

Effect of *Hijāma bi'l Shart* (wet cupping) along with Unani formulation in a patient of *Shaqīqa-i-Muzmin* (Chronic migraine): A Case Report

Mohd Afsahul Kalam^{1*}, Sana Bila Suhail,² Toyiba Ibrahim³

¹Research officer, Dept. of Ilmul Advia (Pharmacology), ² M.D Scholar, Dept. of Moalajāt (Medicine), ³ PG Scholar, Dept. of Ilmul Advia (Pharmacology), Regional Research Institute of Unani Medicine, University of Kashmir, Naseembagh, Srinagar, Kashmir, J&K, India.

ABSTRACT:

Migraine ranks as the second most common neurological disorder worldwide and plays a substantial role in disability, impacting around 15% of the population. Chronic migraine specifically causes severe debilitation, greatly reducing the quality of life for individuals experiencing it. Despite the availability of pharmacological treatments, they frequently lead to undesirable side effects, leading to the investigation of alternative therapies. In the Unani System of Medicine, migraine is referred to as *Shaqīqa*, and *Hijāma b'il Shart* (wet cupping) has been utilized for centuries in its management. This case study presents a 32-year-old female suffering from chronic migraine since childhood, highlighting the effectiveness of *Hijāma b'il Shart* administered over five sittings. The results demonstrate significant improvements in the duration, severity, and frequency of migraine attacks. These findings suggest that *Hijāma b'il Shart* may serve as a valuable alternative treatment for chronic migraine, offering a therapeutic option that minimizes the risk of adverse effects associated with conventional medications.

KEYWORDS: Chronic Migraine, *Hijāma b'il Shart*, *Shaqīqa*, Unani Medicine, Wet cupping.

Received: 04.11.2024

Revised: 14.12.2024

Accepted: 16.12.2024

Published: 20.12.2024



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License

© 2024 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

Quick Response Code



*Corresponding Author:

Dr. Mohd Afsahul Kalam,

Research officer, Dept. of Ilmul Advia, Regional Research Institute of Unani Medicine, University of Kashmir, Naseembagh, Srinagar, Kashmir, J&K, India.

Email: afsahnium@gmail.com

INTRODUCTION:

Migraines have been affecting people for more than two millennia and have been observed on every continent that has been studied. They impact over one billion individuals every year, making them the

sixth-highest cause of disability worldwide. ^[1] Migraine is a highly debilitating condition, affecting around 15% of the general population within a year. According to the Global Burden of Disease Study, migraine is ranked as the second most common

neurological disorder globally and results in more disability than all other disorders combined. [2]

A sequence of crucial phases, known as the premonitory (prodromal), aura, pain, and post-dromal phases, frequently overlap and define migraine symptoms. [3] Migraine pathogenesis is widely thought to involve trigeminovascular system activity at both the peripheral and central levels, with cortical spreading depression acting as the primary neurophysiological substrate of migraine aura. However, much remains uncertain regarding precise pathogenic pathways. [2]

Chronic migraine is a neurological disorder defined by more than 15 headache days per month, with at least 8 days of migraine for more than three months, according to the criteria of the third edition of the International Classification of Headache Disorders (ICHD-3). It is one of the most frequent causes of disability, affecting 1–2% of the global population. [4] Migraine impacts mainly females (3:1) and has a considerable impact on quality of life, particularly during peak productive years. [1] Migraine treatment includes acute and preventive medication and a vast majority of patients require preventive therapies to sustain a reasonable quality of life.

In the Unani system of Medicine, Migraine is known as *Shaqīqa*. The word “*Shaqīqa*” is derived from the Arabic word ‘*Shaqq*, ’ meaning ‘a part’ or ‘a side’. [5] This condition, known as *Shaqīqa*, causes discomfort in a specific side of the head rather than the entire head. It is also known as *Ādhā Sīsī*- referring to pain that exclusively occurs on one side of the head. Galen depicts the pain as altering, but in reality, it remains in the brain's centre and takes up the weaker side of the brain. [6][7]

The morbid matter causes Shaqīqa in the form of *Bukhārāt-i-Radī* (morbid vapours) that arise from the whole body or any ipsilateral organ. It can also be caused by *Akhlāt-i-Radī*

(morbid humours) which are either excessive in amount or have dystemperament (i.e., abnormal hot or cold temperament) or it can occur as a result of morbid *Rjyāb* (~gasses). [8][5]

This morbid matter that leads to migraine can originate locally at the site of pain or in the arteries, inside the brain, or in the meninges. Since the amount of morbid matter present in the arteries is always less extensive compared to the morbid matter in the veins, this insufficient matter is unable to affect the entire head. Therefore, the pain occurs only on one side of the head.

