

# THE CUPPING PROCEDURE

# 7

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## SAFETY MATTERS

I remember a tragic story that my mother told me as a child to discourage us from playing with fire and cups. A woman in the village decided to use cups on her husband after he caught a cold. A traditional Cypriot remedy after cupping treatment is a homemade alcoholic drink called Zivania, which is rubbed over the body to produce warmth and promote perspiration. Unfortunately, in this case the woman decided to rub on the alcohol before she put the cups on! She then proceeded to light the cotton wool and apply the cups. To her horror she set fire to her husband, who stood no chance of surviving. He ran out of the house, but collapsed and died in the garden. This story also illustrates how such a simple and unsophisticated treatment as cupping can have undesirable consequences if not used correctly. Because the treatment involves handling oil, alcohol and fire at the same time – a potentially hazardous cocktail – it is not difficult to imagine the implications of careless practice. For the uninitiated I would strongly advise beginning with silicon, rubber or pistol-handled cupping or other non-flame cupping equipment.

There are different ways to create a negative pressure inside the cup: expelling the air by ignition (some form of flame) or by using manual or mechanical air extraction pumps.

## HOW TO INTRODUCE FIRE SAFELY INTO THE CUP

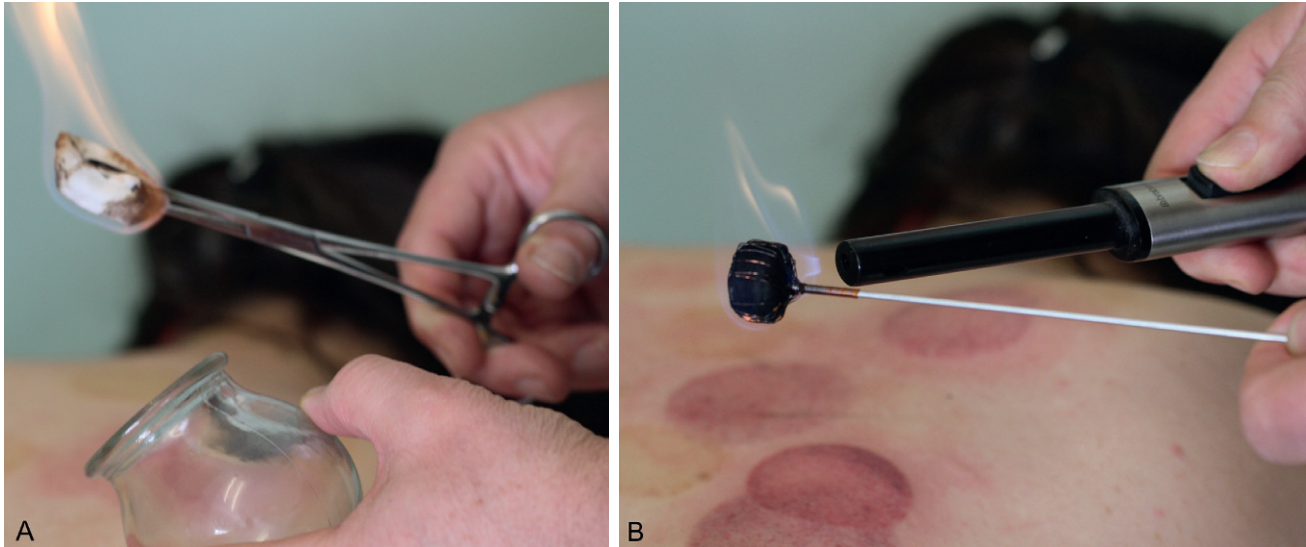
Suction, or a negative pressure, is achieved by briefly launching fire into the cup. There are several safe and proper ways to perform this simple but rather risky process.

