAPY. For lower back injury pain, the following point combinations are most effective:

- If the pain is across the lower back, apply cupping treatment to Du-3 Yaoyangguan, BL-26 Guanyuanshu and BL-28 Pangguangshu.
- If the pain is still in the lower back but is radiating towards the buttocks, the cupping application should be modified as follows: Du-3 Yaoyangguan, BL-53 Baohuang and BL-54 Zhibian point combinations (Fig. 14-10).

In the acute stage of pain, always start the treatment by applying Light to Medium cupping methods for around 15 minutes at a time. The strength of the cupping application can be increased to a Strong method after the third or fourth visit; as above, retain the cup in position for at least 15 minutes at each session. Conversely, when dealing with long-term or chronic lower back injury pain, the cupping application should commence by applying Medium or even Strong method, and similarly retaining the cup in position for between 10 and 20 minutes.

Moving cupping is also a suitable method when dealing with 'tense/stiff-back' or 'moving pain' syndromes. However, as far as the direction of the cupping movement is concerned, in order for the damaged muscular structures to benefit it is important to follow the correct procedure. For example,

when treating the erector spinae muscle, the cupping movement should follow the path of the muscle (i.e. in a vertical motion rather than a horizontal motion). The extent of the treatment can vary between 10 and 20 visits, depending on the severity of the injury and the time factor between injury and commencement of the treatment. Typically, the longer the duration of the injury, the more likely it is that longer treatment will be required.

TREATMENT: UPPER LIMBS

Shoulder Injuries

Shoulder injuries are amongst the most frequent sports-related complaints presented at the clinic, following back injuries. Shoulder injuries are also amongst the most challenging regions to treat, requiring time and patience, since the shoulder is a complex joint that is kept in place with an array of small, strap-like muscles and strong ligaments called the 'rotator cuff'. In fact, the shoulder joint is made up of three bones – the scapula, the humerus and the clavicle – and four joints – the glenohumeral (GH) joint (the 'ball and-socket' joint between the upper arm, or humerus, and the shoulder blade, or scapula), the acromioclavicular (AC) joint (the joint between the collarbone, or clavicle, and the highest point on the shoulder, called the acromion, which is part of the scapula), the sternoclavicular (SC) joint (the joint between the sternum and the clavicle) and the scapulothoracic (ST) joint (the 'false joint' between the scapula and the rib cage). Furthermore, there is more movement possible at the shoulder joint than at any other joint in the body. Over 1600 positions in three-dimensional space can be assumed by the shoulder (*Sports Injury Bulletin*, 2004). The soft protective cushion, called the 'bursa', which is located between the shoulder joint and the rotator cuff, is a fluid-filled sac that prevents the rotator cuff from rubbing against the shoulder.

COMMON SHOULDER INJURIES AND CUPPING THERAPY. All collision and throwing sports players and 'overhead athletes', such as Australian football, volleyball, tennis, hockey, rugby, and baseball players and cricket bowlers, golfers, freestyle and butterfly swimmers, cyclists, javelin throwers, shotputters, weightlifters, and gymnasts who perform on the rings or horizontal, parallel and uneven bars, are highly susceptible to various degrees of shoulder injury, either during training or throughout their performance. AC joint injuries are amongst the highest in shoulder-related injuries; they account for 3% of all shoulder injuries and 40% of shoulder sports injuries (*Sports Injury Bulletin*, 2003). The most common cause of an AC joint injury is a fall directly onto the adducted shoulder. The force of the fall dictates the severity of injury to the AC joint: in grade I and grade II shoulder injuries the prognosis is good; however, grade III injuries may require surgical intervention (Brukner & Khan, 2001: 240-256). Depending on the force of the fall, symptoms may vary accordingly; severe pain, a bump on the shoulder, painful restricted movement (particularly horizontal flexion), considerable local swelling and bruising are common. Stress is also a known contributory factor to shoulder tension, spasm and pain.

Acromioclavicular (AC) Joint Arthrosis (Degeneration)

Excessive use of the shoulder or a direct blow resulting in AC joint separation may contribute to the development of acromioclavicular arthrosis. Symptoms and signs of AC joint degeneration are pain and discomfort to the front of the shoulder joint. Pain may radiate towards the neck, arm or chest, getting worse when the arm is brought forward across the chest.