Unani physicians have classified migraine into two types:

Shaqīqa Hārr (migraine due to hot dystemperament)- if migraine occurs due to *Safrā* (bile) or *dam* (blood). *Shaqīqa Bārid* (migraine due to cold dystemperament) - if it occurs due to *Balgham* (phlegm) or *Sawdā* (black bile). [6] [8] [9] *Shaqīqa* is managed according to the underlying cause. Acute attacks can be managed with measures like putting the patient in a dark, quiet room and using anaesthetic *Dimād* (poultice), *Ṭilā* (liniment), *Qutūr* (nasal drops), *Naṭūl* (irrigation), and *Shamūm* (inhalation).

Chronic attacks are managed using several modalities like *Istifrāgh* (evacuation), *Faṣd* (venesection), *Hijāma b'il Shart* (wet cupping), *Ishāl* (purgation) and *Huqna* (enema) followed by the use of *Muqawwi-i-Dimāgh* (brain tonics) for strengthening the brain. [10] *Hijāma b'il Shart*, being one of the important and potent modalities of *Istifrāgh* (evacuation), was selected for evacuation of morbid matters and management of chronic attacks.

CASE REPORT:

Brief history:

A 45-year-old, normotensive, non-diabetic, and euthyroid female with, a known case of chronic migraine since childhood, presented

to the OPD of RRIUM, Srinagar in December 2024, with complaints of severe chronic headache. The headache was unilateral, throbbing, and alternating in nature, localizing on either side of her head. It was worse at night resulting in disturbed sleep. The headache was not associated with any aura but a prodromal phase of excessive yawning preceded the headache. It was associated with phonophobia and photophobia. The postdromal phase was characterized by nausea, followed by an episode of vomiting. The headache triggered by stimuli like perfumes, prolonged sun exposure, spicy foods and coffee. The patient reported having about 16 monthly headache days on average and each episode lasted about 12 to 24 hours. The patient used drugs like ibuprofen, naproxen, sumatriptan, and propranolol for the management of the headaches previously during peak time on and off throughout, from child. There was no history of trauma, cranial surgery or smoking and no significant family history of any kind. The patient had a normal appetite but reported having constipation on and off.

Examination of the patient:

The general condition of the patient was good. She was well-built. The general physical examination and systemic examination were unremarkable. The blood pressure of the patient was 110/80 mmHg and the pulse rate was 74/min. The neurological examination of the patient was unremarkable.

The *Mizāj* (Temperament) assessment of the patient was performed, and she was found to be of *Dammī Mizāj* (Sanguine temperament).

THERAPEUTIC INTERVENTION:

The patient was initially prescribed a 5g dose of the compound Unani formulation, *Irtifal Zamānī*, to be taken orally at bedtime for one month. She showed a slight improvement in

her symptoms. To achieve further progress, the patient was subsequently admitted to the IPD of RRIUM, Srinagar, where she was recommended additional 5 sittings of *Hijāma bi'l Shart* (wet cupping) over *Akhd'ayn* (lateral sides of the neck posterior to jugular vein), *Kāhil/ Bayn al-Katīfayn* (Interscapular region) and *Katīfayn* (both shoulders) along with the prescribed compound Unani formulation *Irtifal Zamānī* 5g orally at bedtime for the same duration. [Table-1] For the management of acute attacks, the patient was advised to take Cap. Naproxen 500mg during the peak severity of the headache. The patient was advised to maintain a diary for recording the number, duration, and severity of the headaches. Investigations were performed before the procedure which included random blood glucose, hemoglobin, bleeding time, and clotting time. The results of the same are given in [Table-2].