### The Cotton Ball Method

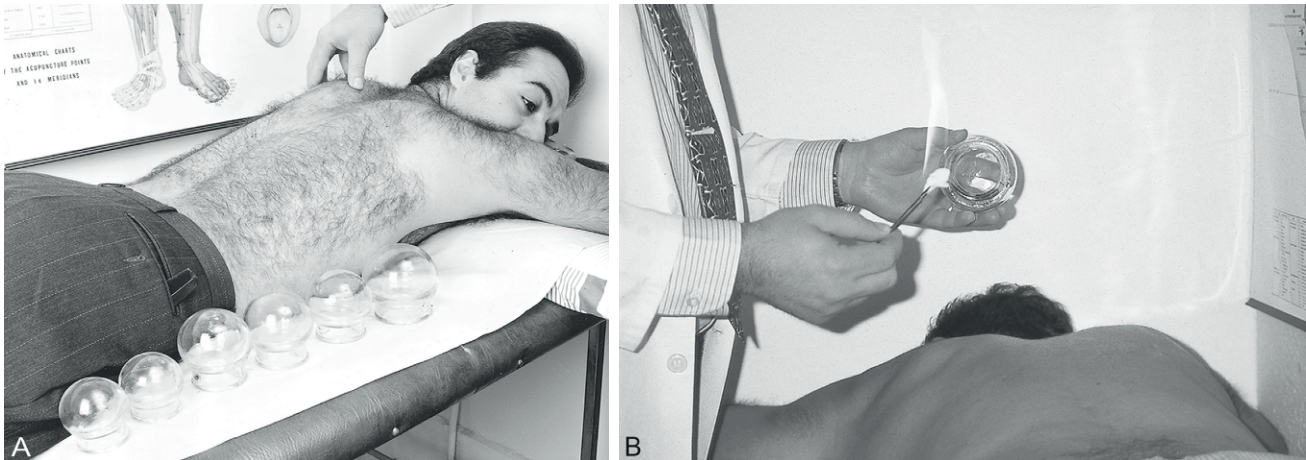
Hold a ball of cotton wool soaked in 95% alcohol with a pair of long forceps (locking forceps are preferred) and set fire to it (Fig. 7-1A). Any excess alcohol must be squeezed out of the cotton wool before setting it alight (poor handling skills and dropping saturated cotton wool on the patient is the most commonly seen accident during cupping treatment).

### Cupping Torch Method

This is relatively a new flame device, which has been introduced to the TCM clinics in the last 10 years. It is a flame holder that has a long metal holding arm, and a head that is made from an absorbent material. Prior to setting light to the torch, the practitioner presses on the alcohol dispenser, which brings the alcohol to the surface ready for soaking the torch. Once soaked in alcohol it is lit for use. (See Fig. 7-1B.)



**FIGURE 7-1** Choice of methods for introducing fire into the cup. (A) Holding cotton wool with locking forceps. (B) Cupping with wax torch flame.



**FIGURE 7-2** (A, B) Standing close to the patient during the cupping application.

The practitioner places the cups next to the patient beforehand. Holding a cup in one hand and the fire in the other, the practitioner approaches as close as possible to the site to be cupped. Holding the mouth of the cup towards the patient, the practitioner quickly and briefly introduces the fire into the cup, simultaneously turning and placing the cup on the desired point on the flesh (Fig. 7-2). There is no need to press the cup against the flesh; the suction inside is more than sufficient to hold the cup on the skin. To obtain good suction, a well-lit cotton wool ball is needed. Remember, *the bigger the fire, the greater is the suction*. Even the smaller cups need a large flame inside the cup in order to achieve good suction.

### The Wick Method

(*Not suitable for children under 16 years old.*) Pure cotton or linen fabric is wrapped and secured around a coin and the excess material cut 2–2.5 cm above the coin. The ends of the wick are dipped in oil (any natural oil will do). *Do not use alcohol to wet the wick as the alcohol will run down the coin and cause fire when the wick is lit.* Light the tips of the wick and wait for a few seconds before the wick is fully alight (as the wick burns the coin remains cold). Gently lower the cup over the burning wick without delay (any delay at this junction will heat up the coin!). Do not use pressure or press the cup over the wick. Gentle lowering of the cup will be sufficient to obtain a very firm and strong suction. The strength of the suction can be adjusted simply by thumb pressure on the edge of the cup, letting a small amount of air into the cup to reduce its pulling power. This reducing technique is often used, especially when the desired cupping method is light or medium strength (Fig. 7-3).



**FIGURE 7-3** (A,B) Cupping using wicks. (C) Cupping using wicks. The wick is prepared using a coin wrapped in pure cotton fabric and dipped in oil. The wick is lit and a cup placed over the fire. This method is used when a particularly strong suction is desired. It is also a very slow method of cupping.

