



# Observations of the popularity and religious significance of blood-cupping (*al-ḥijāma*) as an Islamic medicine

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## ABSTRACT

Popular treatment of ailments and illnesses based on the Qur'an and the Sunna of the Prophet Muḥammad continue to be practised in the Muslim world owing to their religious inspiration. It is not uncommon to find shops dedicated to selling different types of honey because the Qur'an specifies that "in it is healing for mankind" [1], or for customers to purchase black seed oil on the basis of the ḥadīth that "it is a cure for everything but death" [2,3]. The belief of being possessed by a *jinn*, often as a result of black magic still prevails, especially for those whose ailments conventional medicine has fallen short of curing. Healers who recite the Qur'an are often consulted to remove the *jinn* and annul any spells that may have been cast. In the context of the Qur'anic and prophetic remedies that exist, taking into consideration the growing interest in complementary medicine, *ḥijāma* too has gained its fair share of attention as a credible religiously-rooted form of therapy for a wide range of diseases.

*Keywords:* black magic, blood cupping, bloodletting, cupping therapy, ḥijāma, jinn possession

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## WHAT IS ḤIJĀMA?

The Arabic word *ḥijāma* is often translated into English as ‘cupping’. This translation though, is not entirely accurate as it gives the impression that *ḥijāma* encompasses all forms of cupping therapy. Islamically, *ḥijāma* is usually explicit to one form of cupping therapy, which is ‘blood cupping’, also known as ‘wet cupping’. Although similar to dry cupping whereby cups are placed on the surface of the skin, sucking the air out, and creating a vacuum to regulate the flow of blood and to stimulate life-energy, blood-cupping goes one step further, with the practitioner making small incisions on the surface of the skin in order to rid the patient of blood stasis within the body.

This ancient remedy has deep historical roots in Chinese civilization and has been an integral part of Traditional Chinese Medicine (TCM) for centuries. The earliest records of cupping in China are found in *Bo Shu* [4], a book written on silk, discovered in an ancient tomb of the Han Dynasty. A popular saying in China tells us: “Acupuncture and cupping, more than half of the ills cured” [5]. The different forms of cupping therapy applied today as part of TCM include ‘dry cupping’, ‘needle cupping’, ‘moving cupping’ (*tui guan fā*), ‘moxa cupping’ (*ai guan fā*), ‘herbal cupping’ (*yao guan fā*), ‘water cupping’ (*shui guan fā*), and ‘blood cupping’ (*xue guan fā*) [6], the latter being the focus of this paper.

Wet cupping, although a time-old Chinese practice, is known to have also been practiced by many other ancient cultures as a way of alleviating illness. In India, Ayurvedic medicine advocated that if toxins in the body were abundant, then a series of cleansing processes known as *‘panchakarma’* had to be undergone. ‘Blood detoxification’ (*rakta moksha*) through cupping just happened to be one of these methods of cleansing the body. This practice was also popular with the ancient Egyptians, depictions of which have been found in the grave of Tutankhamen [7] and in the temple of Kom-Ombo [7]. Mention of cupping can also be found in the Ebers and veterinary papyri that date back to 1,550 and 2,200 BCE respectively [7]. This practice was then transferred from the ancient Egyptians to the Greeks, where clear textual-evidence can be found in the writings of Hippocrates [8,9] (460–377 BCE) here he advocated the use of dry and blood cupping. The Romans subsequently adopted cupping from the Greeks and became renowned for using blood-sucking leeches in their practice. The famous Greek physician Galen [10] (129–200 or 216 CE) recorded the use of cupping at a time when his home city of Pergamum was part of the vast Roman Empire. The medical writer Oribasius [11] (320–400 CE), who was the personal physician of the Roman emperor Julian the Apostate, also referred to its effectiveness. It is believed that the practice then became common in Europe following the Arab invasion of Spain in 711 CE and through correspondence between Arab and Italian physicians in the period leading up to the Renaissance.

In the centuries that followed, many well-known physicians such as Ambroise Paré [12] (1509–1590 CE) endorsed the use of cupping. In Europe it became part of the medical profession and up until the 19th century, it was regularly practiced in hospitals [13]. Considering it was less delicate than bloodletting procedures, which were quite common at the time, it continued as a part of popular medicine as practiced by lay individuals. Consequently, the use of blood sucking leeches in Europe peaked between the early and late 1800s [14]. However, with the rise of modern pathology—leading to growing scepticism and change in the attitudes of physicians towards bloodletting procedures; and improved living standards among the middle and lower social classes which resulted in their having recourse to general practitioners as a new norm of medical care—the practice became virtually extinct mainly due to cultural factors and not as a result of objective scientific enquiry [15].