Adhesive Capsulitis (Frozen Shoulder)

Adhesive capsulitis or 'frozen shoulder' is rarely seen in active and healthy athletes. Conversely, it is a commoner occurrence in the older athlete. Adhesive capsulitis, a painful condition that causes severe loss of movement in the shoulder, is not generally connected with any particular sport. It may precede an injury to the shoulder, or may appear as gradual onset without any warning or injury. This condition occurs as a result of inflammation of the GH joint and its surrounding capsule; other associated factors include diabetes, trauma, breast surgery and hypothyroidism (Brukner & Khan, 2001: 240-256).

Dislocated Shoulder

The shoulder joint is the body's most mobile joint; it turns in many directions, and is secured to the scapular cavity (glenoid) by the rotator cuff muscle, tendons and ligaments. This advantage in terms

of mobility, however, also makes the shoulder more susceptible to dislocation. Shoulder dislocation occurs as a result of the humeral head popping out of its socket caused by a fall onto an extended arm, accident or traumatic sporting injury. Symptoms include numbness, local swelling, weakness in the arm and the hand, and bruising. On examination, the dislocated shoulder has a characteristic appearance with a prominent humeral head and a hollow below the acromion (Brukner & Khan, 2001: 240-256).

Cupping treatment is more suitable during the rehabilitation period, rather than in the earlier, acute stage of the injury. It is aimed at strengthening the muscular structure as well as eliminating the local stagnation from the shoulder joint. Moving cupping is contraindicated when dealing with dislocated shoulder injuries.

Rotator Cuff Injuries

The rotator cuff muscles are the small but strong muscles around the shoulder; they comprise the supraspinatus, infraspinatus, teres minor and subscapularis. The subscapularis is an internal rotator of the GH joint, whereas the infraspinatus and teres minor muscles are external rotators. The rotator cuff as a whole functions to centre the humeral head in the glenoid for stability and to allow utmost pull during shoulder movements. As the arm is abducted away from the body or flexed, 'impingement' or squeezing of the rotator cuff between the head of the humerus below and the coracoacromial arch above can occur. Any overhead activity that involves the arm being taken often enough from below shoulder level to above shoulder level has the capacity to damage the rotator cuff. With repeated impingement, a poorly trained and conditioned cuff can become damaged, and a cycle of cuff damage, impaired function, further impingement and worsening cuff damage is initiated (*Sports Injury Bulletin*, n.d.).

CUPPING THERAPY. Administering up to four cups by means of number 2 or number 3 small size jars, apply Medium to Strong cupping starting with 10 minutes and increasing to up to 30 minutes at each visit, close to the shoulder joint, and concentrating on LU-2 Yunmen, SP-20 Zhourong, SI-9 Jianzhen, SI-10 Naoshu, SI-11 Tianzhong, LI-16 Jugu and SJ-14 Jianliao. If pain is radiating to the arm, add LI-15 Jianyu, LI-14 Binao and SJ-13 Naohui. If pain is radiating towards the neck, add SI-12 Bingfeng and SJ-15 Tianliao. With the exception of dislocated shoulder injuries, Moving cupping is also applicable in all shoulder conditions, following the path of the muscle when moving the cup. If the shoulder tension or pain is due to stress, apply Empty cupping to both shoulders and the upper back for 10 minutes at each visit (Fig. 14-11).

Note: In all types of shoulder injury complaints, external pathogens such as Cold and Wind-Cold are considered extremely harmful factors that need to be addressed. Subsequently, when these external pathogens are presented, local application of Moxa (Hot Needle) cupping or direct moxibustion (rotation or spreading technique) becomes an indispensable tool. The duration of moxibustion therapy may vary between 5 and 15 minutes at each visit.

Elbow and Forearm Injuries

Elbow and forearm injuries are quite common amongst athletes participating in racquet and throwing sports. The majority of injuries to the arm and the elbow are the overuse injuries and may affect the bony parts, joints, muscles, ligaments, tendons or nerves. Acute elbow or forearm injuries are most often collision-related on-field injuries that normally require treatment in the Accident and Emergency Department. Lateral epicondylitis ('tennis elbow') is the single most common elbow injury reported by active athletes:

This inflammatory condition, often accompanied by stiffness, soreness, and outright pain, affects up to 45% of regular racket sports participants. Basically, tennis elbow is an overuse injury caused by repeated contractions of muscles connected to the elbow joint of the arm used to hit the ball.