Hijāma bi'l Shart (wet cupping):

The procedure was performed following Standard operating procedures for *Hijāma* (wet cupping), [11] in the sitting position using 2 (S_4) sterilized disposable cups over *Akhd'ayn*, 2 (S_3) cups over *Katīfayn* and 1 (S_2) sterilized disposable plastic cup over *Kāhil/ Bayn al-Katīfayn* as shown in [Figure 01]. Under all aseptic procedures, the areas were cleaned and the cups were applied over the said regions by creating a vacuum using a manual suction pump with medium pressure (2 pulls) and the cups were kept in place for 5 minutes until congestion developed. Afterwards, cups were gently removed and 15-20 superficial scarifications were made over the areas using No. 11 surgical scalpel blade. The cups were reapplied over the regions to collect the blood and kept at the sites of *Hijāma* for 10 minutes (until the blood inside the cups clotted). Subsequently, the cups were removed, and blood (5 ml in each cup) collected in the cups discarded as per the

Bio-Medical Waste Management (BMW). The area was cleaned and antiseptic dressing was applied after achieving complete hemostasis. The therapy was repeated at an interval of 15 days. A total of 5 sittings were performed over 2.5 months. The amount of blood removed in one sitting was 25 ml and a total amount of 125 ml of blood was removed in the period of the whole procedure of 2.5 months.

Assessment of the efficacy:

The outcomes were assessed using the Visual Analogue Scale-VAS (0-10) for pain [Figure 02], the average duration of the headache, and monthly headache days.

Observations:

With *Hijāma bi'l Sharṭ* (wet cupping), the patient showed a significant improvement in the severity of the headache having a VAS score of 10 at the baseline to a VAS score of 2 at the end of the treatment period. [Table

03] [Figure 03] The number of cap naproxen 500mg used during acute attacks also decreased significantly. The duration of the headache also decreased from 12-24 hrs before treatment to <12 hrs after treatment. The monthly headache days reduced from 16 before treatment to 8 after treatment. The patient also reported improved sleep quality and constipation was relieved. [Table 04]

Adverse events:

No adverse events were observed during treatment.

Post-treatment follow-up:

The patient was instructed to visit the hospital every 3 months, after the end of the treatment sessions, for assessment of the recurrence of headaches. The patient reported a headache-free period of 6 months post treatment. After 6 months she came again in the OPD for 2nd session of the same therapy.

Table-1: showing composition of *Itrifal Zamānī* [19]

Unani Name	Scientific Name	Amount
<i>Halela zard</i>	<i>Terminalia chebula</i>	60 g
<i>Balela</i>	<i>Terminalia bellirica</i>	60 g
<i>Amla</i>	<i>Emblica officinalis</i>	60 g
<i>Bunafsbā</i>	<i>Viola odorata,</i>	60 g
<i>Saqmūnia</i>	<i>Convulvulus scammonia</i>	60 g
<i>Turbud</i>	<i>Operculina turpethum</i>	116 g
<i>Kishnīz</i>	<i>Coriandrum sativum</i>	116 g
<i>Gul-i-surkeb</i>	<i>Rosa damascene</i>	30 g
<i>Tabashīr</i>	<i>Bambusa arundinacea</i>	30 g
<i>Nilofar</i>	<i>Nymphaea alba</i>	30 g
<i>Sandal safed</i>	<i>Santalum album</i>	18 g
<i>Katīra</i>	<i>Cochlospermum</i>	18 g

Table-2: Showing investigation reports before treatment

Investigation	Result
<i>Random blood glucose</i>	97.6 mg/dl
<i>Hb</i>	13.8 g/dl
<i>Bleeding time BT</i>	2` 10``
<i>Clotting time CT</i>	5` 30``

Table-3: Assessment of severity of headache of the patient using VAS [scale 0-10]

Symptom	VAS baseline	VAS post 1 st sitting	VAS 2 nd sitting	VAS 3 rd sitting	VAS 4 th sitting	VAS 5 th sitting
Headache	10	7	5	5	4	2

Table-4: Effect of treatment on duration and frequency of the headache

Symptoms	Before treatment	After treatment
Duration of attacks	12-24hrs	<12hrs
Monthly headache days	16	8



Figure 01. Showing points of *Hijāma* with size and quantity of cups applied 5 cups in one sitting (on *Akḥḍa'ayn* 4 No. 2 cups; *Katīfayn* 3 No. 2 cups and *Kaḥīl* 2 No. 1 cup)