## ḤIJĀMA IN ISLAMIC LITERATURE

Given that cupping has been practiced by many great cultures and civilizations throughout history, one may enquire why it is of particular importance to Muslims. The answer to this lies in the religious roots of *ḥijāma*. The hadiths on *ḥijāma* are not singular (*aḥad*) transmissions, and it has been reported in all books of Muslim tradition that the Prophet Muḥammad (570–632 CE) advocated its practice. For instance, it is noted in *al-Buḥāry* and *Muslim*, the two most authoritative Sunni compilations of the Prophet’s sayings, that Muḥammad reportedly said that healing is “in the incision of a cupper” [16,17]. This saying has been reported through a strong chain of transmitters going back to Jābir bin ‘Abdullah, an eminent Companion of the Prophet held in high esteem by both Sunni and Shia scholars. Another tradition also transmitted by Jābir, tells of his visit to an individual by the name of al-Muqanna’ who happened to be ill at the time. Jābir insisted that he would not leave his house until he had him cupped, for he had heard the Prophet say: “There is healing in it” [18,19]. Traditions

on *ḥijāma* are also ample in the books of Shia tradition, including al-Kulayny's *al-Kāfy* [20], which is regarded as the most authoritative by Shia scholars.

There is also mention of *ḥijāma* in the *Muwatta* of Imam Mālik [21–23] (715–796 CE), which is usually regarded as the first written formulation of Islamic law. Although it may be argued that some aspects of the *Muwatta* are open to question, the core of most Islamic practices are seen to be accurate reflections of the practice of the Prophet Muhammad as inherited by the people of Medina generation after generation, until the time of Imam Mālik. As the Hungarian scholar Ignaz Goldziher put it, that the *Muwatta* aimed to “illustrate the law, ritual and religious practice, by the *ijmā* [consensus] recognized in Medinian Islam, by the sunna current in Medina, and to create a theoretical corrective, from the point of view of *ijmā* and sunna, for things still in a state of flux” [24]. Furthermore, many traditions narrated by a great many Companion sheds no further doubt – despite the differences in the narratives – that the practice can genuinely be traced back to the Prophet, qualifying *ḥijāma* as a firmly established sunna within the theological realm of Islam.

To what extent *ḥijāma* was practised in pre-Islamic Arabia is to this day still unclear. The Arabs often engaged in trade with far-reaching countries making it conceivable that the practice was encountered on some of their travels, most likely to Syria. It is believed that pre-Islamic medicine was greatly influenced by Greco-Roman medicine, hence the use of cupping, cautery and leeches that would have been prevalent at the time. The old Arabic word '*naṭāsy*', which means 'a clever physician', is actually Roman in origin [25]. In spite of the Arabs being aware of *ḥijāma* however, it was unlikely to have been commonly practiced, as invasive healing and odd folk remedies relying on superstitions were popular during the pre-Islamic era. According to Muslims, the practice of *ḥijāma* is believed to be in many ways a result of divine cognizance. One tradition reports that on the Prophet's ascent to heaven, all the great angels whom he met told him to enjoin *ḥijāma* on his people [26]. Whether or not the authenticity of this tradition can be proved and despite awareness of *ḥijāma* in pre-Islamic Arabia, Muslim scholars are unanimous that divine knowledge would have at very least led the Prophet to become aware of its 'healing' capabilities. It is also most probable that the Prophet wanted *ḥijāma* to replace the common and ineffective practice of bloodletting followed by cauterization, which was characteristic of primitive societies and may have been fairly common during that time.

### THE DIFFERENCE BETWEEN *ḤIJĀMA* AND BLOODLETTING

Although they bear some similarities, bloodletting and *ḥijāma* are not synonymous. The confusion between the two mostly stems from their parallel use throughout history. For instance, the ayurvedic practice of *rakta moksha* is inclusive of both cupping and bloodletting. Similarly, Hippocrates and Galen both advocated cupping [8–10], but at the same time made ample reference to bloodletting. Amongst the Arabs, the popularity of bloodletting arose based on Galen's mistaken conception that blood did not circulate around the body, which resulted in the spread of this practice to Europe along with cupping. The ideas put forth by Galen however, were subsequently rejected by Ibn al-Nafys (1213–1288 CE), the 'Arab father of circulation' [25]. In view of that, bloodletting never spread to Gulf Arab societies and up until today, it does not constitute a part of their folk remedies.