### The Alcohol Rub Method

Cotton wool is held and locked with forceps and soaked in alcohol. Light the cotton ball and rub the flame inside to the bottom of the cup. Following the rubbing action simultaneously turn the cup on the desired location. Again, before lighting the cotton wool remember to squeeze out the excess alcohol. Otherwise there is a real risk of fire with alcohol running down the edges of the cup and to the skin causing burns (Fig. 7-4).

### The Lighter Flame Method

An ordinary gas cooker flamethrower is used to briefly introduce fire into the cup. Although this may seem as a 'much safer' option for cupping, due to the poor quality volume of the flame the suction strength is somewhat weak. This method is preferred by some practitioners as no alcohol is involved (Fig. 7-5).



FIGURE 7-4 (A, B) Alcohol rub method.



FIGURE 7-5 Lighter flame method.

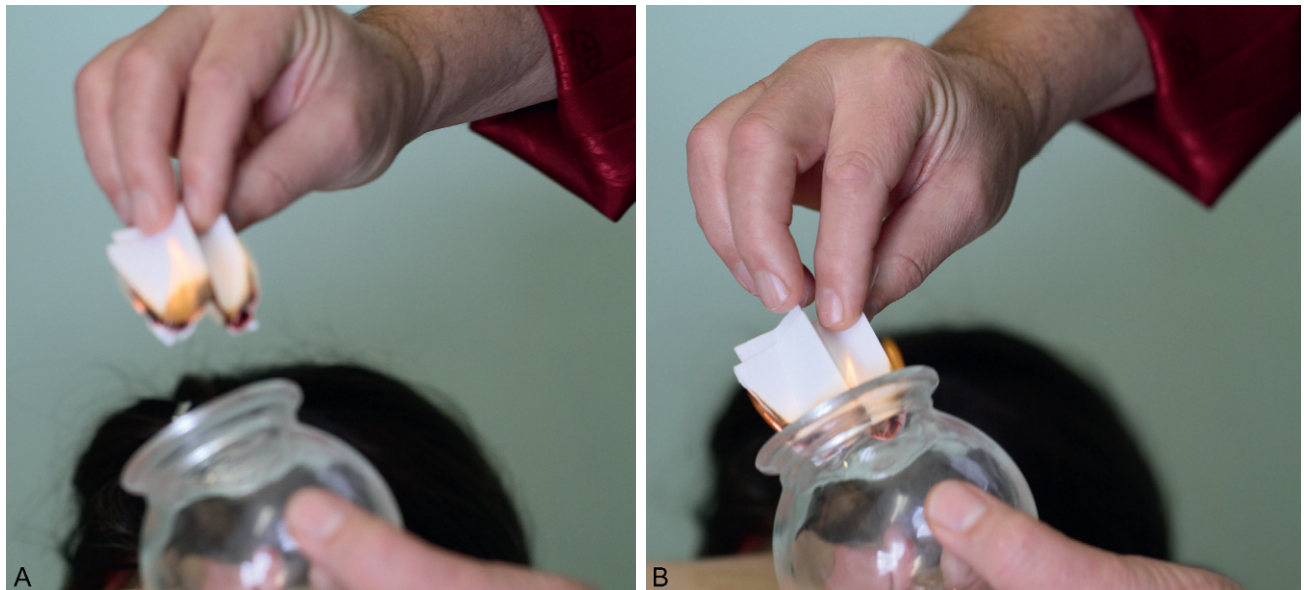


FIGURE 7-6 (A, B) Paper burning method.

### The Paper Burning Method

A piece of paper is cut to the size of the cup and folded several times (this stops the paper falling back on the skin when lit). Once the paper is lit, it is then thrown into the cup (flame facing the bottom of the cup) and simultaneously turned on the skin. This method usually manages to attain Light to Medium cupping strength (Fig. 7-6).

### SYMMETRIC APPLICATION

During the cupping application, since the aim is to manipulate the channels, Qi, Blood or Wind elements, it is imperative to apply cups symmetrically. Unless the treatment location has a limited cupping space, that will not allow symmetric application to take place. This rule is particularly justifiable when

cupping on the face, abdominal points and the bladder channel at the back of the body. From the patient's perspective too, when the cupping sensation on the skin feels more equally distributed it makes the treatment more pleasurable. Symmetrical method allows equal channel manipulation to both sides of the body.

