

HISTORY OF CUPPING THERAPY



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INTRODUCTION

Cupping as a therapeutic medium is simple, safe and at the same time quite an effective treatment tool. Cupping therapy has been in practice for several thousand years. Perhaps the simplicity of cupping in application has been a major contributing factor for the cupping underuse in modern medicine, particularly during the early 20th century where complicated medical apparatus and medications were invented and introduced to the mainstream medicinal use. The earliest written evidence was by the ancient Egyptians and also by Chinese doctors. Cupping practice, however, was not limited to the above two cultures. From east to west and north to south, many civilizations adopted cupping as part of their 'in-house' medicine and, later, integrated cupping practice as part of their mainstream medicine (Chirali, 2007).

EARLY CUPPING METHODS (FIGS 1-1 to 1-5)

Cupping therapy has been used in China and some African countries for several thousand years. At first it was applied using cattle horn and consequently was also called 'horn therapy' (see Fig. 1-3). To create a negative pressure inside the horn, the cupping practitioner used his mouth to physically suck the air out from a hole on top of the horn, thus creating a negative suction inside the horn! With the introduction of bamboo, earthenware and later on the glass cups, fire was ignited to expel the air.

As far as safety was concerned, the length of the horn would be the only protection afforded to the practitioner! This method is still employed in some rural developing countries for treating boils and carbuncles. Cupping was then used as an auxiliary method in traditional Chinese surgery. Later it was found to be effective in other diseases, and developed into a special therapeutic method.

The earliest record of cupping is in *Bo Shu* (an ancient book written on silk), which was discovered in an ancient tomb of the Han Dynasty in 1973 (Chen Bin, Dr He Chong, personal communications, 1995). Some therapeutic cupping methods were also introduced in a book by Zouhou Fang

in about 28 AD (Chen Bin, Dr He Chong, personal communications, 1995). Cases of treatment of tuberculosis were recorded in *Weitaimiyao* in 755 AD. Three hundred years later, another ancient classic, *Susen Liang Fang*, recorded an effective cure for chronic cough and the successful treatment of poisonous snake bites using cupping therapy (Chen Bin, Dr He Chong, personal communications, 1995).

About 500 years ago, a famous surgeon called Wei Ke Zen Zong presented a detailed record of the cupping methods used in surgical practice (Chen Bin, Dr He Chong, private communications, 1995). Through several thousand years of accumulated clinical experience, the clinical applications of cupping



FIGURE I-1 Scarificator with 13 lancets, 17th century, European. (Reproduced courtesy of the British Science Museum/Science and Society Picture Library.)



FIGURE I-2 Cupping set, 1878. Cupping aimed to draw poisonous substances from the body and was popular from Roman times until the late 19th century. (Reproduced courtesy of the British Science Museum/Science and Society Picture Library.)

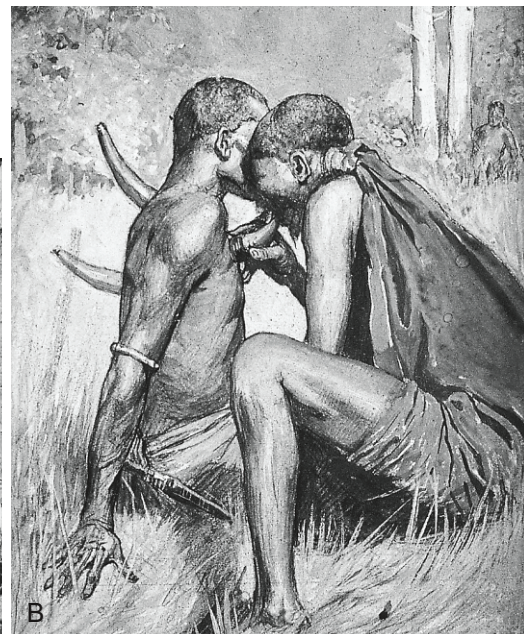


FIGURE I-3 (A, B) An African medicine man or shaman applying the technique of cupping to a patient using animal horns; this involves drawing blood to the surface of the body. (Wellcome Institute Library, London.)

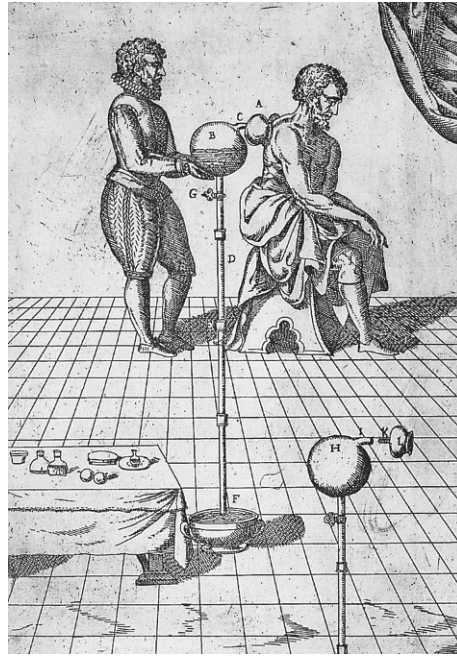


FIGURE I-4 A surgeon applying the method of cupping to a patient. Etching by Brandini. (Wellcome Institute Library, London.)



FIGURE I-5 One of a group of soldiers having his arm cupped; this represents the political situation of France in relation to German states in 1820. (Wellcome Institute Library, London.)

have become increasingly wide. During the Jin dynasty, Ge Hong (281–341 AD), in his book *A Handbook of Prescriptions for Emergencies*, first mentioned the use of animal horns as a means of draining pustules (Chirali, 2007). Zhao Xueming of the Qing dynasty (1644–1911), in his *Supplement to Outline of Herbal Pharmacopoeia*, wrote a separate chapter on the subject under the heading ‘Fire-Jar Qi’. The original natural horn cup has been replaced by bamboo, ceramic or glass cups (some of my African patients report that horn cupping is still used today in rural Africa as the only way to expel poison from bites). Because cupping is widely used in Chinese folklore culture, the technique has been inherited by the modern Chinese clinical practitioner.

There is a saying in China: ‘acupuncture and cupping, more than half of the ills cured.’ Zhao Xue Ming, a doctor practising more than 200 years ago, compiled a book entitled *Ben Cao Gang Mu She Yi*, in which he describes in detail the history and origin of different kinds of cupping and cup shapes, functions and applications. In mainland China, the development of cupping therapy has been particularly rapid. In the 1950s the clinical efficacy of cupping was confirmed by further research in China and

acupuncturists from the former Soviet Union, and was established as an official therapy practice in hospitals all over China. This issue substantially stimulated the development of further cupping research.

CUPPING IN THE WESTERN WORLD AND THE MIDDLE EAST (HEJAMA/HIJAMA)

Just how popular was cupping and to what extent was it used in the West? Were the applications and conditions similar to those in ancient China? To find an answer to these questions, I have examined a wealth of medical information and found useful data regarding cupping therapy in both ancient and contemporary clinical practice around the world. In particular, the Wellcome Institute for the History of Medicine in London has been an invaluable source.

‘Cupping is an art’ wrote the London cupper Samuel Bayfield in 1823, ‘the value of which every one can appreciate who has had opportunities of being made acquainted with its curative power by observing its effects on the person of others, or by realising them in his own.’ For thousands of years all medical authors have distinguished two forms of cupping: Dry and Wet. In Dry cupping no blood is actually removed from the body. A cup is drained of air and applied to the skin, causing the skin to tumefy (swell). In Wet cupping the process begins with Dry cupping and is followed by several incisions being made in the skin, in order to collect blood.

In 1826, the surgeon Charles Kennedy wrote:

The art of Cupping has been so well known, and the benefits arising from it so long experienced, that it is quite unnecessary to bring forward testimonials in favour of what has received not only the approbation of modern times, but also the sanction of the remotest antiquity.

Among the Egyptians, who introduced bloodletting to Greece, cupping was the usual remedy for almost every disorder, and they no doubt had received it from the more ancient nations of the East, from whom they had derived much of their knowledge. The founder of today’s Royal Free and Royal Marsden Hospitals in London, surgeon William Marsden (1796–1867), also employed cuppers in his Royal Free Hospital in Gray’s Inn Road, London, during the 1830s. When Dr Marsden decided to open a hospital and freely treat the poor, he enlisted surgeons and doctors who contributed their time free of charge, with the exception of a paid apothecary and a paid cupper. During my research, I was privileged to be allowed into the old medical records of the Royal Free Teaching Hospital, Hampstead, London, and to read through the ‘minute ledger’ of meetings. The records of the Annual General Meeting held at the Board Room of the Royal Free, 23 February, 1832, state: ‘that Surgeon James Davis Lane Esq. be persuaded to continue his valuable services as Cupper to the institution’. We can safely conclude that cupping therapy was indeed used in Western hospitals from very early times, and that it was performed by highly skilled doctors and surgeons.

CUPPING IN THE JEWISH TRADITION

The Chief Rabbi of Egypt, Rabbi Moshe Ben Maimon, referred to this therapy in his medical books *Mishna Thora – Hilchot Deot*, Chapter 4 (private correspondence, Moshe Rafael Seror, the founder and principal of The College of Jewish Medicine). Most of the teaching on this chapter relates to preserving and maintaining a good, healthy mind and body:

The life (Hebr, soul) is in the blood’ (Lev. Xv11.11). In the medicine of the Talmud blood plays a purely negative part. Most diseases arise in the blood. Blood is therefore not considered a remedy; but on the contrary, bleeding and cupping (that is the removal of blood) are recommended as modes of treatment.

During the Talmudic period, surgery attained a high degree of development. Venesection (phlebotomy) was extensively used on the healthy and the sick alike. Mar Samuel Yashinai went so far as to recommend its use once every 30 days. After the age of 50, venesection should be employed less frequently. Bleeding by means of cupping (the cup being called ‘Karna de-ummana’) is frequently mentioned.

CUPPING IN THE MIDDLE EAST AND THE MUSLIM WORLD (HEJAMA/HIJAMA)

It was a rare occasion when I came across detailed and systematic information regarding cupping therapy outside TCM practice. ‘Hejama’ or ‘Hijama’, as it is known in the Arabic world – which also translates ‘to restore to basic size’ or ‘to diminish in volume’ – has been quite extensively practised by Muslim nations throughout history. The Prophet Mohammed, peace be upon him (pbuh), is reported to have been a fervent user and advocate of cupping therapy (Hejama). In the book *Healing with the Medicine of the Prophet* written by Imam Ibn Qayyim Al-Jauziyah in 2003, an eminent scholar of Hadith (sayings of the Prophet Mohammed – pbuh) who lived in Damascus (1292–1350), cupping therapy is prescribed for many illnesses. It was reported that the Prophet said:

Cupping and puncturing the veins are your best remedies.’ This Hadith is directed at people of Hijaz and warm areas in general, for their blood is delicate and circulates closer to the surface of the skin, while the pores on their skin are wide and their strength weakened (i.e. during summer). Puncturing of each of the veins usually has a special benefit. For instance, puncturing the basilic vein (the large vein running on the inner side of the upper arm) is useful against the heat of the liver and spleen and various blood-related tumours in these two organs. It is also useful for tumours of the lungs, arterial pulsation, pleurisy and all blood-related diseases of vein in the lower part of the knee to the hip. Further, puncturing of the median vein helps against the various swellings that appear throughout the entire body, especially when the swelling is blood-related, and contains spoiled blood in general. In addition, puncturing of the arm’s vein helps against the ailments in the head and neck that result from excessive amounts of blood or from septic blood. Puncturing of the jugular vein helps against the ailments of the spleen, asthma, thoracic cavity and forehead pain. Cupping the upper section of the back helps against the aches of the shoulder and the throat. Further, cupping the two jugular veins helps against the ailments of the head, face, teeth, ears, eyes, nose and throat, if these ailments were caused by excessive presence of blood, soiled blood or both. The Messenger of Allah used to apply cupping on the two jugular veins and the upper part of the back.

Abu Dawud, *Healing with the Medicine of the Prophet*, p. 21.