Different methods of bloodletting have existed from the time of the Middle Ages and can be classified under two headings: 'general bloodletting' and 'local bloodletting'. General bloodletting comprised of phlebotomy (also known as 'venesection') and arteriotomy<sup>1</sup>. Phlebotomy was the most popular of all bloodletting methods. It involved 'breathing a vein' by puncturing one or more of the larger external veins, such as those in the forearm and neck. As for arteriotomy, it comprised of puncturing an artery, but generally this was only done in the region of the temples. Local bloodletting on the other hand, dealt with scarification and leeches. Scarification was used in the application of wet cupping and it involved making relatively large incisions on the surface of the skin, leaving a wound that would then be dressed with lint and plaster [27]. Application of leeches would at times complement the procedure. Leeches were placed on the skin and would usually fall off once inflated with the blood that they sucked, otherwise snuff, salt, or vinegar would be used to loosen their hold. Depending on the circumstances, bleeding was generally stopped by pressure, a drop of perchloride of iron, a suture, or cauterization with a red-hot needle, which undoubtedly would have left a permanent mark [27].

<sup>1</sup>In modern medical terms phlebotomy now only refers to the removal of small quantities of blood for the purposes of undergoing a blood test.

Aside from the risks of poor hygiene, phlebotomy and arteriotomy were fairly dangerous practices as they rid the patient of considerable amounts of blood. This often led the patient to faint and even at times die. It is believed that bloodletting was the reason behind George Washington's death in 1799 CE, after he had lost approximately 2.4 litres of blood. Other notable historical figures whose deaths are thought to have been linked to bloodletting include Pope Innocent VIII (1431–1492 CE), Charles II (1630–1685 CE), his niece Queen Anne (1665–1714 CE), Lord Byron (1728–1824 CE) and Mozart (1756–1791 CE). Nevertheless, general bloodletting continued to be quite common and was an especially popular recourse in cases of hypertension, as it brought about temporary relief due to reduced blood pressure as a result of a reduction in blood volume. Furthermore, phlebotomy was found to act as a pain-killer once the patient would faint and was thus used in the Middle-Ages in preparation for childbirth, setting fractures and dislocation. Its continued use in the 19th century was most likely due to doctors believing that carrying out this practice on patients was better than doing nothing at all. Moreover, anecdotal cases of patients feeling better after general bloodletting procedures, which may have stemmed from a placebo effect, would have also encouraged its frequent use.

In face of the controversy surrounding bloodletting, recent scientific studies have helped with understanding why bloodletting enjoyed the popularity it did in the pre-antibiotic era. A discovery published in the journal 'Science' in September 2004, showed that infectious *Staphylococcus aureus* bacteria did not spread and cause disease in the body when deprived of the iron in the red blood cells. It has always been well known that bacteria require iron to grow, however scientists were unsure as to which sources of iron in the body enabled such bacteria to spread and multiply. After bacteria was set in a dish with the two most commonly found forms of iron in the body, researchers discovered that the bacteria overwhelmingly preferred *heme* iron, which is stored in red blood cells [28]. According to Rouault, "The practice of bloodletting in the pre-antibiotic era may have been an attempt to starve pathogenic bacteria of the iron that they need for growth" [28].

Bloodletting was popular at the onset of tropical fevers, as these types of illnesses were very much the hallmark of bacterial infection. By depriving the body of considerable amounts of blood, it is possible that bloodletting procedures were performed to prevent the spread of bacteria in the body. This notion evidently is highly controversial nowadays, as mild or even severe anaemia will not cure bacterial infection in the body, but rather make one weaker and complicate the course of the illness. However, bloodletting still has a presence in modern day treatment of a few diseases such as hemochromatosis, porphyria and polycythaemia. This practice is performed by specifically trained practitioners in hospitals, using modern techniques and done with caution under strict aseptic conditions.

Despite some apparent similarities to bloodletting, practitioners of *hijāma* nonetheless insist that it is distinctively different from bloodletting procedures. The word for *hijāma* is derived from the Arabic root *h-j-m*, which means to suck something out, to collect, or to extract so as to restore something to its natural state. The aim of *hijāma* therefore is solely to rid the body of blood stasis and not of healthy blood, as is the case of bloodletting. While *hijāma* is a method of cleansing the body of toxins that have accumulated with time, bloodletting comparatively has little or partial health benefits which in turn are significantly curtailed by the dangerous practices that it entails<sup>2</sup>. Unlike bloodletting, the key areas of the body where *hijāma* is performed are on the back and shoulders and away from veins and arteries. Common mistakes such as making oversized, deep incisions on the surface of the skin, which subsequently leads to the loss of large amounts of blood and resulting in permanently visible scars, drastically diminishes the potential benefits that it offers. In that context, a poorly administered *hijāma* ceases to be *hijāma* in the real sense of the word. Instead it becomes wet cupping with excessive and undue scarification, which can be classed none other than a semi-beneficial and less invasive form of bloodletting. Although improper practice may lead to some relief of certain ailments, it appears that this may have led some to perceive *hijāma* as just another form of bloodletting and resulting in the mistaken notion that all forms of bloodletting are somewhat alike.