(Peak Performance, 2002)

Cupping therapy is mostly administered in the overuse type of injury. It should also be noted that it is contraindicated in the acute stages of injury to the elbow and forearm.

SPORTING ACTIVITIES THAT CAUSE MOST ELBOW AND FOREARM INJURIES. Tennis and all other forms of racquet sports, golf, swimming, javelin, cricket, baseball, basketball, waterskiing, bowling, volleyball, football, gymnastics, weightlifting, shotput, canoeing, kayaking, archery and rock climbing are amongst the highest contributors (Brukner & Khan, 2001: 251).

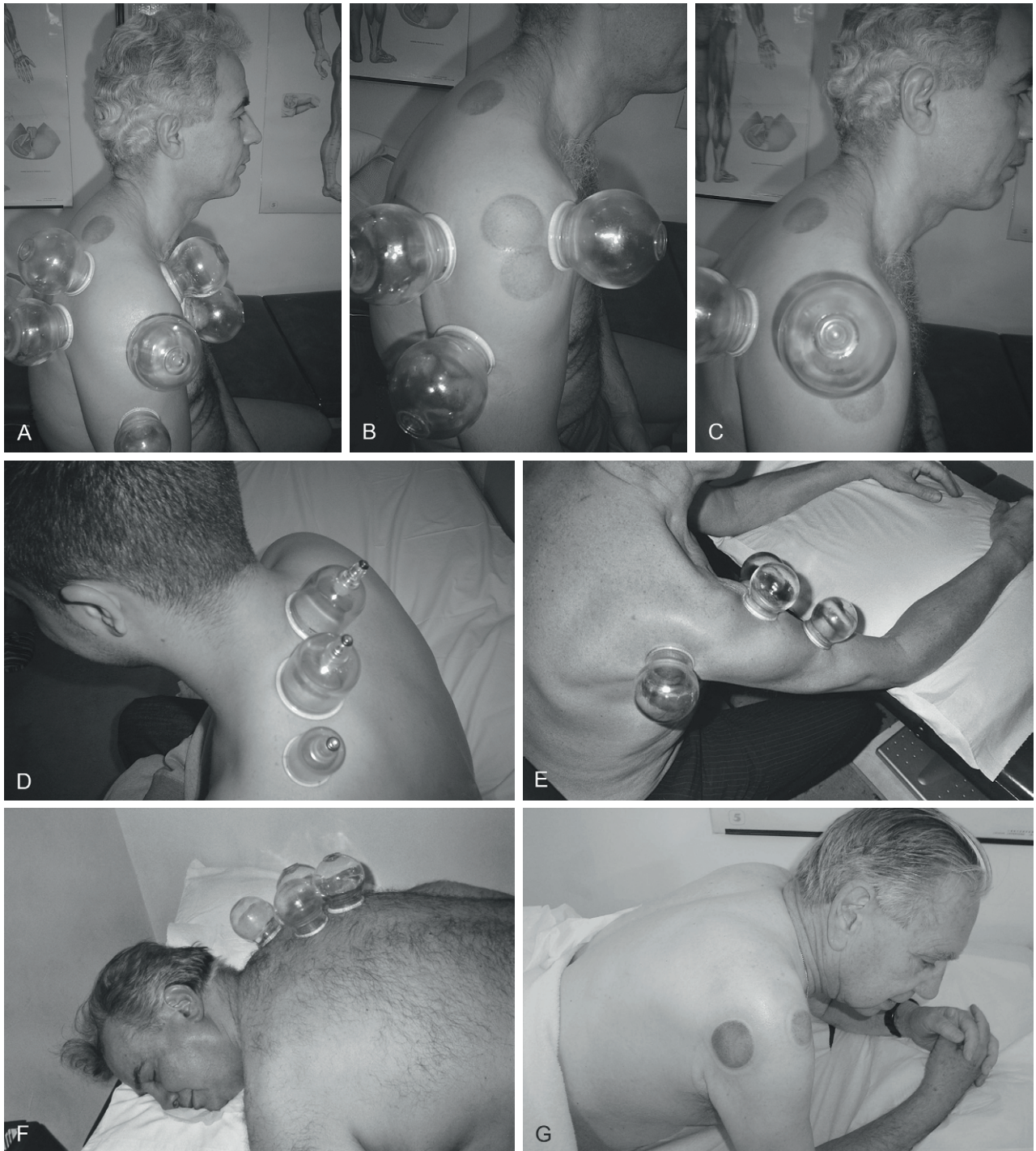


FIGURE 14-11 (A–G) Treating shoulder injuries.