It was not only cupping therapy in general that was advised, but also the benefits of such therapy and the locations of cups to be applied, depending on the condition of the patient as well as the correct timing of such therapy according to the lunar date. The author of *Al-Qanun (Fi’l-Tibb)* (see also notes below), Ibn-Sina (Avicenna, 1025) said:

Cupping is not preferred in the beginning of the month, because the body’s various conditions will not be agitated then, nor is it preferred in the end of the month, because by then the conditions would have decreased. Cupping is preferred in the middle of the month when the substances (of the constitution or condition) accumulate and become agitated.

In different Hadith he stated: ‘the messenger of Allah used to have cupping on the jugular veins and upper part of the back on the seventeenth, nineteenth or twenty first day of the month’, the most beneficial time of the day being 2–3 hours after taking a bath. Dietary recommendations were also given, including fasting a day before the cupping, total avoidance of milk and milk products during the days of cupping, and plenty of green, leafy vegetables and tomatoes during and after the treatment. Advice was also given to the practitioner: ‘refrain from cupping treatment on full stomach.’ In separate Hadith he added: ‘there is a cure provided in three substances – a drink of honey, a cut with a knife for cupping and cauterizing by fire. I forbid my Ummah [Muslim Nation] from cauterizing by fire.’

In a separate book, *Islamic Medical Wisdom – The Tibb al-A’imma*, Imam Ali ibn Abu Talib (translated by Ispahany and Newman) (2007), there are descriptions of cupping therapy benefits, effectiveness, when to apply cups, best cupping periods in a month, which parts of the body to cup, foods to have and those to avoid during the cupping sessions and observing the blood (thickness and colour) inside the cup once exuded.

Although cupping therapy was regarded as ‘very effective’, it was also considered ‘quite dangerous’ in unskilled hands. Diseases were also categorized as Hot, Cold, Wet and Dry types. While warm honey was given to Cold conditions, cupping therapy was administered for Hot (febrile)

Box 1.1 'DO'S AND DON'TS' OF CUPPING THERAPY

Dry cupping: 'Dry-Cupping produces Heat' (p. 239).

Wet cupping: is considered as 'cooling' because it is considered to 'remove heat from the body' (p. 239).

Nursing mothers: for scanty milk 'apply gentle Dry-Cupping under the breasts' (p. 364).

Excessive menstrual bleeding: apply 'Dry-Cupping to the breasts, because the blood tends to travel towards its related organ' (p. 465).

Wet cupping: is contraindicated when there is a blood deficiency 'vacuousness' (p. 475).

Do not always bleed: 'it may prove sufficient to *draw the material away* without actually evacuating!' (p. 480).

To warm the skin: 'apply Dry-Cupping' (pp. 481, 495).

Tightness and pain under the hypochondrium: 'apply Dry-Cupping with Fire to the stomach-region' (p. 504).

Avoid bleeding cupping: during fever that is accompanied by 'wasting' (p. 521).

Best time for cupping therapy: 'the second and third hours' after getting up are 'the best hours for cupping'. 'Some authorities advise against applying cupping-glasses at the beginning of the lunar months because the humours are then not yet on the move or in a state of agitation; also against applying them at the end of the lunar month, because at that period (of the cycle) the humours are less plentiful. The proper time (according to them) is the middle of the month (when the humours are in state of agitation) and during time when the moonlight is increasing (when the humours are on the increase). During that period the brain is increasing in size within the skull, and the river water is rising in tidal rivers' (p. 522).

After bathing: 'wait an hour before cupping' (p. 522).

Infants: 'one should not begin to apply cupping to infants until they are in their third year' (p. 523).

Stomach pain: 'to allay pain, apply over the umbilicus; cupping relieves violent colic and flatulent distension of the abdomen and the uterine pain due to movement of the menstrual fluid, especially in young women' (p. 523).

Elderly: 'it is altogether contraindicated after the sixtieth year' (p. 523). When one considers the average human age was about 50 years, when the book *Canon of Medicine* was written in 1025 AD, anyone lucky enough to reach the age of sixty years old was indeed considered a 'great old man'!

Page references above are to the original text.
Al-Qanun Fi'l-Tibb, Canon of Medicine (1025).

conditions. It goes on to say: 'the heat of the fever is a breath of the Hell fire; cool it with water'. Here, we can clearly see some similarities with TCM aetiology where excessive heat is considered a 'pathogenic factor' that has to be cooled or removed from the body. (See [Box 1.1](#) for 'do's and don'ts'.)

PRESENT CHALLENGES FACING THE CONTEMPORARY MIDDLE EASTERN CUPPING THERAPY PRACTITIONER

In April 2010, I was invited to Riyadh, Kingdom of Saudi Arabia (KSA) by the Ministry of Health Director of the National Centre of Complementary and Alternative Medicine KSA, to discuss the training and application of cupping therapy in the Kingdom, with a further goal of legislation.

This invitation was a direct result of the earlier decision taken by the Council of Ministers approving the setting up of a National Centre for Alternative and Complementary Medicine in the Kingdom. Similar regulations are also considered in the United Arab Emirates (UAE). The Centre will serve as a national referral authority on alternative and complementary medicine (ACM). It will be directly linked to the Minister of Health and it can seek the help of foreign ACM specialists.

The purpose of my visit was to discuss the training and the practice of cupping therapy (Hejama) in the Kingdom of Saudi Arabia. My visit lasted 7 days, mostly with the team of doctors headed by the CAM Director at the Health Ministry in Riyadh.

The practice of cupping therapy (Hejama) is currently banned (2013) and the practice is illegal. Despite this ban, cupping therapy, and especially Wet (bleeding) cupping, is widely practised as a 'traditional Muslim medicine' mostly by non-medical lay persons at some prominent clinics as well as back streets of many cities throughout the Kingdom. This trend presents a worrying situation for the health authorities in the Kingdom as well as the rest of the Arabic world.

At the end of my visit, the team managed to put together a protocol called 'Cupping therapy practice and a training protocol', which will be suitable for the medical and the non-medical staff such as the paramedics and nurses.

REGULATION OF THE PRACTICE OF CUPPING THERAPY

At present and during the preparation of this latest edition, cupping therapy in Europe and the United States of America is practised by a wide range of practitioners. This includes medical doctors, acupuncture practitioners, massage therapists, physiotherapists and even some beauty therapists. There is no single ‘cupping regulatory’ body or authority. However, as mentioned below, in some countries such as Britain and the USA there are individual registers of practitioners trained in the cupping therapy.

Many complementary and alternative medicine (CAM) practitioners in the West practise under their own professional register. In European countries, these registers generally operate under the ‘self-regulation’ principle, maintaining up-to-date registers of their members, monitoring safe practice and dealing with public enquiries and complaints. In the USA, most CAM practices are state regulated and registered by each individual state.

Professional Indemnity Insurance

When considering insurance issues, we find that professional insurance companies consider cupping therapy as an integral part of the traditional Chinese medicine (TCM) protocol, similar to moxibustion or Gua Sha treatments. If the cupping therapist has been professionally trained and is registered with a professional body, he or she then notifies the relevant insurance company of the training and requires the inclusion of cupping in their policy cover. This can be under the heading of traditional Chinese medicine, physiotherapist, massage therapist, sport injury therapist or beauty therapist. They can expect to be insured under the existing cover and can legally practise.

NEW INTEREST IN CUPPING THERAPY

Many Cupping therapy practitioners in the West consider the year 2005 to be the ‘cupping therapy year’! For several months following Friday, 9 July 2005, cupping therapy was the subject of worldwide media attention. This was entirely due to Oscar-winning actress Gwyneth Paltrow, who decided to reveal her newly acquired cupping therapy marks at a film festival in New York by wearing a low-cut dress that revealed the circular marks across her back and shoulders. Newspapers, radio stations and TV networks in the USA and across Europe gave extensive coverage to cupping therapy and speculated wildly about why she was having this treatment! Some cynical comments were made but in general it has been a positive and informative approach. This helped to stimulate a healthy public debate in natural health and complementary medicine circles, simultaneously encouraging many TCM practitioners who were previously reluctant to apply this method of treatment to study further and improve their cupping skills. Social networks like YouTube and Facebook now contain hundreds of cupping sites (some good and some not so good!).

Today, as more people seek complementary and alternative therapies to deal with their health problems, therapies such as acupuncture, cupping, herbal medicine, aromatherapy, reflexology, chiropractic, osteopathy, homoeopathy, Tui Na and massage have become popular. Public awareness and education have also changed, from seeing these as ‘quack’ remedies to more respectable alternative treatments. In both America and Europe the education of the complementary therapist has taken on a new meaning. Here in the West, most acupuncture schools and colleges offer 3–4-year ‘accredited’ acupuncture courses, with optional studies in China. Many alternative therapy organizations have set up self-regulatory bodies, ensuring high educational standards and at the same time seeking better understanding and recognition by the health system and the general public.

Fortunately, most acupuncture school curricula in the West do now include reasonable teaching time for cupping therapy. Consequently, in the last 15 years since my first book was published in late 1999, I have been invited to teach cupping therapy through various TCM schools and private lectures in England, Germany, Norway, Saudi Arabia, Sweden, Denmark, Holland, Turkey, Czech Republic, Canada and Switzerland. I was also quite humbled when I was asked to present a cupping paper to the students and the practitioners of TCM in Taichung and Taipei, Taiwan. The first presentation was at the China Medical University hospital in Taichung and the final presentation to the Chang Gung Memorial Hospital, Taipei. Both the students and the doctors were impressed

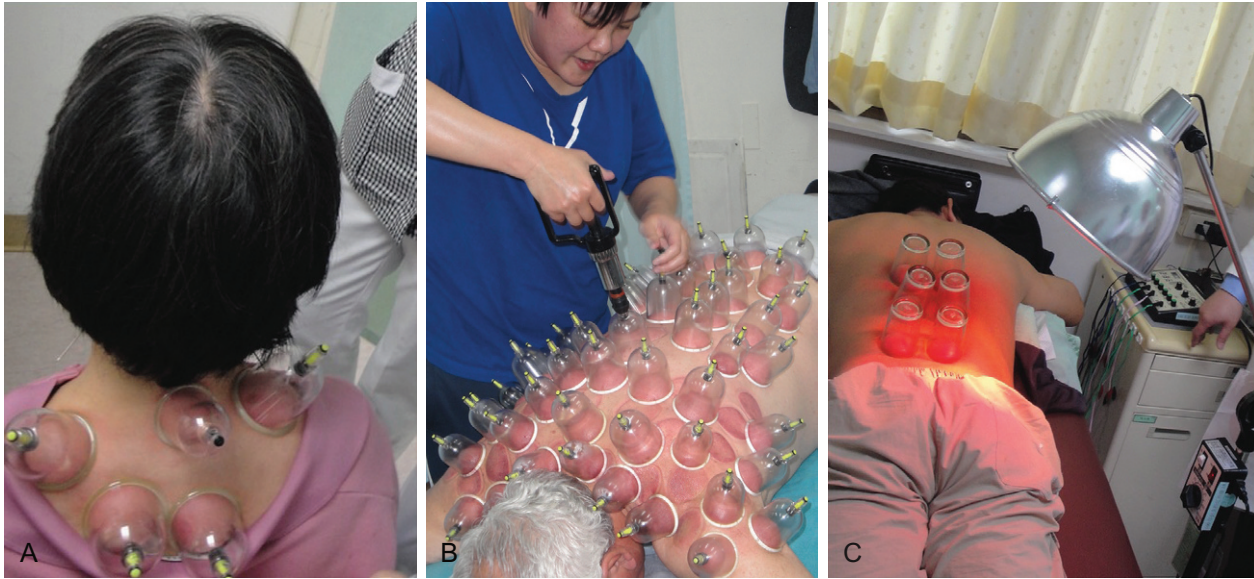


FIGURE 1-6 (A–C) Cupping therapy in Taiwanese clinics.

by the variety of cupping therapies offered in my lectures. I am also very pleased to see a genuine enthusiasm towards cupping therapy practice among the new generation of TCM practitioners as well as the contemporary massage therapists and physiotherapists. In parallel with this newly found interest, quite a number of websites are also offering online cupping therapy information. It is estimated that over 100 000 acupuncture practitioners today work outside China, practising Chinese medicine as a whole. It is clear that cupping therapy taught and used properly on its own, or alongside various tactile therapies, can positively influence and speed up the body's natural healing process (Fig. 1-6).