An analysis of Islamic textual sources safely leads us to a number of conclusions. Although there may be some fabled accounts within the *ḥadīth* literature [29], these however can be reconciled by comparing the norms that existed in pre-Islamic Arabia with the dominant practice that followed after

<sup>2</sup>These statements would be contested by Ayurvedic practitioners and therefore do not apply to bloodletting procedures performed using modern techniques as is done in India as part of *rakta moksha* therapy. Discussion of the health benefits and the safety of *rakta moksha* are beyond the scope of this paper.

the Prophet's death. There is a strong likelihood that general bloodletting was common with the pre-Islamic Arabs, with the subsequent practice of cauterization to prevent any significant blood loss once a vein or artery was cut. Although there are no elaborate records documenting this, al-Suyuwṭī does imply that bloodletting practices were at the very least known to the Arabs [30]. This notion seems plausible, as it is well-attested that Greco-Roman medicine had a direct influence on pre-Islamic Arabia, which according to Ullmann, had "the usual folk-medicine which is found in all primitive societies *mutatis mutandis*" [31]. If this was indeed the case, then the practice of puncturing a vein or artery – to let blood out in the hope that it would cure (with subsequent cauterization of the area) – was seemingly put to an end by the Prophet<sup>3</sup>. This in turn would explain why 'general bloodletting' (*fāṣd*) was never practised by the early Muslims following the Prophet's death, despite their awareness of it.

It is also apparent that branding by cauterization was often used independently of bloodletting in the treatment of diseases before Islam. The Prophet's criticism of cauterization can therefore be understood when contextualised<sup>4</sup>. Incidents involving Companions struck on the battlefield are noted in books of tradition. In the case of injuries sustained by arrows that pierced through the veins, cauterization was permitted as it was the only way of saving the person's life [32]. It can be concluded therefore that the practice of cauterization was intended where it was the only available haemostatic or means of destroying tumours. It was in such circumstances, where it was absolutely necessary, that the Prophet allowed cauterization – a position that has since been maintained in Islamic law<sup>5</sup>. The use of cauterization in the context of general bloodletting and branding however would have been prohibited by the Prophet, only to be replaced by the practice of ḥijāma following his instructions.

### DETERMINING THE SCIENTIFIC VALIDITY OF ḤIJĀMA

Blood stasis can be defined as the flow of blood that has slowed down or been brought to a standstill [33]. The concept goes far back to the era of the ancient Chinese who defined it as 'static blood' (*ji xue*), 'confluent blood' (*liu xue*), 'blood amassment' (*xu xue*), 'blood that is not moving' (*xue bu xing*), and 'dead blood' (*si xue*) [34]. Ḥijāma practitioners have defined blood stasis as 'bad' or 'degenerate blood' (*al-dam al-fāsid*) and classified it into two categories. The first category is 'blood that is stagnant' (*al-dam al-rāqid*) which refers to blood that has become thick and slow moving, thereby increasing its tendency to clot. The second being 'blood that is old' (*al-dam al-hārim*), which comprises of blood whose cells have aged and as a result, can no longer properly perform their function. Such 'bad' blood when extracted from the body initially comes out either clotted or dark coloured, or both. However, this blood usually takes a slightly lighter colour and is more fluid towards the end when it is finally drawn out. Blood that is light coloured and semi-liquid is generally considered 'healthy' (*salym*) by ḥijāma practitioners, an indication that it is carrying oxygen and of its ability to coagulate, which is not suggestive of any major circulatory problems. The removal of 'bad' blood is believed to result in better circulation [35,36] on account of the blood being more apt and able to deliver oxygen and nutrients to tissue cells, which increases its capacity to remove waste products to the lungs, liver and kidneys.

The main action of ḥijāma is therefore thought to cause a hyperaemic effect. When this effect is combined with local scarification, it additionally can act as a source of referred pain or counter irritation that can confuse the cerebral cortex to the source of pain, which may lead to a feeling of improvement.