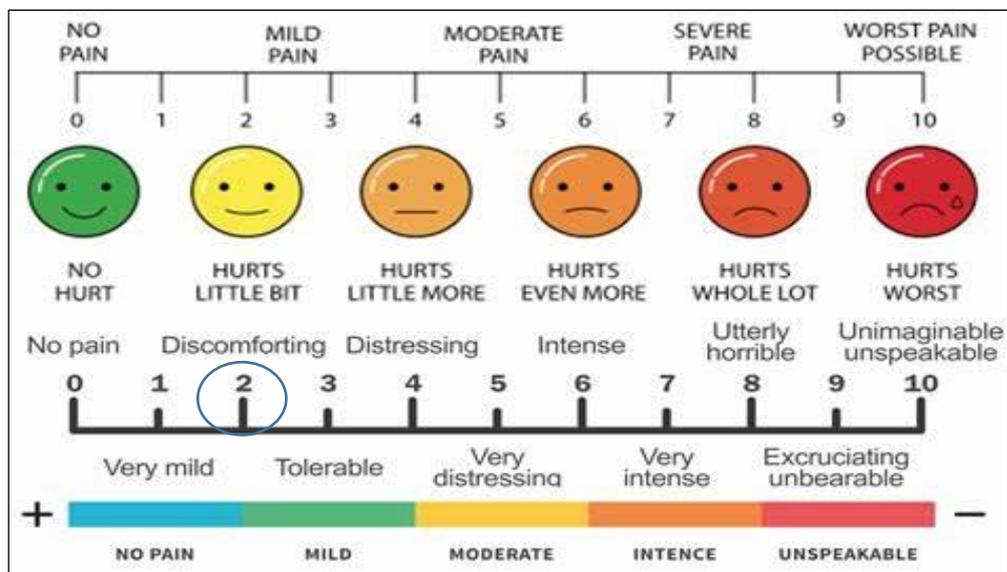


Figure 02. Visual Analogue Scale used for pain assessment

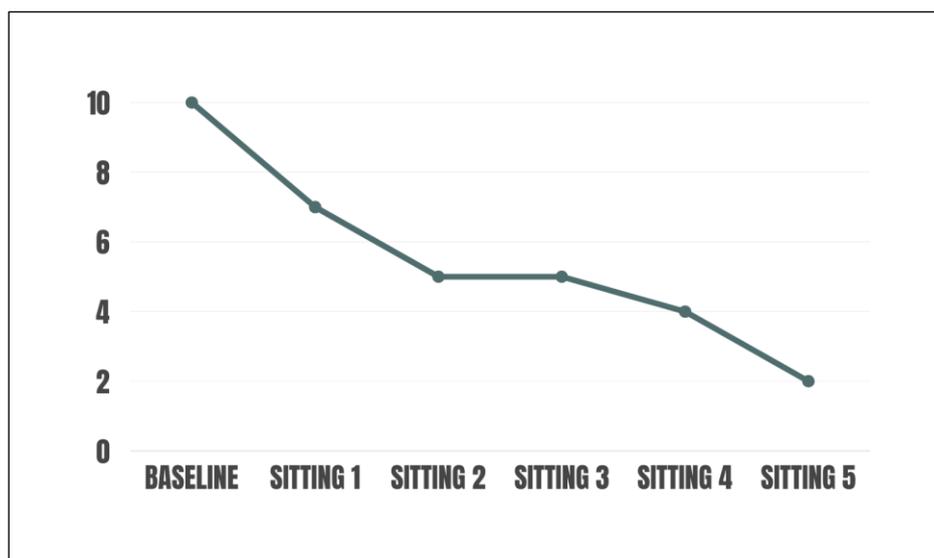


Figure 03. Graphical representation of change in the VAS score from baseline to 5th sitting

DISCUSSION:

Hijāma bi'l Shart (wet cupping) is a therapeutic procedure used globally as well as a part of the Unani System of Medicine. It is one of the earliest documented medicinal treatments, having been used since prehistoric times to cure diseases and disorders.^[12] Traditionally, it has been practiced in most cultures in one form or the other. It was mentioned by Prophet Muhammad (PBUH) as one of three medicinal treatments with substantial benefits.^[13] It includes drawing blood from certain spots on the patient's skin to achieve a therapeutic consequence.^[14]

Hijāma bi'l Shart has been indicated as an effective therapy for migraine. Despite the long history of cupping in many cultures around the world, the mechanism through which cupping proves efficacious as a treatment of chronic migraine is unknown. However, several studies have shed light on its potential underlying mechanisms.