CONTEMPORARY CUPPING EQUIPMENT

Much of the cupping equipment used and sold today in the East as well as in the West is made of fire-resistant tough glass or clear Perspex material. Earthenware and bamboo cups are still used in developing countries. In the West, however, the use of earthenware and bamboo cups is now discontinued, or limited perhaps to an emergency situation where no other cupping equipment is available. Bamboo cups have now been replaced by clear Perspex cupping sets in most Chinese hospitals and clinics. In recent years many versions of electrical or mechanized cupping apparatus have also been introduced. Most of the new generation and elaborate vacuum cups are designed for use in the acupuncture clinics, sports clinics, beauty salons and health spas particularly during body toning, weight loss or cellulite reduction programmes. The manually operated valve cupping set (pistol-handle) is the most popular version among the Western practitioners who prefer not to employ fire during the cupping sessions (see 'Pistol-handle valve cups').

Electromagnetic Cupping Apparatus

In China the use of electric cupping apparatus involves the patient incurring additional cost. In addition, the electric cupping machine itself is expensive, bulky and impractical as far as mobility is concerned. These machines are heavy, and are consequently mounted on a portable table so that they can be taken to the nearest bed and positioned next to the patient. In Chinese TCM hospitals almost every acupuncture department has an electric cupping machine (Fig. 1-7). The cup is attached to the machine through an umbilical suction cord. At the same time, if necessary, a separate cable can be fitted to activate an electromagnetic probe inside the cup. Suction strength and duration can be adjusted and controlled electronically by the operator. The use of electromagnetic stimulation during a cupping treatment is a new experience for me; therefore I am unable to comment on the therapeutic efficacy of such a technique. According to some doctors who use such devices regularly, electromagnetic stimulation increases the

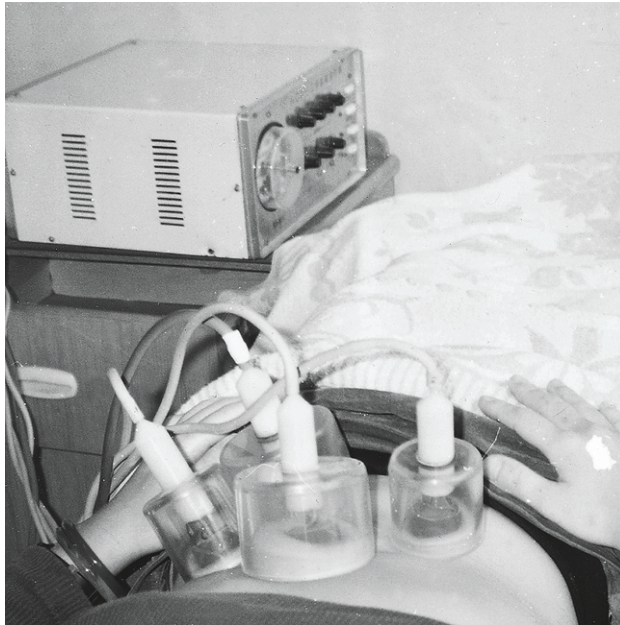


FIGURE 1-7 Electromagnetic cupping apparatus.

therapeutic effectiveness of cupping, especially when applied to joints, including the knees and elbows. One of the drawbacks of this rather sophisticated machine is that the cups cannot be sterilized as often and as efficiently as plain glass cups.

Portable Cupping Pumps

These are smaller, portable versions of mechanical cupping machines, powered by small petrol engines or batteries. They are heavy to carry around, especially when visiting patients; they are also very noisy to operate and difficult to clean. In my first book I introduced portable cupping pumps as ‘easy to carry around’; however, I changed my opinion when I discovered that the average weight of these machines is around 5 kg – not so practical for a busy practitioner doing visiting rounds!

During the writing of the present edition I have also seen various electrically operated cupping machines, which have come to the market in recent years particularly from the European sources. However, most of these new machines are aimed at the cosmetic sector, in particular for toning up the skin as part of ‘weight loss’ programmes.

Screw-Top Cups

A more modest and rather inexpensive cupping set has an adjustable screw-threaded handle located on top of the cup and attached to a piston-like suction pump inside the cup (Fig. 1-8). The cups are made of clear Perspex material. The level of suction required is obtained by turning the handle anticlockwise and allowing the piston ring inside the cup to touch the patient’s skin. The handle is then turned clockwise in order to pull the piston upwards, thereby creating a negative pressure inside the cup. Using this method, cupping treatment can be carried out in almost any environment, as neither electricity nor fire is needed. However, again a sufficient degree of sterilization cannot be achieved as the cups are lined with a fine lubricant in order to facilitate the movement of the piston. This version is the least used of the cupping sets in the clinics.

Pistol-Handle Valve Cups

This type of cup is usually made of toughened glass or clear Perspex material (Fig. 1-9) and has a valve attached to its top. So far I have seen two varieties of this cupping apparatus: one has a pump, which resembles a bicycle pump, and the other is the pistol-handle type. The operator places the cup in the desired position, inserts the pump into the valve and then proceeds to pump air out of the cup, creating suction. The strength of suction can be adjusted from the valve, which is positioned at the top of the cup. With this method the operator has absolute control over the vacuum, in particular when sensitive and small areas such as facial points or a boil needs to be cupped.

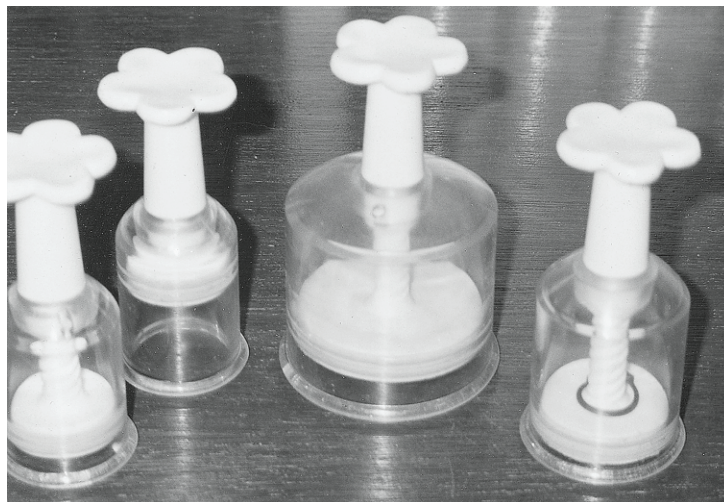


FIGURE I-8 Screw-top cupping set. (Courtesy of Acu-Medic Co. Ltd, London.)

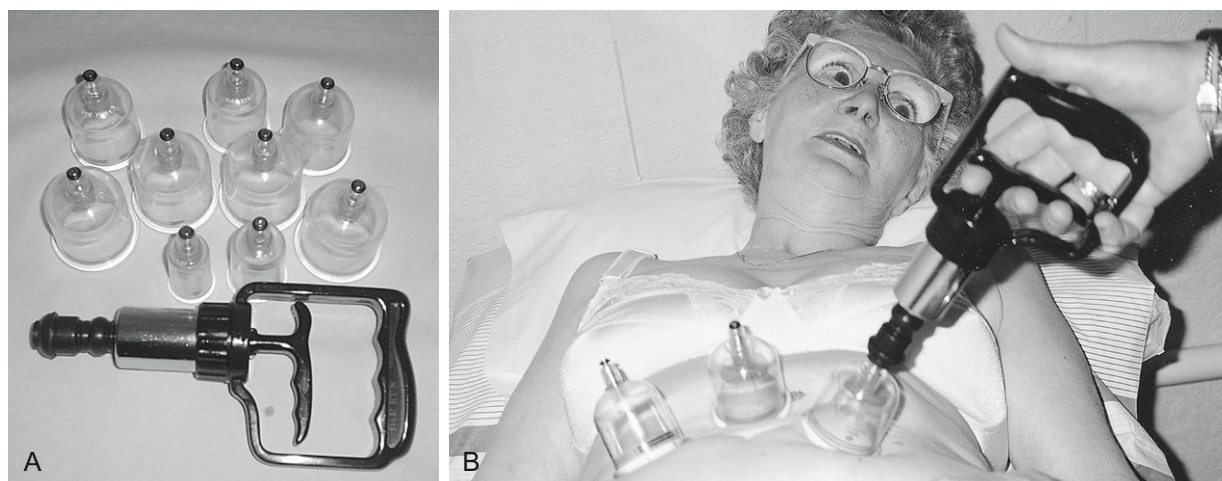


FIGURE I-9 (A, B) Valve cupping set. (Courtesy of Harmony Acupuncture Supplies Ltd, London.)

The following technique is my own suggestion regarding the degree of suction control of the pistol-handle unit.

Light cupping method = one complete pull of the pistol handle.

Medium cupping method = two complete pulls of the handle.

Strong cupping method = three complete pulls of the handle.

Proper sterilization presents no problem, and the cupping sets are relatively inexpensive and easy to obtain.

Pistol-handle valve cups have become very popular with Western practitioners in recent years, largely due to the safety aspect of this particular set, where no fire of any kind is required during the application. The position of the patient is also irrelevant as the valve cups can be employed while the patient is either sitting up in a chair or lying down on the treatment couch.

Problems often encountered with pistol-handle valve cups are as follows:

1. **Not being able to create a good suction or the pistol handle feels tight when pulled:** The most frequent cause of this malfunction is a sticky valve. To remedy this problem, check to see whether the valve is moving freely from its base; if not, pull it by hand so that the valve is moving freely from its glass base when the suction is applied.

2. Cups falling out shortly after the application:

- Check and make sure that the cups are not cracked or the edges broken (sometimes the cup develops a hairline crack, which is not always visible).
- Apply oil liberally to the cupping location if treating hairy or dry skin conditions.
- Check the seal and the valve for foreign substances and remove if any.

3. Vacuum handle not pulling:

- Check the gun barrel for dirt and clear all foreign substances.
- Lubricate the gun if dry.

Cups with Squeeze Rubber Tops

These cups are made with a hollow rubber handle attached to the top (Fig. 1-10). The operator simply squeezes the rubber handle and places the cup on the desired point. When the rubber handle is released, a vacuum is created. A major disadvantage of these cups is that only a limited amount of air can be drawn out of the cup, and therefore the suction obtainable remains limited to light and medium strength.

When treating children under the age of 7 years this method is preferable, as there is no fire or machinery involved, and it is the only type of cupping method that parents can easily and safely be taught for use on their children at home.

Magnetic Squeeze Rubber Cups

These are operated exactly the same way as the cups above. However, these cups are attributed extra benefits owing to the magnetic field created by the magnet, which is fixed on the inside to the upper part of the cup (Fig. 1-11).



FIGURE 1-10 (A, B) Rubber-top cupping set.



FIGURE 1-11 Magnetic cupping set.



FIGURE 1-12 (A, B) Bamboo cupping set. Used in ancient times and today.

Bamboo Cups

Without doubt cups made of bamboo (Fig. 1-12) are the most commonly used in China today. Bamboo is easily available, inexpensive and extremely light to carry, and the cups are durable and last for years. There are a few disadvantages, however. First, the edges of the bamboo cups are very sharp compared with glass cups, and dig into the flesh. For this reason, I personally refrain from using bamboo cups on my Western patients, as the concept of pain in Western patients is very different from that of the Chinese. For the Chinese patient, the discomfort caused by the bamboo cup is quite acceptable. A second disadvantage is that the operator is unable to see inside the cup to monitor the strength of suction and avoid blistering. Thirdly, adequate sterilization cannot be achieved as the bamboo is very porous and absorbent, and a strong suction may draw blood or body fluids into the fibres of the cup. In a busy clinic, for example, there would therefore be a greater risk of cross-infection. For personal use in the home, however, bamboo cups are very safe.

During my studies in the Nanjing University of Traditional Chinese Medicine and the First Affiliated Hospital, Nanjing, I was allowed to visit and participate in the work of various departments such as the children's clinic, Tui Na (Chinese therapeutic massage), herbal medicine and acupuncture. Most of these departments use cupping therapy extensively alongside their main treatment modalities. For the reasons mentioned above, the most favoured medium used in all these departments was the bamboo cups.