With religion having had a strong role in Arab culture since the inception of Islam, ḥijāma is to this day – along with the use of honey – the most well-known of all Islamic medicines. In the Middle-Ages, many a great scholar, with the likes of al-Rāzy (Rhazes 865–925 CE), Ibn Synā (Avicenna 980–1037

<sup>3</sup>Abd al-Rahym, *al-Ḥijāma: Anf'a ma Tadāwa biha al-Nas*, p. 19. The author has collected a ḥadīth classified as very weak from al-Muttaqī al-Hindī (1480–1567 CE) and Abu al-Faḍl Zayn al-Dyn al-'Irāqī (1325–1404 CE) stating that: "Cutting a vein is not preferred, and *ḥijāma* is a better practice" (*qaṭ'al-'irq masqama wa al-ḥijāma ḥayrun minhu*). This is an indication that bloodletting was practised in pre-Islamic Arabia until it was disapproved by the Prophet.

<sup>4</sup>Abd al-Rahym, *al-Ḥijāma: Anf'a ma Tadāwa biha al-Nas*, p. 28–29. The majority of traditions that mention cauterization alongside *ḥijāma* inform us that the Prophet disliked cauterization (including the tradition reported on the authority of Jābir bin 'Abdullah when quoted in full). One tradition on the authority of Ibn 'Abbās informs us that the Prophet forbade cauterization on his community. This however should be understood as a prohibition against branding by cauterization.

<sup>5</sup>It is important to note that cauterization is still employed in modern medicine. The forms of cauterization used today are electrocautery and chemical cautery.

CE) and Ābu al-Qāsim al-Zahrawy (936–1013 CE) endorsed its use in their medical textbooks. It is even said that Jibrā'il bin Baḥtišu bin Jirjys [37], the personal physician of Hārūwn al-Rašyd, instructed that the famous Caliph be cupped in order to save him from a would-be death!

In the last century with the rise of modern medicine, ḥijāma started to lose its appeal in many parts of the Arab and Islamic world. Its effectiveness was however brought to the attention of medical doctors once again through the efforts of the Syrian scholar Muḥammad Aryn Šayḥu [38] (1890–1964 CE). Šayḥu was well-versed in Sufism, Islamic studies and modern science, to the extent that the famous Englishman and esoteric researcher, John G. Bennett (1897–1974 CE), who had met Šayḥu during his extensive travels to the Middle East, allegedly commented that he was “an ocean of knowledge” [39].

Šayḥu's research on ḥijāma was compiled and revised by 'Abd al-Qadir Yaḥya al-Šaḥyr Bal-Dyrāny, in a book entitled *The Miraculous Remedy: That Cured Fatal Heart Disease, Paralysis, Haemophilia, Migraines, Impotence, and Cancer (al-Dawā' al-'Ajb: al-lady Šafa min Marad al-Qalb al-Qātil wa al-Šalal wa al-Nā'wur wa al-Šaqyqa wa al-'Aqm wa al-Saraṭān)*. The book has been endorsed by more than 25 medical doctors, many of whom hold prominent positions in the US and Europe and who in turn have commented on the legitimacy of ḥijāma as a therapy in the second chapter of the book. More books on the topic of ḥijāma, written by medical doctors, have followed suit and been published in the Arab world. Although the number of clinical studies investigating the benefits of ḥijāma have been limited, many medical doctors nonetheless include ḥijāma as part of their private practice.

Bal-Dyrāny quotes a rather obscure BBC Arabic World Service report in the first chapter of *al-Dawā' al-'Ajb* [40]. The report, dated 13th of August 2001, informs us that a medical team representing the British Royal family contacted medical doctors in Syria to research ḥijāma as a possible cure for haemophilia. 'Abd al-Malik al-Šalāty, a specialist in nervous disorders and a professor at the University of Damascus, is then quoted in the report, commenting that the results of ḥijāma administered on his patients were remarkable. Al-Šalāty stated that it completely cured a number of cancers, patients suffering of paralysis, haemophilia, heart attacks, Hodgkin's disease, as well as improving asthma and rheumatism among other ailments. Although Al-Šalāty explained that his statements were thoroughly supported by medical tests and clinical analyses [40], these claims have yet to be substantiated by independent scientific evidence.

In May 2009, a systematic review published in the journal of 'Evidence-based Complementary and Alternative Medicine', assessed the evidence of the effectiveness of cupping. The results drew on the conclusions of the Korea Institute of Oriental Medicine and the Peninsula Medical School that operate in partnership with the universities of Exeter and Plymouth in the UK. The review made strong efforts to collect all randomized clinical trial (RCTs) data on subjects. The review concluded that there was “some suggestive evidence for the effectiveness of cupping in the management of pain conditions” [41], but that “the total number of RCTs included in the analysis and the methodological quality were too low to draw firm conclusions” [41]. The review also noted “research funds are scarce,” and that “few rigorous trials have tested the effects of cupping on pain” [41]. Other reviews, one on stroke rehabilitation [42] and another on hypertension [43] came to similar conclusions.

