



EFFICACY OF WET CUPPING IN THE MANAGEMENT OF DEPRESSION: A PILOT STUDY

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Article Received on 04/04/2020

Article Revised on 24/04/2020

Article Accepted on 15/05/2020

ABSTRACT

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The economical and social burden of depression and other mental health is on rise globally so the avoidance of depression by some alternative regimens is need of the hour. According to USM, there are various methods in Ilaj- bit-tadbeer (regimental therapy) that are used in management of depression such as *Massage*, *Exercise*, *Cupping* and *Nutool*. However, wet cupping on head demonstrated a depression attenuating effect as it evacuates the morbid material and abnormal humour from body hence improves the condition.

KEYWORD: Depression, Hijamah, Ilaj bit-Tadbeer, malankholia, Unani Medicine.

INTRODUCTION

Depression is one of the types of mood disorders and the most common of all the psychiatric illnesses. It is a significant contributor to the global burden of disease and affects people in all communities across the world. It is recognized as one of the major health threats in the 21st century,^[1,2,3] leading to pronounced decrements in the quality of life as reflected in subjective well-being and the performance of routine activities and social roles.^[4] In Unani system of Medicine, *Malankholia* (*Melancholia*) equates with the modern diagnosis of depression. It has been defined as a disorder in which the mental functions are deranged and the afflicted person is more prone towards constant grief, fear and dubious aggression and the ability to analyze and interpret things is grossly affected as proclaimed by Galen and quoted by Zakaria Razi in his world renowned *Kitab Al-Hawi fi Tibb*.^[5,6,7]

The term *melancholia* literally means “black humour”^[8] which is the predominant causative factor. According to Ibn Hubal Baghdadi the causative factor of this disease is the dominance of *Tabayi* (*Mirra Sauda*)^[9] and *Ghair Tabayi Sauda* in the human body and the admixture of these with blood and *Roohe* nafsani.^[10] Retention and thus, accumulation of morbid matter that is supposed to be habitually evacuated from the body through menstruation, hemorrhoids, epistaxis and paroxysmal melancholic emesis also leads to *malankholia*.^[5,7]

According to Ibn-e-Sina initial symptoms of *malankholia* are ill thoughts, fear for no reason, quick arousal of anger, preference for loneliness, palpitation, giddiness, and tinnitus etc.^[11] Hakim Azam Khan in his *Al-Akseer-e-Azam* quoted Ibn-e-Sina that depression will surely affect the heart, so special care of heart should be taken while treating depression.^[12] Since, *malankholia* is a humoral disease resulting either from abnormal quantity or quality, hence the inflicted humour needs to be eliminated either through *Ilaj bil-Dawa* or *Ilaj bit-Tadbeer*.

MATERIALS AND METHODS

The present study was carried out in the Post Graduate Department of Moalejat, Faculty of Unani Medicine for which 10 patients visiting the outpatient department, who chiefly complained of affected academic performance and general quality of life (QoL) were enrolled. All of the patients were male college students in the age group of 20-25 years. Apart from the altered QoL, they also reported intensely depressed mood, guilt, anger, trouble concentrating and diminished interest in pleasurable activities in different degrees. Upon detailed history taking, many of them admitted to personal or academic stresses like difficult breakup, peer pressure, low grades in exams, etc. On physical examination, the patient were apparently healthy with no detectable disease and laboratory tests like haemogram, thyroid profile were all within normal limits. Thus, based on the probable causes,

complaints presented, physical and laboratory examinations, a provisional diagnosis of depression was made, which later on was confirmed by Beck Depression Inventory (BDI)-II.

BDI-II is a 21 item self-report inventory that reflects cognitive, affective and somatic components of depression. It is rated on a 4-point scale ranging 0-3 based on severity of each item; the maximum score being 63 (Table 1).

Table 1: BDI-II Scoring Method.

Raw score	Severity of depression
0-13	Minimal Depression
14-19	Mild Depression
20-28	Moderate Depression
29-63	Severe Depression

Since, the cause of *malankholia*, the Unani equivalent of depression, is thought to be *Sauda-e-Ghair Tabai*, it ought to be eliminated from the body to cure the diseased condition. For, this purpose wet cupping^[13] was opted as the treatment modality, which is used for local evacuation or diversion of morbid humors.^[10] In wet cupping or the *Hijamah bish-Shurt*, besides the application of cups, a few usually superficial incisions are made at the site of cupping. According to Ibne Sina, wet cupping results in evacuation of morbid humors from the particular organ where it is done but conserves of the *Jawhar-e-Rooh* and does not interfere with the vital organs.

Before commencing the treatment, an informed consent was obtained from all the patients after explaining the procedure, risks and benefits involved in detail. Also, a thorough medical history was taken with special note to bleeding disorders and medications that may increase the risk of bleeding.