Glass Cups

Before glass cups were introduced, earthenware and china cups were used for many hundreds of years. In fact, my grandmother Rahmeli Ebe often used large earthenware vessels resembling water jugs to treat her patients. Because of the obvious disadvantages of earthenware cups (expensive, easily broken and very heavy to handle or carry), glass cups (Fig. 1-13) were introduced soon after the invention of glass itself (around 2500 BC, by the Egyptians). The drawings on the entrance of one of the tombs in Luxor, Egypt, clearly show a cupping set, most probably made of glass, among other medical instruments (Fig. 1-14). The edges of glass cups are thicker and smoother than those of bamboo cups. They are also available in different sizes.

It is often difficult to purchase a set of glass cups all the same size: wholesalers and retailers often prefer to sell them in sets of three, all varying in size, so that large numbers of the less popular sizes do not remain in their stock!

Glass cups are the type most favoured by Western practitioners. From a practical point of view the advantage of the glass cupping set is its transparency, which enables the practitioner to observe and

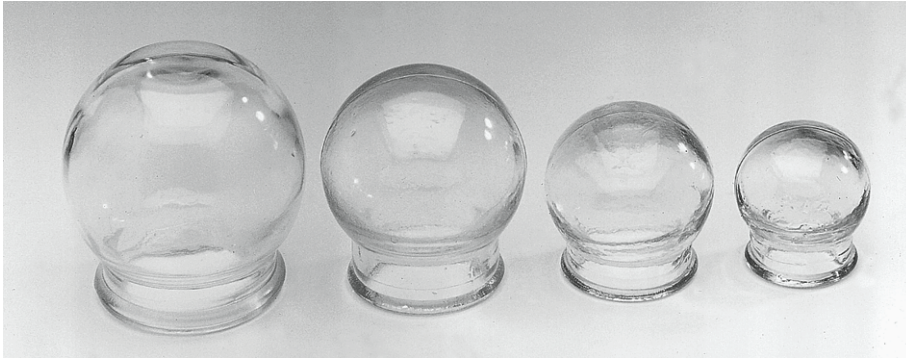


FIGURE I-13 Glass cupping set. Used in ancient times and today.

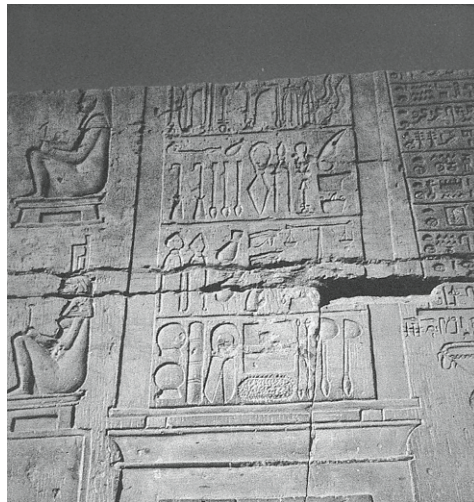


FIGURE I-14 Drawings on the entrance to an Egyptian tomb, Luxor. (Courtesy of Mrs J. Shilton, London.)

monitor the strength of suction and the treatment time. Glass cups are also easier and faster to use and more suitable to sterilize. For the reasons given above I prefer the use of glass cups in my clinics. There appears to be only one disadvantage: if dropped, glass cups break very easily and are expensive to replace.

Rubber Cups

In late 1999, I was introduced to a new cupping set that is made completely of a natural rubber material (Fig. 1-15). The cups are corrugated in shape and, when the air is pushed out, a rather strong suction is obtained. The cups give a good strength of suction and are versatile in their application.

Because of the nature of the rubber material, these cups are expensive and cannot be boiled or sterilized in a strong cleaning solution as the rubber becomes soft, edges wear thin and are unable to hold onto the skin. It can be used in a busy clinic when new. Otherwise, they are only recommended for personal use. Most massage oils used during the treatment also damage the rubber, which reduces its effectiveness.

When new, the smooth surface of the mouth of the rubber cup makes it ideal for treating children as well as the Moving cupping technique on adults. Rubber cups can safely be used on the face, stomach, legs and other tender parts of the body.

Silicon Cups

In early 2011, I was invited to Vancouver, Canada as part of the Canadian Oriental Medicine Symposium for a lecture and a 'cupping therapy workshop'. There I was introduced to silicon cupping sets. Silicon cups are more resistant to any damage from oil or sterilizing liquid. The edges of the silicon cups are smoother, they are lighter in weight than rubber cups and I am also assured that they last much longer owing to the toughness of the silicon material. Silicon cups are particularly suitable during cosmetic cupping sessions, especially for cellulite treatment on the thighs and for a facial rejuvenation programme (Fig. 1-16).



FIGURE I-15 (A, B) Rubber cups are well tolerated, especially by children.

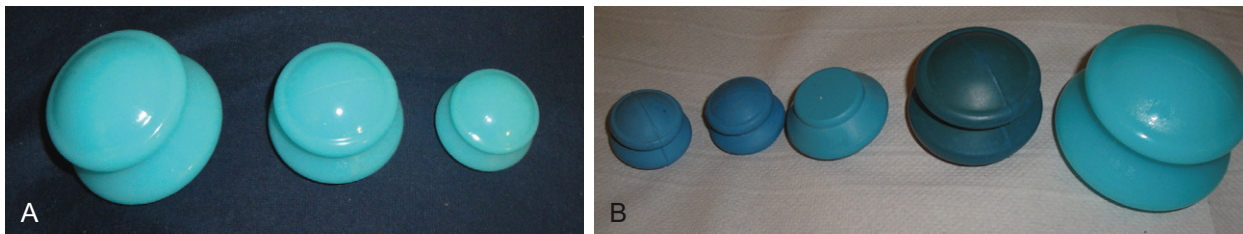


FIGURE I-16 (A, B) Silicon cups.

Disposable Cupping Sets

These are the most recent innovation in the cupping arsenal! The most truly innovative and practical cupping set I have seen in recent years is the disposable cupping unit. Apart from the suction pump, the entire cups are once-use only and disposable. Some manufacturers, however, produce the entire cupping unit as a disposable unit. Disposable cups are most suitable for 'Wet cupping' (Hejama, Bleeding method), where the used cups can be disposed of immediately after use. This type of cupping equipment is quite reasonable to purchase and therefore affordable in terms of disposal. The cups are made of clear durable plastic material (Fig. 1-17).

Two-In-One Cupping Set with Electrical Stimulation

This new version of cupping set is designed to provide electric stimulation simultaneously with conventional cupping therapy. The electrical stimulation during treatment is similar to transcutaneous electrical nerve stimulation (TENS) stimulation. According to the manufacturer's prospectus, it 'provides cupping therapy and allows stimulation by TENS unit simultaneously, thus enhances the effect for both suction and electric stimulation treatments'. The application instructions are as follows:

For Cupping Application Only

1. Apply a thin layer of moisturizer or lotion to the skin or treatment area before operation.
2. Place the vacuum cup on the treatment area; it is recommended to use at least two cups per treatment.



FIGURE I-17 Disposable cupping set.

3. Use your thumb to press the top of the vacuum cup and release; the cup will stay on the skin or treatment area firmly. Press the top of the cup firmly to create a strong force, and mild pressure for less force. Adjust the suction strength according to your diagnosis.
4. When treatment is completed, squeeze the cup on both sides and the cup can be lifted up easily from the treatment area.
5. After treatment, clean the cups with soapy water and sterilizing liquid.

For Simultaneous Cupping and Electrical Stimulation

1. Attach the cups as described above.
2. Attach the pin lead wire to the vacuum cup. Use two cups at the same time for positive and negative poles.
3. Connect the pin lead wire to the TENS unit for electric stimulation.
4. Adjust output intensity and pulse rate/width of the TENS unit according to your treatment protocol.
5. Now the cupping and TENS therapy is applied simultaneously.
6. When treatment is completed, turn off the TENS unit. Squeeze the cup on both sides and remove the cup from the treatment area.
7. Clean and sterilize the used cups as described above.

Contraindications and Precautions Regarding the Unit

This two-in-one unit is not recommended for pregnant women and persons with any form of cardiac history, in particular persons fitted with a heart pacemaker (Fig. 1-18).



FIGURE I-18 Two-in-one cupping set.

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CUPPING'S FOLK HERITAGE: PEOPLE IN PRACTICE

Bruce Bentley

2

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INTRODUCTION

If we were to follow the lead of traditional medical histories, and engage in what the sociologist Thomas McKeown (1970: 342) described as the chronological re-telling of the 'great men and the great movements', we would be ushered past an important stratum of cupping's social and cultural history and remain disengaged from its long and uninterrupted practice as a folk medical therapy.

I aim to redress this imbalance, by briefly exploring cupping's roots in both super-naturalistic and naturalistic medical traditions and also account for what constitutes a folk medical practice. I discuss some of the reasons why folk medicine and its practitioners have been conspicuously absent from the conservative body of historical discourse, and why the hierarchy of professional practitioners has discredited them. I focus on gender representation and give credit to those unheralded lay therapists, particularly women, who have woven the fabric of cupping's ongoing practice by passing it down in the home from generation to generation. I investigate the correlation between pain and illness in relation to Wind, and the reasons why cupping makes sense as a rational therapeutic response. Finally I present two folk cupping treatments and instructions for their practice. Along the way we will also glimpse some of the social nuances that mix and gel cupping's cross-cultural mosaic.

This chapter is based on archival research, as well as information gathered from primary contact interviews and informal conversations with cuppers (the early-19th-century name given to those who cup) in Australia and throughout Asia, Europe and North Africa. To source the fieldwork information in Europe for example, I went to towns and villages where I thought cupping was probably still being practised. Previously in Australia, I had spoken to people who had emigrated from Europe during the last half century who continue cupping their family members, albeit with curtains drawn, and got to understand that my best chances of discovering what I was looking for was in those communities that were less economically developed and had maintained links with the same traditional healing ways that their ancestors had passed on. I also found that, like the personal transmission of skills and know-how in the past, the ideal way of learning cupping in the domestic setting continues to be based on face-to-face contact, observing, asking, listening and supervised practice.

My thanks therefore go to all those home-grown cuppers who shared their knowledge and practices, as well as those scholars who gave me their time and encouragement, not least the great and sadly missed Roy Porter at the Wellcome Institute for the History of Medicine in London in 1998.

To avoid any confusion, I use the word ‘cupping’ to denote what has often been historically referred to in Western medical literature as ‘dry’ cupping, as opposed to ‘wet’ cupping. In China the term cupping is readily identified with dry cupping, whereas in the Islamic medical tradition as a rule it is synonymous with wet cupping; so there needs to be clarification and a line drawn between the two, especially when it comes to diagnosis and practice. Dry cupping is the act of placing a cupping vessel on an intact skin surface, whereas wet cupping requires a light incision to be made in the skin before a cup is applied over the incision to draw out a quantity of blood. The latter is a mild form of bloodletting, in contrast to the non-invasive dry form known as *ventosa* in Italian, *ventouse* in French and *vendouses* in modern Greek; all from the Latin root *ventus* or wind, and signifying a vacuum-based method of extracting and eliminating Wind as a pathogenic influence from the body. Celsus, the Greco-Roman encyclopaedist of the 2nd century AD makes this distinction clear in his *De Medicina* (Of Medicine): ‘if the skin upon which the cup is to be stuck is cut beforehand with a scalpel, the cup extracts blood; when the skin is intact wind’ (Spencer, 1953: 167).