Despite the conclusions that were drawn from the systematic review, the assertions made in *al-Dawā' al-'Ajb* should not be dismissed. If given due credit by medical doctors and practitioners of complementary medicine, it could potentially be demonstrated under rigorous and controlled studies that ḥijāma can alleviate pain in a wide number of medical conditions. However, as the review noted, future RCTs “must overcome the methodological shortcomings of the existing evidence” [41], to provide firm evidence in determining the effectiveness of ḥijāma.

## ḤIJĀMA AND ENERGY MEDICINE

The concept of a universal life-energy flowing through living organisms exists in many spiritual traditions. This life-energy has been given many names: the Japanese have termed it '*ki*', the Chinese '*chi*' and the Indians '*prana*'. Christians called it 'The Holy Spirit', while Sufis referred to it as '*ruh al-imān*' (the spirit of belief), which is believed to be harnessed through prayer, meditation, incantations and the recitation of the Qur'ān. The system of acupuncture is based on the idea that this energy flows within us through certain pathways or meridians, which in turn make up the intrinsic circuitry of a whole energy network within our bodies. Any disruption to the proper flow of *chi* within such a network is thought to lead to the causes of disease. The insertion of acupuncture needles on certain points on the surface of the skin is just one way of stimulating and re-balancing this energy.

Exercises such as Tai-Chi, Qigong and Yoga; therapies such as Reiki; and bodily cleanses such as intestinal and liver cleanses are all other possible ways of doing so.

Spiritual disciplines that believe in the existence of this universal life-energy all place a strong emphasis on proper breathing. Breathing has thus always been tantamount to harnessing life-energy and stimulating that which is already present in the body. The Indian breathing practice of *pranayama* is often translated from Sanskrit as ‘the control of life energy’ or ‘the breath of life’. In Arabic, the words for ‘spirit’ (*ruwḥ*) and ‘wind’ (*ryḥ*) are etymologically connected as they come from the same root. Some Sufi orders prescribe breathing exercises to open the body’s main energy points. These points are called the *laṭ ā’if* (sing. *laṭ yfa*), which mean ‘wheels of subtlety’, and only slightly differ from the chakras in terms of their location. The late psychoanalyst Wilhelm Reich (1897–1957 CE), through his research [44], similarly came to the conclusion that there was a biological energy (which he named the ‘orgone’) that existed in the earth’s atmosphere. He too endorsed proper breathing in his therapy. As the blood serves to supply the body oxygen from the air that we breathe, it is not surprising to learn that practitioners of TCM have asserted that life-energy actually flows in our blood. As Chirali states, “One of the most important characteristics of the blood in TCM is that it contains *Qi* (energy)” [45].

The concept of the ‘healer’ phenomenon, whereby a healer recites verses of the Qur’ān to cure individuals from possession and black magic, represents a very particular form of energy medicine. It is widely believed by Muslims that a *jinn* may enter the human body or position itself around the aura thereby blocking the flow of energy within the body’s circuitry. Black magic, unlike possession, is the deliberate machination of a magician to have a *jinn* penetrate the body – usually it would seem at the request of a jealous individual. Healers believe that a *jinn* may alter a person’s aura, causing for instance dislike of a husband towards his wife which may lead to eventual separation [46], or make a man or woman seem unappealing to a potential suitor thereby impeding future prospects of marriage.

Mental illness and bad thoughts are too often blamed on possession by *jinn* and it is not uncommon to hear stories of patients whose voices changed as the *jinn* was being exorcised from the body. Unfortunately however, there are no accounts of *jinn* possession having been scientifically validated after ruling out psychiatric illnesses as a potential cause of illness. Problems such as impotence or the inability for a woman to get pregnant and even some physical pains are also seen as the works of *jinn*. It is believed that symptoms of black magic are usually the feeling that a knot has been tied or the insertion of nails and needles in certain parts of the body. Other perceived symptoms of possession include nightmares, tingling sensations and intolerance to the recitation of the Qur’ān or having difficulty or a reluctance to reading it.

Based on these observations, *hijāma* appears to interlink with energy medicine, possession and black magic. TCM has long held that cupping can rectify the energy imbalances within the body. By making small incisions on specific energy points on the body to remove blood stasis, it is believed that *hijāma* ‘unclogs’ the meridian channels in order to re-establish a free flow of energy. In view of that, *hijāma* can be comparable to acupuncture, but with the added factor of detoxifying the blood, a number of patients may find *hijāma* more effective in the long run.