The main purpose of *Hijāma bi'l Shart* is to improve blood circulation and facilitate the elimination of toxins and waste from the body.^[15] Unlike venous bloodletting, *Hijāma bi'l Shart* extracts blood from capillary tubes, which may contain lymph fluids that alter its concentration and remove undesirable elements.^[14] It influences the nervous system by the modulation of neurotransmitters and

hormones such as serotonin, dopamine, endorphins, and acetylcholine.^[12]

Emerging evidence suggests that cupping therapy can enhance comfort and relaxation throughout the body by stimulating the brain's natural production of opioids thus improving pain management. The application of cups leads to the dilation of blood vessels in the affected area under the influence of vasodilators such as adenosine, noradrenaline, and histamine. This dilation enhances blood circulation to the affected region, promoting healing.^[15]

A systematic review of randomized controlled trials indicates that cupping may serve as a promising therapeutic approach for pain relief. According to the "Pain Gate Theory," cupping therapy may alleviate pain through its anti-nociceptive effects and counter-irritation mechanisms.^[15]

Additionally, a systematic review conducted by Cao et al., (2010)^[16] evaluated the efficacy of wet cupping therapy in treating herpes zoster and found that it significantly outperformed conventional medications in alleviating post-herpetic neuralgia. Kaki et al. (2018)^[17] reported that wet cupping demonstrated beneficial effects compared to various analgesics and anti-cancer treatments, effectively reducing low back pain, cancer-related pain, and trigeminal neuralgia. In a prospective observational study, the same

also observed that patients with migraines experienced a significant reduction in Visual Analog Scale (VAS) pain scores following wet cupping therapy, which correspondingly improved their overall quality of life.

Itrifal is a semisolid dosage form employed for the prevention and treatment of various cerebral and systemic conditions, including cerebral weakness, paralysis, epilepsy, dementia, melancholia, psychosis, mixed anxiety-depressive disorders, headaches, vertigo, chronic rhinosinusitis, and constipation [18][19]. This significant dosage form was developed with the knowledge aimed at removing or neutralizing the oxidized version of all four humors, particularly black bile, which is generated from excessive combustion in the body. Several formulations of *Itrifal* found in Unani pharmacopeias feature a carefully crafted blend of plant-derived components that exhibit neuroprotective and immunomodulatory properties through various mechanisms. These mechanisms include the inhibition of cholinesterase enzymes and pro-inflammatory mediators, modulation of neurotransmitters, induction of autophagy, blockade of sodium or calcium channels, enhancement of GABAergic neurotransmission, promotion of neurogenesis and synaptogenesis, as well as thrombolytic and membrane-stabilizing actions, among others. Phytopharmacological studies have validated that several active biological compounds found in various plant-derived components of *Itrifal* including *Itrifal Zamānī*, may be advantageous in the prevention and management of neurological diseases, and ailments associated with the immune system. [18]

These findings collectively reinforce the potential of *Hijāma bi'l Sharṭ* (wet cupping) as an effective adjuvant intervention for pain management, particularly in the context of migraines. The multifaceted approach of wet cupping, including improved blood circulation, toxin elimination, modulation of neurotransmitters and hormones, and enhanced comfort and relaxation, along with the compound Unani formulation underscores its potential as an effective

intervention in comprehensive pain relief strategies for migraine management.

CONCLUSION:

In Unani Medicine, particularly *Hijāma bi'l Sharṭ* (wet cupping), emerges as a promising alternative therapy for chronic migraines. A significant reduction in headache severity, frequency, and duration was observed after five sessions. The patient experienced a six-month headache-free period post-treatment, highlighting sustained effectiveness. Regular maintenance therapy (two sessions annually) could provide continuous relief and improve quality of life. Incorporating *Hijāma bi'l Sharṭ* into migraine management strategies offers a hopeful and holistic solution for chronic migraine sufferers.

Declaration of patient consent

The written consent was obtained from the patient. The patient has given consent for publication of her clinical information for scientific purposes. The patient understood that her name and vital information would not be published, and due efforts would be made to conceal her identity.

Limitation of Study: The results of the report cannot be generalized.