## DECISION TIME

This is the crucial time when the practitioner has to decide which type of cupping procedure to follow. The first question comes to mind is: which cupping method do I employ – the fire cupping (Hot method), or the non-fire manual suction cupping (Cold method)? The second question is: will it be a Dry cupping method (without bleeding), or Wet cupping method (with bleeding)?

I am often asked which type of cupping is more beneficial: the fire cupping, or the manual suction (cold) cupping version? The answer to both of these questions lies with the patient's Qi condition! Throughout this book I have advocated the importance of the patient's Qi state when they present themselves at the clinic. This will help in determining the most appropriate cupping method to suit the individual. Therefore, the most *fundamental* question to be asked by the practitioner is: what *pattern* is the patient presenting – a *Heat pattern* or a *Cold pattern*? The treatment modality will be easier to decide when the differentiation is established. Cold cupping therefore will be more appropriate on patients with Heat pattern and the fire cupping (Hot cupping) will be more suited to the patients with a Cold pattern. When treating the children, however, I prefer the manual pump type cups (rubber and silicon cups can also be warmed up in hot water before the application). To begin with, I first put cups on the parent's arms and then encourage the children to apply the cups on their own arm! This helps to gain their trust and build up confidence. Each treatment, therefore, is 'tailor made' to suit each individual patient's need, there is no 'one fits all' formulae during cupping therapy! Look in Chapter 9 'Twelve methods of cupping therapy' where Cold cupping is presented as a 'draining method' and the Hot cupping is presented as a 'tonifying method'.

### To Bleed Or Not To Bleed?

This is the other most frequently asked question by the practitioners: '*shall I bleed or not bleed?*' Or, 'which is the most effective method; the Dry or the Wet type?'

Once again, the answer similarly lies within the patient's pattern differentiation. In general, the Wet (Bleeding) cupping is considered a 'draining' method, which makes it *only suitable* for patients presenting with 'full (excess Shi) conditions'.

Dry cupping on the other has a wider range of application and is further divided into 10 different cupping methods, of which some are 'draining' and some 'tonifying'. Dry method gives the practitioner more overall control in the treatment and management of the disease. I therefore neither advocate nor approve a blanket 'bleeding is best' approach. Most Middle-Eastern-trained practitioners, however, prefer only Bleeding cupping (Hejama) for all types of conditions and for everyone including the children! Once more, I would like express my deep trepidation regarding this approach. First and foremost, the Bleeding cupping method is considered to be an 'extremely draining' method, which may not be the best method for patients presenting with 'deficiency patterns', in particular when treating the old and frail or children. This method is described in detail in Chapter 9.

### General Safety Procedures

As mentioned earlier, the practitioner must make sure that the room or the treatment cubicle used is comfortably warm, that the patient is well informed and relaxed, and that there are no inflammable materials or coverings. It is also important to ask the patient to remove clothing from the part of the body to be cupped. If the upper body is to be cupped, the patient must tie back their hair (and, if necessary, hold it with one hand). This eliminates the risk of hair and clothing catching fire.

Choose the position most suitable for the patient's ailment and mobility limitations. Do not ask the patient to lie down or to sit up if this will cause discomfort. Seek their views on the most comfortable position, especially when treating the pregnant or the elderly. Once the patient is ready, moisturize the area to be cupped with massage oil (any commercial massage oil or olive oil will do), prepare the cups close to the patient and, if possible, place them next to the area to be treated. This will save time and effort during the treatment and at the same time eliminate the risk of dropping a flame onto the patient or the floor. Prepare small cotton wool balls, having soaked them in an airtight jar of alcohol beforehand so that they are ready for igniting. When both the practitioner and patient are ready, apply the cups quickly,

covering the patient with a blanket for warmth. To remove the cups when the desired cupping time is over, gently press the edge of the cup with an index finger and let in some air (Fig. 7-7). This will release the cup without effort or discomfort to the patient. When removing the cups, special care is needed to make sure that the cup is held *away* from the practitioner's face, to prevent any possible inhalation of vapour from inside the cup (Fig. 7-8). The vapour and odour inside the cup represent the internal pathogenic factor unique to that individual patient (pathogenic Wind). Therefore, every effort should be made to avoid inhaling the discarded energy.