CUPPING THERAPY. A combination of static and Moving cupping is employed during the rehabilitation period of elbow and forearm injuries. The main purpose of the cupping treatment is to help strengthen the forearm muscles and remove stagnation from the elbow joint (Fig. 14-12).

UNDERPERFORMANCE SYNDROME

Athletes, like the rest of us, can suffer from occasional loss of performance and energy. However, they usually recover fairly quickly and return to original form. Regrettably, however, some are very slow to

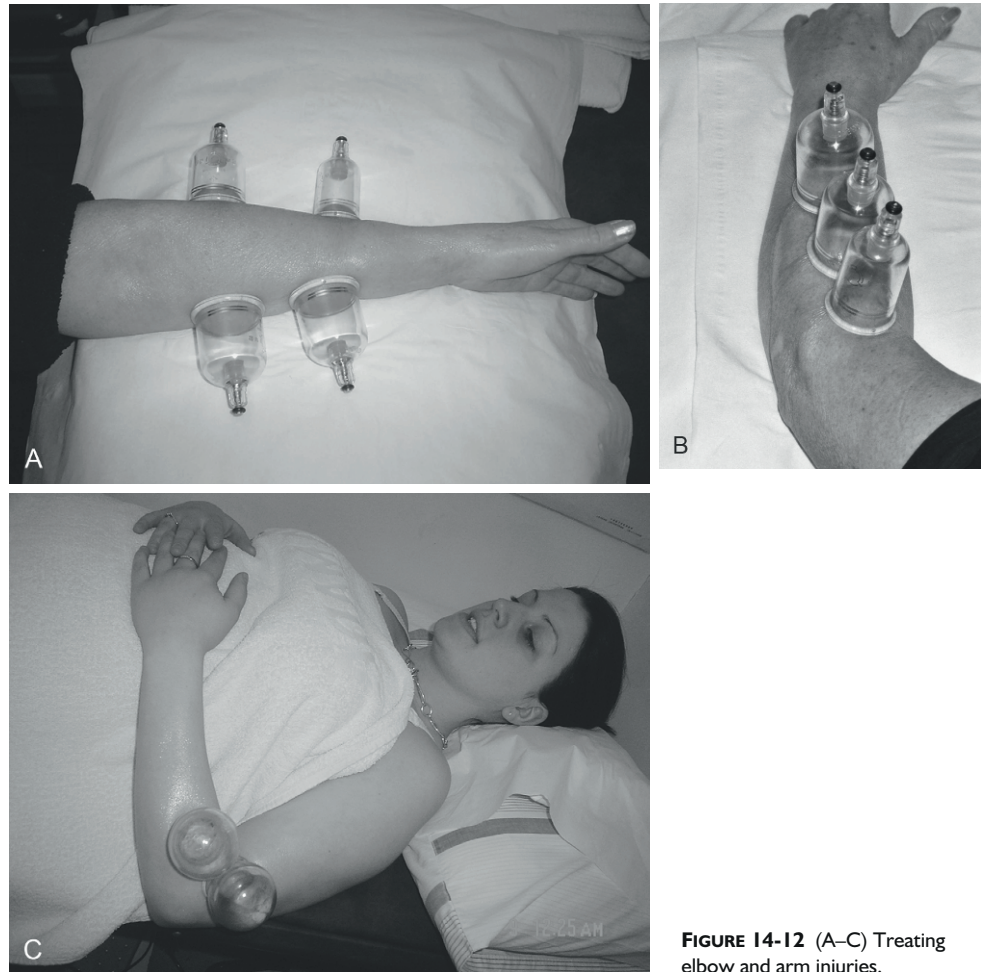


FIGURE 14-12 (A–C) Treating elbow and arm injuries.