Acknowledgement:

Authors duly acknowledge the Deputy Director In charge, clinical and non-clinical staff of RRIUM, Srinagar, for their continued cooperation throughout the study.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Mohd Afsahul Kalam, Sana Bila Suhail, Toyiba Ibrahim. Effect of *Hijāma bi'l Sharṭ* (wet cupping) along with Unani formulation in a patient of *Shaqīqa-i-Muḥmin* (Chronic migraine): A Case Report. Int. J. AYUSH CaRe. 2024;8(4): 537-544.

<https://doi.org/10.70805/ija-care.v8i4.654>

REFERENCES:

1. Goadsby PJ, Holland PR, Martins-Oliveira M, Hoffman J, Schanik C, et al. Pathophysiology of migraine: A disorder of sensory processing. *Physiol Rev.* 2017; 97(2):553-622.
2. Eigenbrodt AK, Ashina H, Khan S, Diener HC, Mitsikostas DD, et al. Diagnosis and management of migraine in ten steps. *Nature Reviews Neurology, Nature Research.* 2021; 17: 501–514.
3. Puledda F, Silva EM, Suwanlaong K, Goadsby PJ. Migraine: from pathophysiology to treatment, *Journal of Neurology* 2023; 270: 3654–3666.
4. Weatherall MW. The diagnosis and treatment of chronic migraine. *Therapeutic Advances in Chronic Diseases* 2015; 6(3): 115-123.
5. Tabri ABM. *Moalajāt-i-Buqrātiya*. Vol 1. Central Council for Research in Unani Medicine, New Delhi: 1995. Pp-284-290.
6. Sīnā I. *Al-Qanūn Fil Tib*. Vol 3. Part 1. Idara Kitab-ul-Shifa, New Delhi: 2010. Pp 530-531.
7. Riyazuddin M, Shahid A, Fatema N, Ahmad M, Ahmad MZ. Concept and Management of Shaqīqa (Migraine) in Unani System of Medicine: A Review. *IJAYUSH* 2020; 9:6-16.
8. Arzani HMA. *Mīzan al-Tib*. Idāra Kitab-ul-Shifa, New Delhi: 2002. Pp 46-47.
9. Jurjani AH. *Zakhīra Khawarzam Shāhī*. Vol 6. Idara Kitab-ul-Shifa, New Delhi: 2010. Pp- 105-106.
10. Samarqandī N. *Tarjuma Sharah-i-Asbāb*. Vol 1. Idara Kitab-ul-Shifa, New Delhi: 2010. Pp-39-43.
11. Anonymous. Standard Operating Procedures for Hijāma (cupping therapy). Central Council for Research in Unani Medicine, New Delhi: 2024. Pp-27-30.
12. Ahmadi A, Schwebel DC, Rezaei M. The Efficacy of Wet-Cupping in the Treatment of Tension and Migraine Headache. *Am. J. Chin. Med* 2008; 36:37-44.
13. Kalam MA, Munshi YI, Sheeraz MA, Khan F. Cupping therapy from medieval art to modern science. *WJPR* 2020; 10(1):404-412.
14. Almainan AA. Proteomic effects of wet cupping (Al-Hijama). *Saudi Med J* 2018; 39(1):10–16.
15. Al-Bedah AMN, Elsubai IS, Qureshi NA, Aboushanab TS, Ali GIM, et al. The medical perspective of cupping therapy: Effects and mechanisms of action. *Journal of Traditional and Complementary Medicine* 2019; 9: 90–97.
16. Cao H, Zhu C, Liu J. Wet cupping therapy for the treatment of herpes zoster: a systematic review of randomized controlled trials. *Altern Ther Health Med* 2010; 16(6):48-54.
17. Kaki A, Sawsan R, Samiha M, Al Jaouni S, Elalah MA, et al. Wet Cupping Reduces Pain and Improves Health-related Quality of Life Among Patients with Migraine: A Prospective Observational Study. *Oman Medical Journal* 2019; 34(2):105–109.
18. Ansari AP, Ahmed NZ, Anwar N, & Ahmed K K. Protective and therapeutic role of Itrifal (Unani dosage form) in neuro behavior, neurodegeneration, and immunomodulation: An appraisal. *Brain Behavior and Immunity Integrative* 2024; 7:100075.
19. Kabiruddin M. *Bayaz-i-Kabir*. Vol 2. Idara Kitab-ul-Shifa, New Delhi 2010; p-2-3.