Over the past few decades cupping has enjoyed a resurgence. This follows a period of discreditation and fall-out from orthodox medical practice since around the 1880s, which can be attributed to its lack of fit with modern scientific theories of illness causation and treatment methods rather than its lack of therapeutic efficacy. Furthermore, ‘it represented a method that had been firmly established within the humoural paradigm of health care – a tradition that the medical fraternity clearly wanted to dismiss into the background of the past’ (Bentley, 1996:i).¹ Cupping is now being practised by a diverse range of alternative or non-biomedical practitioners in the West to treat a host of different clinical syndromes: from treatments based on traditional Chinese medicine to clear stagnation, to remove climatic pathogens and to tonify deficiency² using glass cups and flame, to newly developed applications using flexible silicone cupping instruments to treat myofascial syndromes based on modern soft tissue perspectives (Bentley, 2013).³

THE VERY EARLY ROOTS OF CUPPING

Prehistoric humans began their attempts to heal by following their natural impulses and employed simple techniques such as rubbing the skin, blowing on inflamed areas and oral suction, which was the ancient precursor to using instruments designed for the task. One of the valuable applications for sucking was to withdraw stings and other noxious intrusions from the body that if left unattended could have drastic consequences. Can you remember as a child sucking your finger or thumb after it had been hit or jammed in a door to help relieve the pain? This simple act is also a form of cupping, being the application of vacuum to the skin surface for a therapeutic effect. The following are examples of people whose experiences would otherwise go untold, who are using cupping either in the form of oral suction or with a vessel to effectively alleviate various health concerns.

CASE 2-1

Following a cupping class I taught many years ago, where I mentioned that sucking was employed in ancient times to remove toxins from insect stings, one of my students decided to try it out for himself. He kept bees as a hobby and whenever he was stung, usually on his hand, in his own words it would ‘immediately swell up to twice its normal size and remain sore

for the next few hours’. The next time he was stung, he immediately began sucking at the site and instantly tasted a hint of sweetness from the residues of the sting. After a couple of minutes sucking and spitting out at regular intervals he was delighted to discover his hand, for the first time, never reacted with any swelling or pain.

CASE 2-2

A Chinese medicine colleague practising in the United States informed me that a patient of hers had witnessed her father, a lobster fisherman from a Portuguese-American fishing community in New England, Massachusetts, using cups to pull out embedded lobster spikes and infectious matter from the tissues. ‘It was a messy affair, pulling out the bloodied spikes,

but it worked really well,’ she stated. Similarly, one person who lives in rural Victoria, Australia, told me that ‘mum used to pull splinters out by cupping’, and in Sicily in 1998 an elderly man said that during World War II cupping was used to extract small pieces of shrapnel from bomb blasts that had lodged in the flesh.

Historical examples of vacuum being used to extract object intrusions are included in the works of the celebrated Persian physician Ibn Sina (Avicenna) of the 10th century AD. He wrote that immediately after an engorged leech had fallen from where it had been applied for a healing purpose, 'the place should be sucked by cupping it, in order to extract some of the blood at the spot and thereby get rid of the toxic substances left in the wound' (Gruner, 1930: 514). Susruta, the renowned physician of classical Indian medicine, also recommended that a hollow cow horn⁴ be used to extract the penetration of an insect from the ear, as well as being one of the best ways to go about removing salya (or pieces of arrow) and other debris from sharp weapons lodged in the body (Mukhopadhyaya, 1913: 150).

Besides expelling hostile natural penetrations and purulent exudates with oral suction, early humankind also developed complex beliefs about serious illness being brought about by supernatural forces. These could be caused to enter into the body from beyond the realm of the ordinary world by entities such as evil spirits, angry ghosts or disgruntled ancestors, or inflicted upon a person by the possessor of extraordinary powers such as the 'evil eye'. Together with esoteric mediations, sucking at the skin surface to draw out and expel these malevolent influences became the primary physical intervention of the shaman, in an enormously significant medical way of thinking that remains active throughout many parts of the world today. In his ground-breaking work on shamanism, the French scholar Mircea Eliade (1989: 256) declared suction to be a 'classic method of cure', while A. P. Elkin (1994: 41) in his book written in the 1930s titled *Aboriginal Men of High Degree* refers to sucking as 'the means by which the doctor exercises his magical and psychic power and extracts and casts away the badness'.

A very different model of healing emerged during the golden era of the Greek enlightenment with the works attributed to Hippocrates and his followers, which were mostly written from the mid 5th century BC to the first half of the 4th century. Often referred to as the 'father of Western medicine', Hippocrates (or those who are now identified as the Hippocratic writers) were the first to primarily eschew the belief that illness was due to supernatural causes. Instead they concentrated on understanding sickness being caused by factors of natural origin such as adverse weather, geographic locations, incorrect diet, unsettled emotions and insufficient rest or exercise. Known for their dedication to safe and gentle curing, the Hippocratic writers included a number of recommendations for cupping among the 60-odd volumes that make up the Hippocratic Corpus. These physicians used fashionable bronze cups, instead of dried gourds (*cucurbita*) into which a small opening was made so the lips could be applied to draw air out and form a vacuum (Turk and Allen, 1983: 128). There can be no doubt that gourds were preferred as cups by rural folk who could grow their own.

When we incorporate the broad arena of social life into medical history, we realise that professional and scholarly medical treatments were available only to the small elite of any given society, the tip of the social pyramid who could afford their services. The overwhelming majority of regular people were required to use their own know-how to heal themselves, their kinfolk and their communal brethren. In early Greek Minoan and Mycenaean medicine during the 2nd millennium BC, Arnott (2004: 162) is convinced that: 'as in other areas of the Aegean, outside the world of the palace, the population largely fended for themselves, and the tradition of self-help would have existed. Domestic medicine would have provided one area of activity.' In the same vein, during Greco-Roman times, 'the tradition of self-help in medicine must have always been strong, particularly in the countryside, although it appears infrequently in literary sources' (Nutton, 1998: 17), and Unschuld (1979: 51) is certain that 'the history of high medicine in China was never the medicine of 90 per cent of the population'.

Given its sufficiently uncomplicated apparatus and no-frills rationale and methodology, cupping has never been the exclusive practice of any cultural group, social level or therapeutic convention. Moreover, it has proved itself to be remarkably utilitarian in straddling the hurdles of divergent explanatory paradigms and folkloric customs with their varying interpretations about what causes us to feel ill. Wherever people have lived, the practice of applying vacuum to the skin surface has been an elemental course of therapeutic intervention in some way, shape or form.

CUPPING AS A FOLK MEDICAL PRACTICE

The term 'folk medicine' describes a broad range of therapeutic approaches created and performed by people who are not formally trained. According to Leininger (1976: 32) they have 'often provided health care to people for many years and long before a professional health system

entered their culture'. Even today, although it may seem that modern medicine accounts for most of the medicine practised throughout the world, according to the World Health Organization (Bannerman et al, 1983: 11), 'in many countries, 80 per cent or more of the population living in rural areas are cared for by traditional practitioners and birth attendants'. These practices have lasted from antiquity until the present day because they embody the social and cultural mores of the communities they represent, and are practical common sense responses to pain and illness that have been found to work.

Unfortunately however, very little has been written about folk medicine, and precious little about cupping being performed by lay people. The fact of the matter is, the more we look socially downwards, the vaguer we become about how people cared for themselves. One reason for this is, up until recently most people in Europe and other parts of the world had next to no opportunity to learn to read and write. Even if a regular person happened to be a scribe, it is understandable that writing about what was already being successfully handed on from one generation to the next would seem superfluous.

There are differing opinions among medical sinologists about the likelihood of Chinese common folk performing cupping in ancient times. The first textual record of cupping, that we know of, is found in the Mawangdui medical manuscripts. These scripts, dated around 168 BC, are a treasure trove of information on treatments and health enhancement practices. Cupping makes a rather unflattering cameo as a preliminary treatment method for haemorrhoids – 'either large ones like a zao [jujube] and small ones like a zao [jujube] pit'. The treatment protocol advises to apply a small horn to it, for the time it takes to cook two dou (a unit of quantity) of rice. Then 'bind it with a small cord and cut it open with a knife' (Harper, 1998: 271). In his commentary, Donald Harper concludes that whether using instruments fashioned from animal horns or otherwise, cupping was adopted much less frequently in ancient China than it was in Greco-Roman medical culture around the same era. He argues that the omission of cupping from other early Chinese medical writings, as well as the lack of information given to a cup's construction and its mode of application, only adds further weight to this deduction. Yet the Chinese researcher Ma Jinxing reaches the opposite conclusion from the same evidence. He interprets the lack of details as 'a sign that cupping was already commonly practised and did not require explanation' (Harper, 1998: 271).

As far back as living memory can link us with the past, folk cures including cupping have been an indelible part of common life in China. During my time studying cupping at the Shanghai University of Traditional Chinese Medicine in 1996, my chief instructor Dr Zhou Ling said: 'cupping was passed on to the cities from the experience of the countryside. It is very practical. Country people use it especially for treating pain.' In fact Mr Wang Ruzheng, aged 80 years, who is a martial arts expert and former tuina practitioner at the Guan An Meng Chinese Medical Hospital in Beijing, China, seemed amused by the notion that professional medicine until recent times was ever within the means of the greater proportion of the Chinese population. Instead he was adamant that 'they cared for themselves, and cupping was one of the most common ways of doing that'.

The Vietnamese people as well are avid users of folk medical practices and provide an excellent study group, both in their ancestral homeland and in those parts of the world where they have migrated. They are noted for their independence and high degree of self-sufficiency, and their use of folk therapies is characteristic of these cultural traits. During the day, and especially of a night-time in Ho Chi Minh City, it is easy to find cupping specialists practising on sidewalks. Other practitioners offering cupping, *gua sha*⁵ (*cao gio* in Vietnamese) and massage services can also be found riding their bicycles down the side streets and announcing themselves by shaking a stick with a row of soft drink bottle tops loosely attached to the end. In neighboring Cambodia, street-cupping is also readily available (Fig. 2-1).

In 2002, when I conducted a research project funded by the Department of Human Services (Victoria) titled 'Folk Medical Practices in the Vietnamese Community', in Melbourne, Australia, I found that cupping was one of the most popular treatments performed in Vietnamese homes. Yet it has never been detailed in writing because, as one informant explained, 'there's no need; people already know how to do it.'

Other examples of the way cupping belongs to everyday life include a female Lithuanian cupper who informed me, 'you can find a set of cupping glasses in every kitchen', and in Fiji in 2001, I questioned the locals about cupping and they said they kept a look-out for small irregular oblong-shaped coconuts



FIGURE 2-1 A young boy helps his father (partially seen squatting in the upper left corner) by removing cups at the end of treatment. This photo was taken at around 9 pm, in the plaza outside the central train station in Phnom Penh, Cambodia. About eight or nine other practitioners had also set up their regular nightly practice. *Photo courtesy: Bruce Bentley.*

to use as cupping vessels. In fact, every community I have encountered has a heritage of cupping. The following points sum up the way that most people connect and interact with cupping as a folk therapy:

- The majority of illness and pain treated by cupping is due to external climatic influences penetrating the body through the skin surface.
- The vacuum effect of cupping has the ability to draw and expel these from the body.
- The marks produced from the treatment are regarded as proof that cupping has been effective and the cause of the illness or pain has been eliminated.
- People report that they quickly recover and are satisfied with the treatment.

The most convincing way to comprehend just how long cupping has been around as a folk medical practice is by historical interpretation and the anecdotal antiquity of its practice performed by families and tribes around the world. When I ask the question ‘Who taught you?’ most cuppers answer it was either their mother or grandmother, who in turn was instructed by her grandmother, and back it goes. We should have no doubt that this scenario has gone on for millennia. If we follow a time line beginning with sucking, back in primordial prehistory, then shift to the earliest civilisations and onwards, for the vast majority of people there was virtually no contact with elite medicine. Instead, people dealt with illness in their own ways and through their own initiatives. Essential folk medical legacies were handed on to the next generation. It is a straightforward bow to draw and conclude that cupping has been a constant in a *big* social story.

THE ABSENCE OF FOLK CUPPING PRACTICE FROM SCHOLARLY WRITINGS

There are three telling reasons why the folk practice of cupping is absent from traditional historical discourse. First, ‘old style scholarship’ (which [Porter & Weir \[1987: 1\]](#) describe as ‘whiggish’) overwhelmingly had professional medicine at centre stage and was ‘basically “in house”, written largely by doctors about doctors for doctors, and explicitly or implicitly it sang the praises of medical progress’ ([Porter & Weir, 1987: 1](#)). In tandem with this bias towards professional medicine, ‘academics have traditionally made “learned medicine” or “scientific medicine” their study’, rather than give equal weight to the investigation of traditional folk medicine. If folk practices ever did rate a mention in historical or

academic texts, it was invariably in pejorative terms, with the inference that it was unworthy of any serious consideration.