The use of *hijāma* to rectify such imbalances has taken a step further as practitioners claim it can remove or significantly reduce the impact of possession and black magic. Cupping is recommended in the area beneath the neck and in between the shoulders (*al-kāhil*) and the two areas on the neck just beneath the ears (*al-aḥḍa’ayn*)<sup>6</sup> [47,48], based on the sunna of the Prophet. Often the Qur’ān is recited during the sessions in which *hijāma* is administered to rid the patient of any possible affliction by a *jinn*, claiming it comes out in the ‘bad’ blood. This deduction is undoubtedly based on the famous ḥadīth that “the devil runs in man’s bloodstream” and the relationship that is commonly held between the *jinn*, bodily waste and impurities [49–52].

### TOOLS OF THE TRADE

Prior to the analysis and discussion of tools that have been used for *hijāma*, an examination is warranted of the Prophet’s words, that healing is “in the incision of a cupper” (*fy ṣarṭ a-ti muḥ jim*). Here, the Arabic word for incision is ‘*ṣarṭ a’*’, which stems from the root ṣ-r-ṭ meaning to open, slit, scratch, or scarify. The ambiguity in meaning has led some practitioners to erroneously believe that

<sup>6</sup>Contrary to popular contemporary practice, Ṣayḥū argued that *hijāma* should not be practiced on the head nor on *al-aḥḍa’ayn*. He also argued that *al-kāhil* was situated beneath the shoulder blades and did not advise that *hijāma* be practised in the region beneath the neck.

an incision should be fairly large, ranging anywhere from half a centimetre to three centimetres in length. On closer analysis however, the word *ṣarṭa* leads to a firm conclusion that what is actually meant is a small incision. This firstly is supported by the modern Arabic usage of the word *ṣarṭa*, which either means a comma or hyphen. Secondly, linguistically the meaning of *ṣarṭa* as a small incision has been widely accepted and is more accurate to use than when referring to a large incision. Thirdly, books of tradition tell us that *ḥijāma* during the Prophet's time was in some cases performed on the head and therefore it is unconceivable that large incisions were intended for this practice. Finally, and practically speaking, a large incision would lead to excessive blood loss, whereby healthy blood would be expelled with the 'bad' blood, subsequently weakening the patient and leaving visible scars – all of which, particularly in a modern context, are not acceptable.

According to experienced practitioners, the key to a successful treatment lies in numerous, very small incisions that are made in the area that is being cupped, for in such circumstances only 'bad' blood – and not healthy blood – will come out of the body. Small incisions made are normally one millimetre deep and no more than four millimetres in length to ensure quick healing, leaving no permanent scarring. In the case of diabetic and haemophilic patients, practitioners prick rather than make incisions on the skin as a result of wound healing impairment associated by both of these conditions. The red suction marks where cupping has been performed normally disappear within five days to a week. Although *ḥijāma* can be performed on any given day of the year, recommended days for it to be carried out according to the sunna, are on the 17th, 19th and 21st of every lunar month<sup>7</sup> [53,54]. The practice of *ḥijāma* is also recommended early in the morning before eating, or if performed in the afternoon or evening, then two or three hours after eating. Patients are encouraged to drink water after a session, although it is preferable that a sweet drink be consumed for patients to regain their energy, (which of course excludes diabetic patients).

The development of new tools for the application of *ḥijāma* has made it a more user-friendly practice. In the past, animal horns were used by the practitioner to manually draw blood out of a patient. If due care was not taken, in some instances the patient's blood would make its way to the mouth of the practitioner – turning this into a rather unpleasant experience. According to Chirali, till present-day the practice of cupping in China still most commonly utilises bamboo cups. These however cannot be sterilized and due to their non-transparent nature, they prevent the practitioner from monitoring both the strength of the suction and the amount of blood that is being drawn into the cup. Compared to glass cups, bamboo cups are also very sharp and cause blistering on the skin [55].

The person who has been credited for being the most influential in spreading *ḥijāma* across the Arab world in recent years has been Aḥmad Ḥefny, a practitioner from Egypt. Ḥefny started practicing *ḥijāma* in 1990 after suffering intense back pain for six years. The first time Ḥefny was treated by *ḥijāma*, he explained in personal communication, that to his surprise, the pain he was suffering from was almost completely gone<sup>8</sup>. From that day on, Ḥefny spoke of his intention to devote his life to making this ancient healing art known. He went on to open a center in Egypt dedicated to *ḥijāma* and travelled the Arab world giving talks and teaching people about its effectiveness. Ḥefny also wrote a manual on *ḥijāma* titled '*al-Ḥijāma: Peace, Well-being, and Health*' (*al-Ḥijāma: Raḥma wa Amāna wa Salāma*)<sup>9</sup> purchasable from his shop in *Ḥadā'iq al-Zaytuwn* in Cairo, which also sells equipment and books by other authors. Ḥefny has since been oft-quoted in numerous books on *ḥijāma* and has worked closely with a number of medical doctors in the attempt to promote greater medical credibility for the practice. The Egyptian government however has not passed any regulation sanctioning *ḥijāma* therefore it is unofficially practiced in the country.