recover or fail to do so, even after considerable rest. This is how the highly respected sports journal *Sports Injury Bulletin* (2002) describes this debilitating condition:

The 'unexplained underperformance syndrome' (UUPS) is defined as a history of objective loss of performance, without a medical cause and despite two weeks of rest. This definition was arrived at by a group of experts in Oxford in 1999. UUPS is almost exclusively a condition of endurance athletes, commonly occurring after a period of heavy training and competition. There is often a history of frequent minor infections. Anecdotally it is thought that between 2% and 10% of elite endurance athletes suffer significant episodes of UUPS during their sporting careers.

(*Sports Injury Bulletin*, 2002)

Fatigue is the key presenting symptom. This fatigue persists despite rest and leads to underperformance. The athlete may lose motivation and often complains of sore muscles and poor sleep. Sometimes they may experience a loss of libido and appetite. They also often become depressed. Less common symptoms of UUPS include: frequent minor infections, stiff or sore muscles, nocturnal hot sweats, minor changes in bowel habit, an elevated heart rate at a given intensity of training, an elevated resting heart rate, an inability to alter pace at the end of a race, mood disturbance and profound loss of motivation.

(*Sports Injury Bulletin*, 2004)

Unfortunately, we are living in a highly competitive sporting world and, when the trainer or the coach is faced with an underperforming athlete, the universal approach is to increase the training load in order to improve performance and 'get more' from the athlete, hence temporarily solving the

problem. However, when this cycle is frequently repeated it actually leads to more tiredness, reduced productive activity and worsening underperformance. I believe that the TCM diagnostic technique of pulse and tongue diagnosis is a superior method of correctly diagnosing the underlying factor(s) in the unexplained underperformance syndrome.

BLOOD INJURY

How the Blood is 'Injured' and What This Means

As discussed in Chapter 1, Blood is described as a kind of material transformed from the essence of Food produced through functional activity of Qi, which circulates through the blood vessels and nourishes the body tissue. Blood has a different role to play in traditional Chinese medicine from that of Western medicine. One of the most important characteristics of the Blood in TCM is that it contains Qi (energy). Qi is considered to be the locomotive of Blood. Where Qi moves, Blood also moves, and vice versa: where Blood moves, Qi follows.

There is a very intimate relationship between Qi and Blood. Blood injury occurs through poor diet and excessive demands on the body, such as overwork without having adequate rest or sleep in between, long-lasting bleeding, excessive sexual activity and a demanding exercise regimen despite poor, ineffective recovery from a previous activity or physical injury. All the above activities, when practised in excess, will result in depletion of Qi, which is literally the 'driving force' of Blood. 'Blood injury', therefore, is a unique TCM terminology that describes irreversible damage to the Blood's functional properties.

There is, however, a distinction between depletion of Qi and an injury to Blood. Chronic Qi depletion or deficiency may present itself as a feeling of lethargy, breathlessness, profuse sweating, loss of appetite and, most of all, lack of both motivation and a desire to move. Blood injury symptoms may include all the above as well as the additional symptoms of pale and colourless facial features, dizziness, palpitations, insomnia and, most importantly, aching bones, muscles and tendons.

CUPPING THERAPY. In both scenarios the aim is to stimulate Blood and Qi into motion in order to reverse the current 'stale' situation and promote a healthy and smooth flow of Qi and Blood throughout the body. In doing so, fresh and oxygen-rich blood and the dormant Qi are both forced into action to eliminate stagnation or stasis, at the same time helping to bring about a lasting recovery from past injuries and a quick return to form.

As described in Chapter 9, apply Empty cupping treatment to the front of the chest for 15 minutes every day for 10 days, concentrating on LU-1 Zhongfu and LU-2 Yunmen and the entire back (torso) of the body (see also Fig. 13-5).

Where muscular pains are present, apply Light-moving cupping every day for 10 days on the painful areas of the body. Every application should be performed for only 5 minutes on each painful area.

Repeat the treatment procedure for several weeks after giving the patient a week's rest in between 10 sessions. During the entire period of the treatment, it is equally important for the athlete to refrain from intense training and to pursue a more gentle exercise regimen.

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