Used cups should be immersed in water containing 2% sodium hypochlorite solution immediately after removal, and washed with soapy water before being stored. This will reduce any risk of cross-infection. Sometimes small amounts of blood may be drawn into the cup during treatment. This is more likely when cupping has followed the removal of acupuncture needles, or when applied directly over skin pustules or acne. In such cases where blood is drawn into the cup the practitioner should wear surgical rubber gloves when removing the cups. A clean paper towel should be held over the mouth of the cup to prevent spillage during removal. Usually any blood drawn into the cup will coagulate within



**FIGURE 7-7** Cup removal, showing a finger pressing technique to let air into the cup. Remove the cup away from the practitioner's face.



**FIGURE 7-8** Removing the cup away from your face.

a short period of time and therefore not spill. I would recommend the commercially available antibacterial skin-cleansing agent containing 20% chlorhexidine gluconate (Hibisol) solution, to wash and sterilize the hands after each treatment.

## OBTAINING THE PATIENT'S CONSENT

It is good practice to ask the patient to sign a 'patient consent form' (particularly when the patient is under 18 years old and before the cosmetic cupping) before the treatment begins and after explaining the benefits and the side effects of cupping therapy, such as the possibility of a small amount of bleeding from the cupping site and that the cupping marks may last for up to 15 days. It makes good sense to obtain written consent from your patient or the parent. [Table 7-1](#) shows a sample consent form used in my clinics.

**TABLE 7-1 Sample Patient Consent Form**

[Your name and address]

### Cupping Therapy Patient Consent Form

I, (print patient's full name) ..... confirm that the cupping therapy practitioner (your name) ..... has fully explained to me the benefits, side effects and contraindications of cupping therapy, and that I understand that slight bleeding may occur from the cupping site and some degree of skin marking or bruising, lasting for between 10 and 20 days, may result.

Signed: .....

Date: .....



# WHAT TO EXPECT DURING AND AFTER CUPPING THERAPY

## 8

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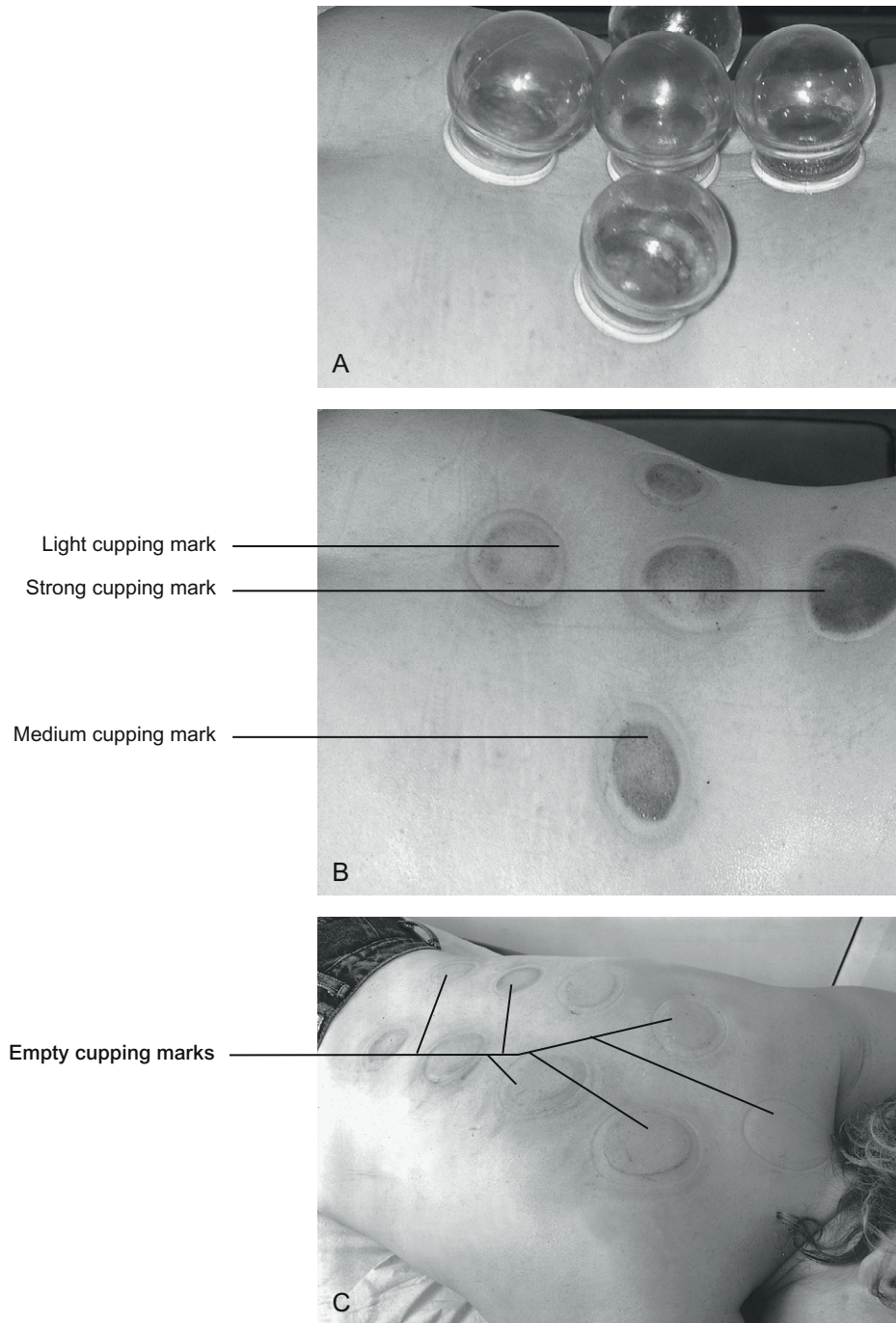
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### INTRODUCTION