The continued vision of which Ḥefny aims at making *ḥijāma* a more widely available practice is additionally promoted by the low cost of equipment that he sells [57]. The cups and containers that are sold in his shop permit a practice of *ḥijāma* that differs from the traditional approach where a fire would be lit and placed inside a glass cup to create suction. The most popular type of equipment sold are plastic cups manufactured in China that make use of a small suction pump to apply negative pressure, and which come in various sizes so they conveniently can be placed on various parts of the

<sup>7</sup> There is some contention based on certain ḥadīths regarding the days and timings when *ḥijāma* should or should not be administered. However, the majority of practitioners are in agreement that it can be done any day and any time of year with the recommended days being the 17th, 19th, and 21st of every lunar month.

<sup>8</sup> Author discussion with Aḥmad Ḥefny circa 2007. Mr Ḥefny was not asked if he had conducted medical tests or whether he had in his possession results of clinical analysis to validate his claims.

<sup>9</sup> Ḥefny is credited for coordinating efforts among *ḥijāma* practitioners in a booklet that outlines standard practice. See [56].



body to unclog different meridians. Cupping in narrower areas of the body such as the elbows, utilise a very small plastic container. Cupping on the head utilises a medium-sized plastic container and usually involves practitioners advising their patients to shave their heads to permit a stronger negative pressure. The use of Nivea cream however, is sufficient to ensure the cups do not fall from an area of the body where maintaining a negative pressure is difficult. As for the largest cups, these are best suited for use on a patient's back.

In the past, a sharp metal object was often used to make incisions on the skin. In Europe, this implement was known as a 'scarificator' and was used for wet cupping. This was a spring box that would contain anywhere between 12 to 18 blades. The scarification that resulted was relatively large incisions that were cut deeper into the skin than modern-day practice. Medieval practice of *hijāma* amongst the Muslims would have also resulted in large incisions, which would have been difficult to keep small due to the primitive Middle-Age tools that were utilised. Misinterpretation of the words of the Prophet concerning *hijāma* may have led individuals to come up with their own definition of the word 'small' in regard to incision size. It is only down to recent efforts that more light has been shed on the practice of *hijāma*, as previous methods were mostly subject to the practitioner's personal approach and cultural background.

### THE PROSPECTS OF HIJĀMA

The future of *hijāma* in the Muslim world lies in scientifically grounded studies to elevate it from a folk remedy to a valid therapy. Currently the status quo is open to certain risk factors. For example, unsterile practice can potentially be fatal if cups are not disposed of and are re-used on patients without proper sterilization. Training courses and certifications that can be widely provided are necessary to ensure the highest levels of hygiene by practitioners legally practising in complementary therapy clinics. Šayḥu's vision to have *hijāma* practised in every home and within each family as a cheap effective therapy could also be achieved through training CDs and booklets approved and endorsed by medical doctors and through short training workshops. Such training would allow specialists and non-specialists alike to acquire a full grasp of the therapy, an objective currently aimed for by Ḥefny. Specialist shops stocking *hijāma* equipment or within pharmacies could emerge mainstream, where disposable containers to throw cupping blades could be sold alongside medical waste bags for the disposal of blood. The mass production of specialized equipment such as sterilized cupping lancets could allow practitioners not having to rely on disposable razor blades or on the more invasive surgical blades.

Despite the suggestions made to improve the practice of *hijāma*, there still remains several areas of concern that need to be further explored such as the issue of diagnosis; considering patient's medical history and age; how much blood should be removed; areas of the body *hijāma* should not be administered; the interval period between each treatment particularly on an area of the body that has previously been cupped; the limitations of the therapy; awareness and use of herbal alternatives for blood stasis; the extent from which to draw from the vast pool of knowledge within TCM; and many other contentious issues. The prospects of *hijāma* acting as a complementary mode of treatment for patients needs to be given due credit, but this certainly cannot be accomplished in a climate that is not open to accepting alternative forms of medicine and one that is fraught with excessive regulatory barriers.

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