Vitals were monitored beforehand, thereafter, the sterilized cups were applied on the head after making superficial incisions until the bleeding stopped on its own. Area was then cleaned and bandaged. The process continued for four weeks with single sitting per week. Upon completion of the study after one month, the patient was once again asked to fill in the BDI-II questionnaire. The raw data thus obtained was then analyzed statistically with IBM® SPSS® Statistics V.20.

OBSERVATION AND RESULT

After computing the data in software, the mean and standard deviation were calculated as well as the paired t-test was applied to find the significance of the result. The observations are as follows:

Fig. 1 graphically represents the BDI-II score of all the 10 patients before and after wet cupping. It is evident from the graph that the ratings dropped approximately to half of the initial scores for 09 out of 10 patients.

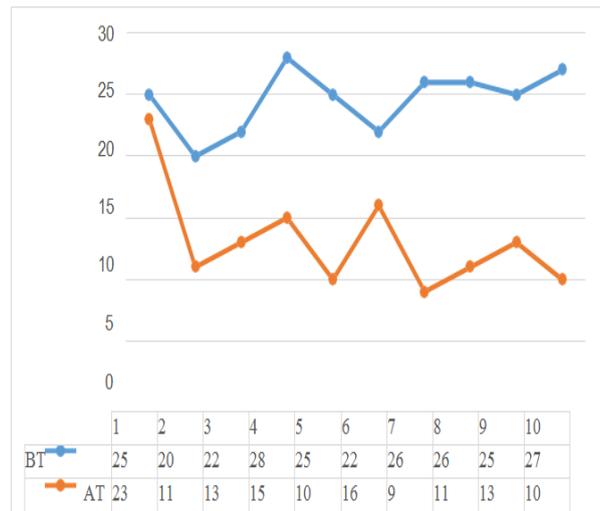


Figure 1: BDI-II Score before and after treatment.

Table 2. presents the calculated values of mean score and standard deviation (N=10) in the BDI-II scores. At the time of diagnosis the mean BDI-II was 24.60±2.50. However, the values were considerably lower with 13.1±4.15 once the treatment ended. Fig. 2 is the graphical representation of the same data.

Table 2: Mean and standard deviation in BDI-II before and after treatment.

Paired Samples Statistics				
		Mean	N	Std. Deviation
Pair 1	BT	24.60	10	2.50
	AT	13.10	10	4.15

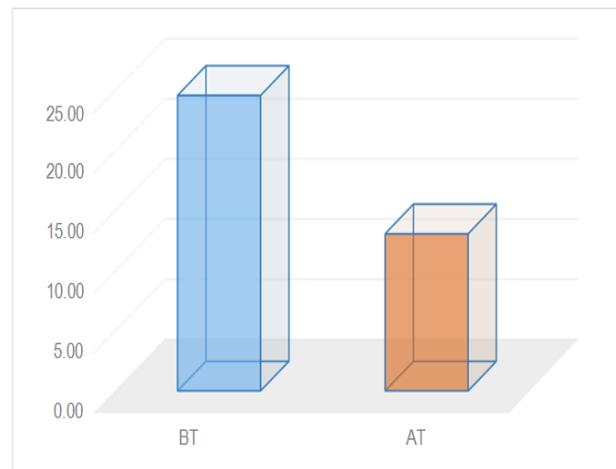


Figure 2: Mean BDI-II Score before and after treatment.

Table 3: Effect of wet cupping in depression.

Group	Mean ± SD	df	t	Sig. (2-tailed)
BT-AT	11.5 ± 4.95	9	7.347	.000

*. Correlation is significant at the 0.05 level (2-tailed), df=9, t_c = 2.262

BT= Before Treatment, AT = After Treatment

Tables 3 records the values of Mean score, Standard deviation and Paired t-Test (t) at $p < 0.05$ for before and after treatment, which is statistically highly significant in the reported case of depression.

DISCUSSION AND CONCLUSION

Depression is most common psychiatric disorder that affects the quality of life and interrupts daily routine. In USM, it is nearly synonymous to *malankholia*, which is a *Saudawi* disease where morbid material accumulates in brain. Although other regimens like *fasad* were advocated by many Unani physicians in its treatment, wet cupping can also prove to be an effective therapy as suggested in this study. As Ibne Sina mentions that wet cupping is advantageous because besides evacuating the morbid matter from or near the organs it is applied on, it also conserves *Rooh-e- Haiwani'ah* and thus does not affect the vital organs. Since, the patients of depression are already low in spirit, wet cupping can save them from further exhausting effects of *fasad*.

Now, regarding the efficacy of wet cupping, this study provides some evidence as shown from the results of paired t-test which was highly significant ($t=7.347$, $p=.000$). In addition, comparing the pre and post treatment BDI-II score, an improvement was noted in the mean score from 24.60 ± 2.50 to 13.1 ± 4.15 .

Based on these observations, it can be concluded that wet cupping was quite effective in managing cases of moderate depression. However, the results are never absolute and there is always a scope for further research. Hopefully, this pilot study will open a new vista for further studies on a larger sample size.

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