Secondly, folk medicine has always been relegated to the lowest rung of healing by the hierarchy of professionals. The first time I observed cupping performed was in 1976, when a man was treating a friend in a shop in Tamsui, a small city on the north coast of Taiwan. When I discussed this with my teachers at the Chinese Acupuncture Hospital in Taipei, one of the doctors dismissed it as ‘just folk medicine’. Professionals typically see others engaging in therapy as an encroachment on their turf. Roy Porter (1997) believes they have always sought to discredit health folklore and practices to secure medical dominance and the largest possible financial slice of the medical pie. During the Medieval period in Europe, the pecking order of healers went like this: ‘physicians looked down upon the surgeons, so the surgeons of higher education, who in the Middle Ages could be counted on the fingers, looked down upon the barbers’ (Garrison, 1913: 115). In turn the barbers, who performed simpler surgical procedures including wet cupping, were certain to have thought the same about cupping when it was performed by lay persons instead of by them. It all got too much for the renowned physician, alchemist and reformer of therapeutics known as Paracelsus (1493–1541), who declared, to the horror of his scholarly colleagues, that he got more learning from common folk, country healers, wise-women and gypsies than he ever did from sitting in any lecture hall! (Griggs, 1981).

Thirdly, even if a physician were available and affordable, it would seem strange that an ordinary person who was already acquainted with cupping would feel the need for professional services when the same help could be obtained free from family and other members of the local community. The following two examples illustrate this. The town of Devin in the Rhodope Mountains in Southern Bulgaria, is blessed with natural hot springs and there is a spa centre where people can receive massage and hydrotherapy. One local told me, ‘they don’t do cupping at the sanatorium because in these parts, it is a family tradition and you can always find someone who does it.’ Again in Kalambaka, a small town at the foothills of Meteora in central Greece, Dr Konstantinos Matazanas, a 71-year-old general practitioner keen on cupping, said that he did not do it in his practice because ‘in every household there is at least one person who can help’. He instead advises his patients: ‘tell your mother or grandmother to do it for you’.

Although my personal contact with many cuppers has established that women are more likely to be performing cupping than men, to think there is a strict gender divide would be unfair and fail to acknowledge the genuine interest and care that some men also lend to home and community-based cupping practice. One of my stock questions whenever I talk to either a female or male cupper goes: ‘is cupping practised by both women and men?’ The reply in every instance has been an emphatic ‘yes’. What’s more, those women did not suggest that men doing cupping was anything out of the ordinary. In the same spirit, every cupper I have ever met enjoys being able to practise and care for others. It is a joy to find this egalitarianism, despite the influence that overt and subtle ways of socialization play in determining role compliance, choices and decision making.

To say that medicine begins at home is no overstatement in anyone’s life. It is therefore important to bring the role that women have and continue to play as cuppers in the domestic setting into focus.

WOMEN AS DOMESTIC CUPPERS

If folk medicine has been poorly represented in old-style histories of medicine, then women as healers in the domestic setting have been virtually invisible. Thankfully however, this has been confronted and addressed by some researchers over recent decades. One of the first was Arthur Kleinman (1980: 306), the noted psychiatrist and anthropologist whose work inspired further studies into the cross-cultural and social dynamics of folk medical practice. From his ethnographic research conducted in Taiwan during the 1970s he explained, ‘it may appear strange to some to consider the family as a “practitioner” ... but considering that “73 percent of all sickness episodes” ... are treated solely in the context of the family, there is nothing all that strange about looking upon the family as practitioner. Indeed, in most societies it would appear to be by far the most active form of clinical practice.’ Further studies identify mothers and grandmothers as the most important health care providers of lay healing (Finerman, 1989: 25) and, ‘most sources estimate 70 percent to 95 percent of all health care is domestic – not professional – and women provide nearly 95 percent of all domestic care’ (Clark, 1998: 159).

Some other contemporary scholars, mostly women, have shown a great deal of interest in examining women in informal healing roles, and have drawn the curtains aside to expose their importance as healers in the home, and sometimes extending into their local community (Fig. 2-2, Fig. 2-3, Fig. 2-4). During my informal research from 1976 until 1981 in Taiwan, I discovered that, besides cupping family members, some women also open up their home to assist others. For instance, on the



FIGURE 2-2 A Uighur woman gets a 'hand' to light the paper, which she drops into a jar to cup her son's tight shoulder. She stands in front of her family yurt, which follows the yearly graze of her goats through the districts around Tian Shan (Heavenly Lake) in Xingjiang Province, far north-western China. *Photo courtesy: Bruce Bentley.*



FIGURE 2-3 Inside her house in the medieval village of Erice, Sicily, Mrs Paola Povounello demonstrates her method of applying a regular drinking glass as a cupping vessel to her husband's back. She first cut a small square piece of cloth and placed a bronze coin in the centre. Bronze is understood to convey heat into the body. She then drew the four corners of the cloth together and twisted them down level with the coin. Paola then tightly wrapped a length of cotton thread around the twisted cloth to hold it together to form a wick, which she dipped in olive oil, and placed it base downwards on the site where she intended to cup. The wick was lit and the cup was placed over the flame. I have observed this way of preparing a wick on numerous occasions in Italy and occasionally in Greece. *Photo courtesy: Bruce Bentley.*



FIGURE 2-4 Maria Perta, a village woman from Botiza in Northern Transylvania, Romania, holding one of her cups. Her mother taught her and she helps the other women in her village with their health concerns. She said, ‘when we’re in the fields and the cold wind blows, it causes muscular and rheumatic pains.’ *Photo courtesy: Bruce Bentley.*

outskirts of Taipei near the mountains where I lived, there was an elderly woman who treated people in our neighbourhood with cupping. She also happened to be the first person I had encountered who boiled bamboo cups in herbal preparations and applied them to injuries. I went to her to be treated a number of times and had excellent results. Another woman, Mrs Hyro Glykokalamos aged 55 years, learnt cupping from her grandmother when she was eight years old growing up in the small village of Kabos Vion, Sparta, in Southern Greece. Now a Melbourne resident, she informed me that ‘everybody’ did cupping as a household therapy in Sparta, and remembered there was one old woman ‘who lived till she was more than 100, who used to attract people from all over the district. She practised cupping, bone-setting and used special herbal ointments.’ She added: ‘those women who have a special talent and interest in areas such as cupping are often recognized by the community and become busy practitioners.’ In Bulgaria, in a small town called Shiroka Laka, I had the good fortune to study with one such woman. Petra Peevska is the current holder of a family cupping legacy that goes back ‘further than any of us can remember’. She laughed and explained to me through the help of an interpreter, ‘that’s the same thing that I was told by my grandmother who heard the same from hers’. Petra’s long family lineage of skilled cuppers has been highly respected by the folks in her village for generations. I observed in her work a similar quality found in all expert cuppers – she concentrates with a keen eye full of depth and intention.

According to those women who cup their family members and friends, cupping is a therapy perfectly suited to home practice. First, the materials required are basic and ready at hand. Secondly the practice is time efficient, relatively undemanding and as one person in Vietnam put it ‘can nearly always be performed by at least one person in any family, and if not then by a neighbour – and it costs nothing’. Thirdly, cupping can empower householders with a sense of privacy and independence, as well as fostering a feeling of sharing, trust and togetherness.

Cupping at home also means it can be employed as a preventative measure or at the first sign of discomfort without the patient having to leave the home. In folk medical thinking, it is always better to deal with the possibility rather than the outcome. For rural families especially, when one person is waylaid with illness, the rest of the family is greatly affected because everyone is needed to help out with the daily workload and chores. In villages throughout Vietnam, China and Cambodia, I have often heard of farmers getting cupped by their children when they come home from a hard day in the field. There is nothing romantic about planting rice for instance. It is a hard grind being bent over all day. ‘I like getting cupped before dinner,’ said one female rice farmer, ‘then afterwards, I feel relaxed and enjoy the rest of my evening. I always ask my children to do the cupping for me when my back aches and

my muscles feel stiff. I also think it is very good when the weather changes quickly and I can catch a cold or some other sickness. I also like it when I feel tired. It takes the tiredness away.'

The sooner an illness or discomfort is treated, the better the chances of success. To leave treatment until a later time can allow a problem to develop and penetrate deeper into the body. Mr George Christou, aged 77 years, from Povla in north-eastern Greece said: 'when I was a boy, every time grandma heard me sneeze, she would say, "you've got a cold, come here and I'll do the *vendouses* for you".'

Also, and possibly most importantly, performing cupping in the home is understood as a safeguard. When I was learning from Petra Peevska in Bulgaria, she instructed: 'cupping should always be done after dinner. It is important not to venture outdoors and have contact with the cold or wind. Either go to bed or stay warm in front of the fire.' This was made plain as well during my six-week research trip to Greece in 2013. It was out of the question to expect a person to perform cupping at any time other than in the evening, when the receiver could stay indoors and keep warm and protected. Some Greek informants, including Mrs Melpomeni Christou from southern Greece, explained that when sick 'the skin pores are naturally more open because of fever. It is essential that open skin pores have no contact with the cold and wind'. Likewise, Dr Trung Thin, director of the Institute of Traditional Medicine of Ho Chi Minh City, said that traditional community clinics deal mostly with herbal medicine because 'people stay indoors and get cupping treatment from family members'. The Buddhist abbot the Venerable Thich Phuoc Tan, who accompanied me as my translator during my second research trip to Vietnam in 2000, also explained, 'Vietnamese people understand that getting a diagnosis of *gio* (Wind) means you are better off inside the home, otherwise to go outside means you are liable to be struck by Wind again and get far worse'. Cuppers also insist against showering or bathing for at least a few hours after treatment, and the majority caution not to bathe for 24 hours in order for the skin pores to fully adjust back to normal and re-establish their natural capacity to protect against any invasive climatic influences. *For cuppers who work in a clinic the message is:* make certain your patient has plenty of clothes to wear when they leave your office. Be vigilant about covering any region that has been treated, especially during windy, cold weather. Wrapping a scarf around the neck after the back of the neck or the upper back has been treated is essential. It is better not to treat someone, regardless of how appropriate and beneficial you believe cupping him or her to be, if afterwards they go outside and allow Cold, Wind, Damp or Heat to enter into the body via those warmed, open and vulnerable skin pores where the cups have been.

The thought of home-based treatment may conjure up the belief that folk-cupping deals only with superficial or simple health concerns. The following case demonstrates otherwise. A Polish woman explained that not long after the end of World War II, when drugs and modern treatments were unavailable, her mother used cupping to treat a relative in their home who had pneumonia. She explained the details to me in a solemn tone and stressed that during the critical period of her illness, 'every care was taken in case her condition deteriorated. It was life or death,' she assured me. Bedding was mounted on top of the large iron stove in the kitchen, where the patient slept and received treatment. 'We kept the stove burning constantly, so it was the warmest room in the house.' During the three days of treatment, strict protocol was observed. 'My mother and I stayed in the same room with our cousin at all times. No-one else was permitted to enter the room because the door was not allowed to be opened in case the slightest waft of cold air came in and made her worse.' She then stood up and re-enacted how they were even required to move about, and walked in extreme slow motion so as not to disturb the calm of the atmosphere. They also paid infinite attention to how they took off the cups. 'First of all, some other warm material is kept over the area being cupped. When we took the cups off, we had to slide our hand under the covering and carefully remove each one in a very gentle way so there was no hiss as the air inside was released, otherwise the Wind could sneak in. Our hand immediately covered the site as the cup was slowly removed, and gentle circular massage was performed to warm and close the skin pores.' Her cousin made a good recovery.