The primary object of cupping therapy is to move Blood and Qi, remove Wind and Cold pathogens as well as Heat pathogens and eliminate stagnation of any kind from the body (and not to 'remove the evil spirit' as was claimed by one untrained therapist, leading to a police investigation in England in July 2005). To achieve this, different cupping techniques can be employed (there are 12 different cupping methods). Almost without exception, in every case where cupping is performed for the first time there will be slight reddening or a ring mark caused by the edge of the cup at the site of the treatment (Fig. 8-1). The extent of the cupping mark depends very much on the length of treatment time and the strength of the suction achieved. To reduce the risk of severe marking, always start with empty, light or medium strength suction, increasing the strength and duration on subsequent visits. The patient should experience a warm, pulling or stretching sensation on the skin, but not pain. If the patient complains of pain at any time during treatment, remove the cups immediately and reapply using reduced technique. The skin of some patients is very sensitive and their pain threshold extremely low, especially children under 16 years old, the elderly, North Americans, Scandinavians and northern Europeans including the UK patients. On several occasions I have come across some unsightly cupping marks that were caused by over-eager or untrained cupping practitioners (Fig. 8-2).

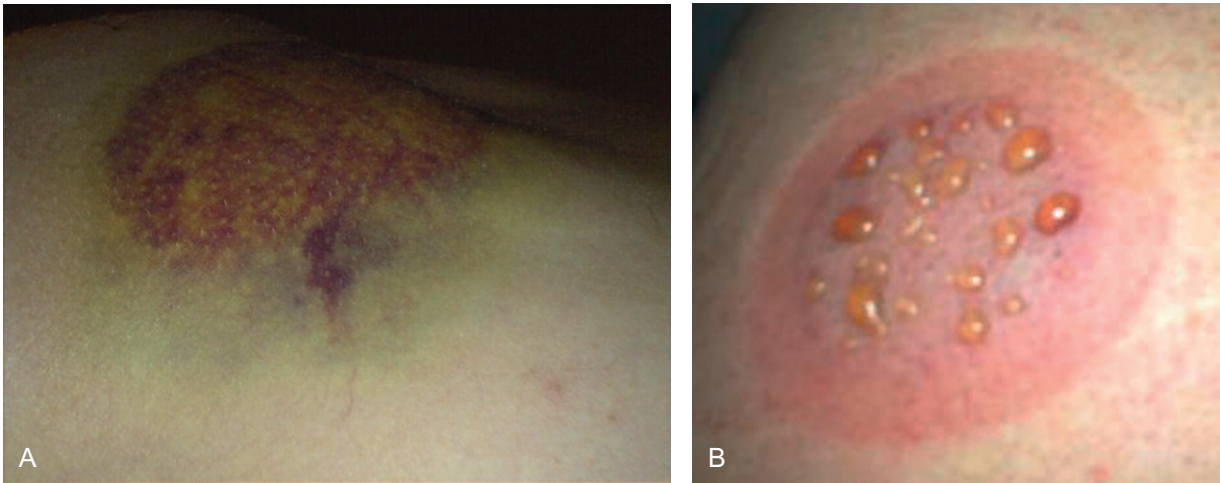
Normally the ring or cupping mark will fade away within 10 days. In some cases a blister may appear on the skin inside the cup. This is an indication of both excessive duration and strength of suction. When this happens, remove the cup without delay and pierce the blister with a sharp sterilized instrument, such as an acupuncture needle, to release the fluid. Do not reapply cups at the site of the blister until it has completely healed. Elderly and very young patients are particularly susceptible to severe marking and blistering. This is another reason for monitoring the patient during treatment. If the blister is not noticed at an early stage, it may result in an unnecessary large, open wound.