Historically, as mentioned before, there are few written records of women performing cupping. Fortunately however, a lively illustration from an early 14th-century illuminated manuscript depicts a woman who appears to be alternating two large cupping vessels to a man's backside, possibly to treat sciatica or to draw a boil (Fig. 2-5). From the position of her grip on the attached cup, she seems about to release it to make way for a second fast-approaching cup to be placed on the same location. This alternating method, simply done by applying one cup, taking it off and immediately reapplying it in a



FIGURE 2-5 A medieval woman alternating two large cupping vessels to the treatment site. To the left, there is a fire burning in a large vase, made conclusive by the artist with the speckled effect given to the flying embers. (Reproduced courtesy of the Wellcome Institute Library, The Wellcome Trust, London.)

succession of applications is known as ‘flash cupping’ in modern-day Chinese practice, and in Greek folk-cupping it is the popular way of decongesting phlegm from lung tissue and withdrawing climatic pathogens.⁶

Some of the most fascinating writings on cupping can be found in *Causes and Cures* (*Causae et Curae*) by the canonized saint Hildegard of Bingen (1098–1179). It is remarkable that this text has survived, and it has recently been brought to light by Victoria Sweet (2006) in her excellent book *Rooted in the Earth, Rooted in the Sky: Hildegard of Bingen and Premodern Medicine*. Hildegard was not a formally trained physician, although she did receive medical instruction from monk infirmarians and her education within the monastery allowed her to study medical texts. Her independence, learning and determination had her in a league of her own at a time in Southern Germany that was fraught with social upheaval, intellectual persecution, suspicion and book burnings, making it a difficult and dangerous time for an interesting man, and decidedly so for a very interesting woman. In the estimation of her contemporary interpreters, her practice is considered folk medical (Sweet, 2006; Whaley, 2011), and as Pinto (1973: 513) explains, she took to ‘ministering not only to nuns in her monastery, but also to lay people’, and adopted their local folklore and oral traditions as well. From *Causes and Cure* she advises, ‘if someone has pain in his eyes or ears, or even in his whole body, put a horn (cornu) or a ventosa on his neck and back. If he has a pain in his chest, put ventosas on the scapula: for pain in the side put them on the opposite arm and wrist. For thigh pain, on the legs, for pain in the legs, between the buttocks and on the back of the knees. Leave the ventosas or the horns on for about a quarter of an hour, so that the blood comes to the surface’ [as a cupping mark] (Sweet, 2006: 88).

Hildegard also recommended cupping (including the option of other treatment methods) to relieve the effects of certain humoral⁷ imbalances brought about by Wind. Indeed she highlights Wind as an illness causation factor with the kind of depth rarely written about outside the writings of the Hippocratic authors and the Yellow Emperor on Chinese medicine some thousand and more years earlier. In her medical theory and practice, she has the body (microcosm) as being permeable to the outside world (macrocosm), and she knew that Wind was an elemental life force that not only circulated internally within the body as a normal physiological constituent, but also as an exogenous factor that could enter into the microcosmic interior through the orifices and the skin pores and tilt the delicate humoural balance in health and cause a pathological process due to Wind excess. One of the chief reasons why cupping continues to remain popular as a folk practice and attracts modern day therapists is because it effectively withdraws climatic pathogenic factors from both the superficial and deeper levels of the body. Hildegard understood the action of cupping as able to play a vital role in the exquisitely holistic healing process that harmonises the interchange of oneself with nature and the universe and vice versa.

But what exactly is this 'Wind' that Hildegard and so many others talk so confidently about in relation to illness and cupping?

WIND AND CUPPING

In modern times, many people describe themselves as 'feeling under the weather' when their health is compromised. Yet the weather is given a limited role in the biomedical aetiology of illness, apart from states such as hypothermia and other types of critical conditions related to extreme climatic exposure. There is, however, a growing number of progressive medical doctors, especially in Europe, who have named their emerging clinical discipline 'biometeorology'. They are convinced that the weather is much more important to our health and wellbeing than solely our thermal comfort. This view has been shared throughout history by countless millions of people. Might this have influenced the building of the first construction, a stone windbreak, by the proto human species known as *Homo habilis* in the Olduvai Gorge in Tanzania 1.9 million years ago?

The connections made between the role that the weather, and in particular the wind, plays on human health has been prominent in all the world's scholarly traditional medical systems including traditional Chinese, Galenic, Unani, Islamic and Ayurvedic medicine. In the world's first medical manuscript, known as *The Edwin Smith Surgical Papyrus*, written in Egypt between 3000 and 2500 BC, we find information that has been deciphered to mean 'winds carrying disease', along with incantations to exorcize the 'wind of the pest' (Breasted, 1930: 473). But it is in the *Hippocratic Corpus* and *The Yellow Emperor's Classic of Internal Medicine* (*Huang Di Nei Jing Su Wen*) from China that its significance is fully elaborated. In the opening statement of 'Airs, Waters, Places' for example, the Hippocratic writer recommends to prospective medical students that they should become fully acquainted with the seasons and the impact of the weather on health before proceeding further with their studies (Jones, 1923: 71). Moreover, when Paulus of Aegineta, the Greco-Roman physician and medical encyclopaedist of the 7th century AD, came to examine what the Hippocratic physicians had written about the weather and its medical machinations he concluded:

Hippocrates gives many interesting observations on the effect of climate, and the state of the atmosphere, in influencing the health; but they are delivered so much in detail, that my limits do not admit of my entering into a full exposition of them.

(Adams, 1846: 64)

In *The Yellow Emperor's Classic of Internal Medicine*, written during the second century BC in the form of a question and answer exchange between the Yellow Emperor (Huang Di) and his medical mentor, the Daoist monk Qi Bo, there are also copious and even dramatic declarations made about the weather, and in particular about Wind. Among his disclosures, Qi Bo assured Huang Di: 'pathogenic wind is the root of all evil' (Ni, 1995: 10), and 'pathogenic Wind heads the six pathogenic factors. It is often called the leader of the rebellion' (Ni, 1995: 78).

One contemporary scholar who deserves applause for breaking the silence of 20th-century historians about the significance of Wind in classical medical literature is Shigehisa Kuriyama. In his chapter 'Wind and Self', he correctly states that people in ancient times were convinced that Wind had a diabolical influence on their health, but considers that in contemporary life, 'we rarely think of Wind, now, when we think of illness' (1999: 233). In my view, however, many people nowadays *do* think about Wind and, even more profoundly, feel and experience its impact on their health and wellbeing – although unfortunately they are often taught to doubt their own experience in the biomedical consultation. To get a glimpse into the directly felt associations between Wind and suffering, consider the many people who are adamant they must endure heightened rheumatic pains when there is a change in the weather. It is common to hear that such pain is experienced most noticeably when they are exposed to cold or hot Wind. One can also question people affected by Bell's (facial) palsy if, in the days before the onset of their condition, they were exposed to windy circumstances. Similarly, ask any primary school teacher about the behaviour of their young students on a windy day, or consider how many weather-sensitive individuals react emotionally and feel

anxious during blustery conditions. Likewise office workers who work below a cold air conditioning vent frequently report having a tight, painful neck and shoulders and headaches. Perhaps you have had the experience of sitting in the firing line of hot air blasting from an overhead fan heater and end up with a 'thick' head, with headache, a sore throat, red eyes and fatigue? Many country folk in Australia say that the same happens from being out in the hot wind. Frequently also one finds that a person who wakes up in the morning with an acutely painful wry neck (torticollis) has been exposed to a draft of Cold Wind while sleeping. The chances are that all these people suffering all these different problems will agree that wind, in some form or another, had an undeniable effect on their condition. Yet such cases are sadly lacking in medical literature, unless one is reading about the aetiologies of these conditions from a Chinese medicine text. From the Chinese perspective, wry neck for example, is a severe painful contracture of the muscles on one side of the neck that results from direct exposure to a focused current of wind, which may be entering through an open window or door. This is especially likely to occur during the night-time when the protective energy (Wei Qi), which circulates throughout the surface of the body during waking hours, internalizes within the body's deeper regions during sleep and renders the surface more vulnerable to Wind attack at night. Mr Thang Le, a Vietnamese man who was my teacher in the Buddhist wandering monk medical tradition explained to me why this condition is so painful:

Wind allowed to pass through a narrow opening is 'poisonous' because it is compressed and pierces the flesh like a dagger. Its impact is funnelled and focused, as if adjusting the nozzle of a hose to concentrate its intensity.

You will note that the preceding conditions are mostly concentrated in the upper part of the body. This is characteristic of Wind, being a Yang, elevated, lofty environmental element that mostly affects the uppermost Yang regions (head and thorax) of the body, unlike Damp in contrast, which is Yin, heavy and hence tends to sink into the lower body regions. It is also well understood that Wind attacks the body's outermost levels including the skin pores, muscles and tendons, as well as the Lungs, being the most external and uppermost of the internal organs thus making it the cause for many respiratory ailments. In Tunis, Tunisia, Jamel Saadi Yakoub, a remarkable and inspiring herbalist asserted: 'wind enters the skin pores, eyes and ears and the head. Cupping takes the Cold and Hot, Wind and Damp from the "texture of the skin", the muscle and the bone'.

But the familiarity and endurance of the weather, and in particular Wind, as a lurking menace to health, can be most thoroughly agreed upon as an illness causation factor in folk-based healing practices where rural people in particular have such an intimate relationship with their natural environment. In Asian cultures, the issue of Wind is an inherited way of thinking that is validated consistently through straightforward personal experience. On the other side of the world, in the Mayan communities of Chiapas and Guatemala in Central America, Wind is considered to have just as strong a causal influence on health as it does for the Chinese. In fact, the practice of cupping is known as the 'capturing of the Winds' (García et al, 1999: 165). For people, the experience of Wind causing illness and pain is confirmed when the withdrawing ability of the cupping process brings about a cure.

From my own personal time spent in practice in Australia, I could fill up a book with comments from people from all walks of life about the weather either bringing on an acute condition or exacerbating an existing chronic one. When I was in practice in Taiwan, consultations would often have patients ascribing Wind (*fēng*) as the culprit for their aches and pains, and in rural Thailand, scarcely any problem is not blamed on Wind ('*Pen lom*' in Thai, meaning 'caused by the Wind').

How can we know when exogenous Wind is present in the body? In Asian communities, a myriad of both physical and psychological ills are ascribed to Wind. *The Yellow Emperor's Classic of Internal Medicine* (Ni, 1995: 158) explains, 'once it [the Wind] penetrates the body, its dynamic is dynamic and changeable, and it has many pathological manifestations. But the cause [of illness] is always the same: pathogenic Wind attacking the body'. The presence of Wind can be inferred from the symptoms it produces. The characteristic outcomes of Wind penetration includes pain that moves and wanders – making its location unpredictable – just like the inability of wind to be pinned down in the natural world. Conditions such as aching and pain, itchiness, swellings, jerks and spasms, loss of balance and fainting, paralysis, and asocial behaviour are all defined and manifested by the presence of Wind. These ideas are embedded within the mainstream Chinese psyche, with the majority of the population being very careful about exposure to Wind and drafts; in fact, they take active measures

to avoid it. It is interesting to note that in folk medical practice in the East, Wind is spoken of as the most pernicious of the meteorological pathogens, whereas in Europe and the Middle East it is Cold first, with Wind coming a close second.

Having spent such time clarifying the perils of Wind, it is only fitting to present two folk medical cupping treatments which feature the 'blanket cupping method'⁸ (Fig. 2-6) aimed at getting rid of it.

CASE 2-3 Petra Peevska's Eliminate Wind and Cold Treatment (from Shiroka Laka, Bulgaria)

The Setting. Shiraka Laka is a small and secluded town in the Rhodope Mountains, a range extending along the southern Bulgarian border with Greece. I decided to go into this remote region after hearing that, even during the 40 years of the Communist era, the state had strategically opted to leave the entire area and its people alone, in exchange for information about outsiders attempting to flee across the border. In a lengthy conversation with Emmanuel Moutafor from the Department of Modern Greek Philology at the University of Sophia, he declared the people and culture throughout the Rhodope Mountains to be, 'a goldfield for the cultural anthropologist at the end of the 20th century'.

When I arrived by bus, I discovered there were no hotels to stay, so I introduced myself in the town square by smiling and raising a glass cupping-vessel in the hope that someone would figure out what I was interested in. Remarkably enough, one of the villagers sent for a woman named Maria Groudeva, whose friend was a well-known local cupper. We walked down the cobble stone path in the cold misty rain to her stone house with its mossy slate roof. Inside a fire made everything glad and toasty and warmed the old pagan masks, still worn for annual pre-Christian festivities, hanging on the wall. That evening Maria invited her friend Petra Peevska and a young man who spoke excellent English to dinner. We all stayed up until the early hours of the next morning, chatting, practising and exchanging ideas about cupping.

The following practice is one of Petra's favourites. She uses it to treat respiratory ailments such as common cold and influenza, and pain throughout the back. I asked Petra her opinion on why people catch common cold. She replied, 'often people don't dress warmly enough and make things worse by going outside without drying themselves properly after bathing. Especially their hair – this is no good. When it falls on the back of the neck it gets cold – and especially if cold wind blows, a cold is on its way. Also people staying in drafts easily catch colds. Drafts tighten the muscles too and cause them to ache.' Her treatment for this dilemma is divided into five stages. Petra performed the following practice on Maria, who told me that she had suffered bad shoulder and upper back pain for months until she had received treatment from Petra. She said 'Now I feel much better, but one more treatment won't go astray!'

TREATMENT

1. **Footbath:** Have the patient seated with their feet in a tub of hot salty water. This quickly warms the entire body and encourages sweating, which has the benefit of releasing both Wind and Cold. The water was kept hot by checking the temperature and adding to it when necessary. Having the

skin pores dilated and the dynamic of the sweat pushing outwards adds to the deeper drawing power of the cups.

2. **Palpation:** While her patient's feet were bathing in the hot water and the body was warming up, Petra spent the next couple of minutes feeling throughout Maria's back for any irregularities, such as noticeable places of either hot or cold and tight or flaccid musculature. Palpation is the most essential guide to high-level cupping practice. It determines the appropriate suction level to use to harmonize each individual's presenting signs and symptoms.
3. **Cupping:** In preparation, Petra had lined her glass cups along the hearth of the open fire to warm them up. While Maria's feet remained in the hot tub of water, she began to apply about 20 cups, from the upper region of the back down to the bottom of the rib cage. The cups, which were around the size of a medium-sized Chinese cup, were applied bilaterally in linear sequences, from the shoulders down to the lower thoracic region, around T10–T11. She left the lumbar region free of cups because she said, 'it can make people feel tired if you put cups there. This is what my grandmother told me.' Petra did not cup over the spine. Instead she placed the first bilateral line of five cups lateral to the vertebral bodies and evenly spaced apart with about an inch (2.54 cm) of separation. The second row of four cups per side began at the supraspinous region and the third line had cups placed along the intercostal sides. She then covered Maria with a blanket for 15 minutes. (I call this method of covering the back with many cups the 'blanket cupping method'.)
4. **Massage:** Once Petra had removed the cups, she patted her patient's back and neck dry with a towel. She then performed a light five-minute massage to relax the skin where the cups had been.
5. **Liniment:** Petra then briskly rubbed a mixture of iodine and alcohol throughout the entire cupped region, 'to keep the body warm for a long time and to close the skin pores so no more sweating takes place. Too much sweating makes the body tired', she said.

After cupping treatment, Petra always insists that her patient remain indoors in a warm room, and to keep the body covered with plenty of blankets when sleeping. Note:

- Treatment should be performed as soon as symptoms begin.
- It is advised to treat the common cold with this method only up to and including day three. Treatment can be carried out on all days.
- For the treatment of muscular injuries and general discomfort, this practice can be performed anytime.



FIGURE 2-6 Dung Mat Zao and the Blanket Cupping technique. Photo courtesy: Bruce Bentley.

CASE 2-4 Cupping out the Wind in Vietnam (Street practice in Ho Chi Minh City)

The Setting. Off the curb at a busy intersection in Ho Chi Minh City in 2000, I came across Dung Mat Xao, a young man in his 20s using certain cupping methods I had not seen before. I have since used this treatment many times in clinic and regard it as one of the most effective I know. In Vietnam, ‘catching the Wind’ or being ‘struck by the Wind’ (*trung gio*) is the everyday reason ascribed for a plethora of illnesses and aches and pains. This treatment aims to remove Wind. I have named Mr Dung’s opening practice the ‘swiping off the Wind method’ because, for indigenous cuppers, the family practice they were taught is simply called ‘cupping’. This treatment schedule, like Petra’s, is based on the principal of first eliminating Wind from the surface before progressing to deeper levels. By doing so they both ensure the most successful result.

THE PRACTICE

Stage One. The ‘swiping off the Wind method’⁹ is achieved by rapidly swiping a cup down alternate surface lines of the back to withdraw the frontline of recent external pathogenic attack (Fig. 2-7A). Special attention is paid to the vertical line known in Chinese medicine as the medial conduit of the Bladder meridian. From an anatomical perspective, this course-way accords closely to the midline of the erector spinae muscles running from the upper back (besides T1 or T2), all the way down to the sacrum. Mr Dung said it is ‘the important first stage in ridding the body of Wind’. He said, ‘it opens the surface and stimulates the Blood.’ While his patient sat cross-legged on a grass mat with his back fully exposed, Mr Dung swiped a cup down the back without oil. This he pointed out had ‘an effect similar to performing *cao gio* [pronounced ‘gow yor’ in Vietnamese, meaning *gua sha* (see endnote 5)] because it rubs and stimulates the skin’. When there is stagnation due to pathogenic factors lingering within this superficial defensive margin, the empirical evidence of their withdrawal is made clear by a strong red longitudinal mark that appears where the cup has been drawn. These markings, I might add, are far more robust and vibrant than if the

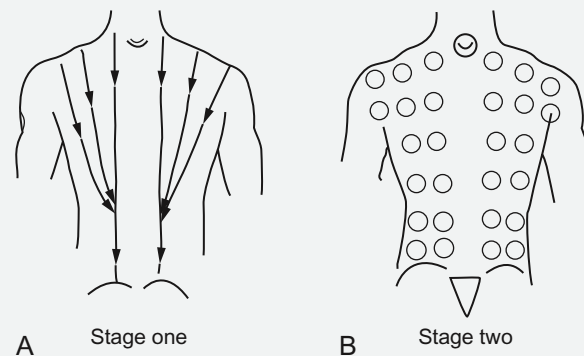


FIGURE 2-7 (A) The three course-ways of the ‘swiping off the Wind method’: Mr Dung said the reason why the two bilateral lines converge parallel with the lower ribs is because this soft and unprotected area below can often be very sensitive. (B) Mr Dung’s blanket cupping method: all in all he used 36 cups to cover the entire region from the shoulders down to the hips. (Those cups missing from view in this diagram are located in a line down the sides of the ribs throughout the intercostal region.) Courtesy: Bruce Bentley.

same process were performed on someone who did not have any illness or pain. The ‘swiping off the Wind method’ should be performed only three times and quite lightly for weaker people, and up to nine times in a more robust manner for strong-bodied people. The strength of the person is always more important than the strength of the treatment.

To make this practice easier for the practitioner and more acceptable for the patient in the West, it is advised to smear a sufficient amount of oil over the region before swiping with the cup. Although not as strong as originally performed by Mr Dung, it does have a broader application because only people with a robust constitution should receive his Vietnamese way of going about it.

Be sure that all prospective lines are well lubricated; check by drawing the pad of your index finger down these surfaces. A flame is then thrust inside a cup and withdrawn, with the cup

CASE 2-4 Cupping out the Wind in Vietnam (Continued)

suspended above the target site momentarily before application. Allowing a small amount of time to pass enables you measure how strong you want the suction of the cup to be so it will not affix too tightly to the skin surface. The cup is therefore not allowed to remain stationary, but upon touchdown is swiftly drawn from high up on the upper back down to the sacral region. Repeat the process along these alternate lines throughout the broad expanse of the back. Do each pass with enough gusto so the cup audibly 'pops' off at the finish of each swipe to decisively release the gathered-up Wind from inside the cup.

From a traditional Chinese medical perspective, swiping a cup down the back draws Qi and Blood to the area, invigorating it and at the same time to draw out pathogenic influences such as Wind and Cold. Concurrently this mobilises the defensive (Wei) Qi, which resides as an active mesh barrier within the skin and between muscles to protect against Wind, and Wind-assisted pathogens entering the body such as Cold and Heat. Swiping cupping down the Bladder meridian pathways also withdraws pathogenic obstruction from the most externally circulating channel and from the Tai Yang (first or initial) stage of the six divisions of pathogenic progress into the body. This action stops the externally lodged pathogen from progressing from the surface into deeper and more critical internal levels.

The rapid-fire action of swiping also engenders heat, speed and drawing out and lifting off (suction) – which are all dynamic Yang attributes that collectively have the synergistic effect of boosting the body's own defensive capabilities of dislodging and venting any superficial pathogens (especially Wind) from the most superficial (*biao*) level.

Stage Two. Mr Dung then applied cups throughout the entire back, in the same way that Petra did in Treatment One, except

that he included the lumbar region (Fig. 2-6 and Fig. 2-7B). He left all the cups on for approximately 10 minutes.

He explained at length to place the first three cups precisely over specific acupoints. These are:

- One cup over the space between C7 and T1, over the point Dazui (Du-14)
- Two cups (bilaterally) one and a half cun lateral to the intervertebral space between T2 and T3, over the point Fengmen (meaning 'Wind door' in Chinese acupuncture).

Cupping these points, according to scholarly Sino-Vietnamese medicine (known as the northern school of traditional Vietnamese medicine) is also noted to effectively withdraw Wind.

Stage Three. Mr Dung removed the cups and asked his patient if they felt itchy at any location where the cups had been. Itchiness is traditionally recognised to be a definitive indicator of Wind. His patient described one position on his upper back, which happened to precisely correspond with a dark circular mark produced by a cup. In Vietnamese folk practice, cupping marks are typically an indication that Wind has been successfully brought to the skin surface. It then passes through the skin and disperses back into the atmosphere. Mr Dung then proceeded to cup over the itch with the flash cupping method, which in this case, required the cup to be applied with a fairly strong vacuum level and then removed within a second or two. This he repeated another three times and enquired whether there was still any itch. His patient declared that he could feel it shifting laterally beyond where it had been previously cupped and so, like a hound after a rabbit, Mr Dung went after the passage of the itch by flash cupping its ongoing pathway until it had been completely resolved. This deserves to be called the 'chasing the Wind method'.

ENDNOTES

1. For a critique on the discreditation of cupping in the West beginning around the 1880s, refer to the 1996 MA Thesis 'Cupping as Therapeutic Technology', Latrobe University, Melbourne, Australia.
2. To learn about using cups to draw out Coldness and tonify weakness due to chronic injury, refer to the essay 'Cupping Deficiency' (Bentley, 2011).
3. In collaboration with Shirley Gabriel, an Australian massage therapist, we have developed a broad range of new cupping practices, made possible with silicone cupping vessels, to rectify myofascial integrity. We call this 'Modern Cupping'.
4. In China, cupping or *ba huoguan* was first known as *jiaofa*, meaning 'horn method', because hollow animals horns were commonly used as cupping vessels.
5. For more information read my essay 'Gua Sha: Smoothly scraping out the Sha' (Bentley, 2010).
6. In the essay 'Explorations of cupping in Greece' (Bentley, 2012), there are descriptions of two Greek cupping practices that remove pathogenic Cold.
7. The term 'humours' describes the four cardinal fluids (Blood, Phlegm, Yellow Bile and Black Blood) considered to be the essential constituents of the body. From the time of Hippocrates through to the 19th century this medical theory, based on the principal that health was maintained or restored when each was in harmony and balance with the others, dominated the Western medical tradition.
8. The 'Blanket cupping method' is where many cups are placed over a body part, be it the back or legs or chest. It has been explained to me that it is important to cup so extensively because Wind is devious and unpredictable and not bound by any pattern. It can move anywhere. Its presence will always show according to the mark produced. Some practitioners barely allow a skerrick of flesh to go uncupped. In Cambodia I counted 68 cups on one person's back. This method is widely practised from Lithuania through to Vietnam.
9. Video footage of the 'swiping off the Wind method' can be seen at www.healthtraditions.com.au.

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