During the holiday season, cupping treatment should be terminated a week before the patient goes away (unless the patient does not mind showing off the marks) or the marks may draw attention from onlookers at the beach or the pool. The cupping marks usually appear worst of all after the first application, because of stagnation of Blood and Qi; follow-up treatments to the same point will result in much less marking, as the circulation improves and the stagnation is removed. The fine capillaries under the skin fill and empty freely and, as a result of improved metabolism following treatment, a sense of warmth and wellbeing pervades the patient's body, sometimes accompanied by a feeling of light-headedness and a slight thirst.



**FIGURE 8-1** (A–C) Cupping marks following cupping treatment. Cupping marks should not appear after Empty, Light or Water cupping methods.

When the cupping session is over there is a short period of tenderness at the points where the cups have been applied. Using massage oil, the area can be massaged gently and, time permitting, the patient can be covered with a blanket for a few minutes' rest before leaving the clinic. Blood pressure may vary by a few points owing to the unfamiliar suction and its effects on the circulation. As patients with low blood pressure are particularly susceptible to these fluctuations, care must be taken not to send patients away too soon following treatment. Patients coming for cupping therapy should also be advised to eat a light meal at least 2 hours before the treatment commences. Do not administer cupping therapy when the stomach is full or when it is completely empty, and particularly when the patient is fasting. In both situations the Qi is either 'stagnant' or 'empty', in which case it may contribute to the patient feeling unwell.



**FIGURE 8-2** (A, B) Cupping marks that were caused by an untrained practitioner.

During the cupping days or weeks ask the patient to refrain from eating rich and greasy foods. Light, warm meals in winter and salads in the summer are preferred. The fluid intake should also be increased at least 20% during this period, which will help with the metabolism and the detoxification process. A warm feeling throughout the body, some perspiration and a sense of relaxation normally follow the treatment owing to improved circulation and muscle relaxation. Should the patient feel cold, shivery or extremely tired after the treatment, a warm drink and up to 30 minutes of rest are highly recommended before the patient leaves the clinic.

Like many other therapies, cupping therapy isn't a 'magic cure' for all ailments. The full benefits of cupping therapy are usually achieved after between 5 and 10 visits. Sometimes the benefits are noticed immediately but are short lived, in particular when dealing with emotional complaints or longstanding chronic problems. Ten sessions are considered to be one course of treatment. Patients less than 16 years of age normally require less treatment.

### **IS THE CUPPING MARKING A BRUISE OR AN ECCHYMOSIS?**

There is an ongoing debate among cupping practitioners over whether we should call the subsequent cupping marks as such, or a 'bruise'? The *English Medical Dictionary* by Peter Collin (Collin, 1987) describes a bruise as: 'contusion or dark painful area on the skin, where blood has escaped under the skin following a blow'. The online [MedicineNet.com](http://www.MedicineNet.com) dictionary gives the following description of bruising: 'a bruise is a traumatic injury of the soft tissues which results in breakage of the local capillaries and leakage of red blood cells. In the skin it can be seen as a reddish-purple discoloration that does not blanch when pressed upon.' A different explanation from the latter source is: 'a bruise is called a contusion and is typically a result of some degree of injury to the blood vessels in the skin. Local leakage of blood into the skin from the capillaries that occurs spontaneously and is flat is referred as ecchymosis.'

When we look at the various explanations above, it is clear that a bruise should have at least two characteristics: (1) contain a dark and painful area; and (2) be the result of a blow, injury or trauma. The noun 'ecchymosis', however, is explained as 'local leakage of blood into the skin from the capillaries that occurs spontaneously and is also painless'. Almost all blood thinning medications and treatments cause ecchymosis that is not painful but causes discoloration of the skin. All skin marks that are the result of cupping therapy, however dark they may appear, are not *painful*. There is no external or internal damage inflicted to the skin. Capillaries do not leak as result of 'injury or blow to blood vessels'. Also, all bruises will turn yellowy-green before totally fading away. With the exception of Strong cupping on the first two visits, all cupping marks will fade away without turning a yellowy-green colour. Even following the Strong cupping method, local pain will not accompany the cupping mark! Slight local sensitivity is the expected reaction immediately following the cupping application, and is usually much less tender over the next day or two. I personally prefer to call these effects 'cupping marks' as I find ecchymosis a rather technical term and too 'trendy' a word to use!

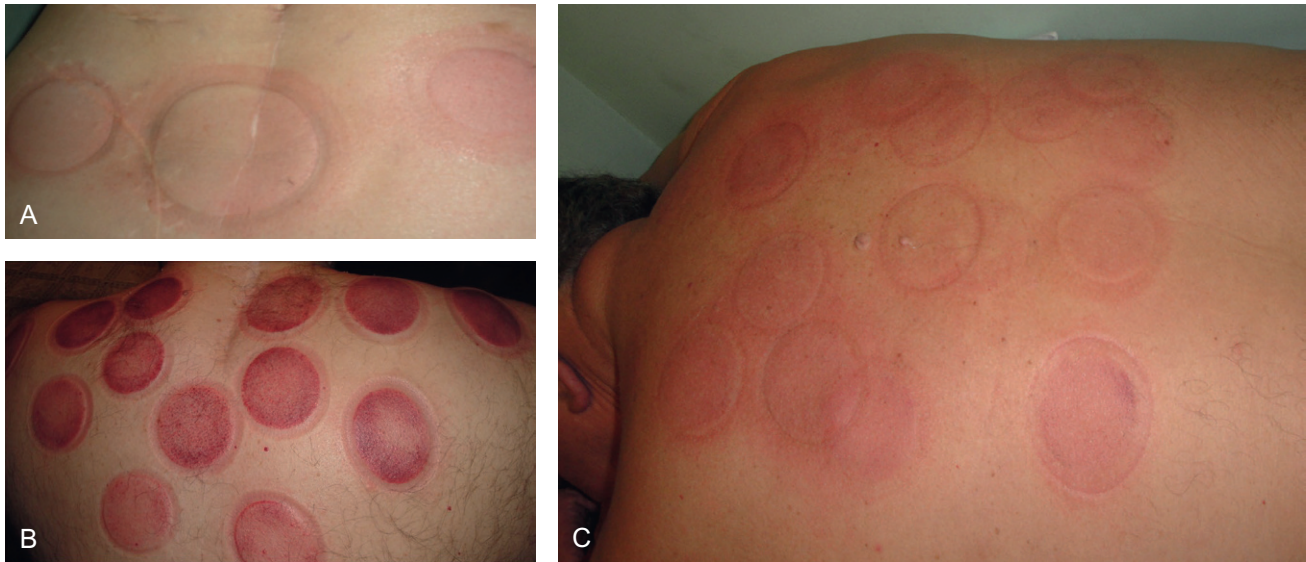


FIGURE 8-3 (A–C) Various cupping marks and their interpretation.

### DIAGNOSIS THROUGH CUPPING MARKS

The general consensus amongst the cupping practitioners all around the world is: *the darker the cupping mark the more chronic is the stasis*. As the Blood and Qi circulations improve with subsequent visits so too does the cupping mark! Various degrees of cupping marks and their interpretation are illustrated in Figure 8-3.

### REFERENCES

Collin, P.H., 1987. *English Medical Dictionary*. Peter Collin Publishing Ltd, Teddington, Middlesex. MedicineNet.com Dictionary. Online. Available: [www.MedicineNet.com](http://www.MedicineNet.com).