

KNOWLEDGE, ATTITUDE, AND PRACTICE AMONG ATTENDANCE
OF CUPPING CENTERS IN GIZA CITY ABOUT USING CUPPING ON
RELIEVING LOW BACK PAIN

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Knowledge, Attitude and Practice among Attendance of Cupping Centers
in Giza City about Using Cupping on Relieving Low Back Pain

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ABSTRACT

The aim of this study was to assess knowledge, attitude and practice among attendance of cupping centers in Giza City about using cupping on relieving low back pain. The study was conducted at two cupping centers which have patient suffering from mechanical (LBP) also follow up home visits done for some of them who practice cupping at home. A descriptive design was utilized in this study. A sample of convenience was recruited 52 subjects. Three tools were used to collect data: (1) A structured interview questionnaire, (2) An observational checklist, and (3) Three level Likert Scale to assess attitude. The study subjects were interviewed by the researcher at the cupping centers and some of them have been observed at their houses through follow up home visits. The results of this study indicated that the therapeutic intervention used to relieve LBP was cupping. The main causes of LBP were long sitting and standing. There were satisfactory knowledge, positive attitude and satisfactory practice among subjects of this study. There were positive correlations between educational level of users and their knowledge, attitude and practice. There was a positive correlation between regular use of cupping and decrease LBP intensity and frequency. The current study concluded that regular use of cupping alone decreases LBP. The study recommended health educational sessions about basic principles of aseptic technique and infection control to caregivers who practice cupping. More research in needed about cupping and its effect on relieving low back pain, on a larger sample in order to generalize the results.

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Key Words: Cupping, low back pain, knowledge, attitude, practice

Signed -----

Chairperson

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The candidate

Shahira Mohamed Metwaly

Detection

Dedicated to:

My mother

My parents' souls

My husband

My children, and

All my family members

for their emotional support and patient
understanding which made this study
come to light.

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CHAPTER I

Introduction

Cupping (Hijama Therapy) is one of the common forms of complimentary and alternative medicine (CAM), and one of the therapies that recently became increasingly available to the public (Bondok, 2005). Alternative medicine is an ancient medical practice that existed in human societies before the application of modern science to health. It has evolved to reflect different philosophical backgrounds and cultural origins. Although modern medicine is widely spread, traditional medicine still exists in all countries. Interest in traditional medicine has increased over the decade and seems likely to continue. People in many countries are now more prepared to look for alternative approaches to maintain their health (WHO, 2005).

Complementary therapies (also called alternative medicine or alternative therapies) are practices used to complement contemporary western medical and nursing care are designed to promote comfort, health and well-being (Allender & Spradly, 2004).

Low back pain is a national, personal and clinical problem; national because it is experienced by most of the population and is thus a drain on the nation's resources; personal because it often remains a major unresolved dilemma creating much trauma and discomfort to individuals; and clinical because its diagnosis is difficult and

controversial, and the methods of treatment are conflicting and often unrewarding (Carey et al., 2005).

El Sherif (1986) said that, in Egypt low back pain (LBP) is not a new problem; it affected the Egyptians 5000 years ago and is extremely common in today's society. Hagen and Thume (1998) mentioned that, four out of five adults will suffer from LBP before their 50th birthday. It is considered the most frequent cause of activity limitation in people below age 45, the second most frequent reason for physician visits, the fifth most frequent for hospitalization, and the third ranking reason for surgical procedures. As well as, it causes 40-50% of all sick days taken from work.

The prevalence of LBP could be attributed to sedentary lifestyle, less physical activity among young people and adults, convenience of modern living, overweight and obesity which contribute to extra stress on the spine, poor posture habits, poor body mechanics in working procedures, certain repetitive motions, and the unavoidable accident or trauma induced injury to the back (Beare & Myers, 2004). According to epidemiologic studies' reports the prevalence of LBP varies from 7.6% to 37% in different populations (Borenstein & Wiesel, 2004).

Cupping has an extremely positive effect on many health problems. Cupping was also tried for treatment of low back pain. Cupping draws blood to the surface area of the body where the cups are applied. This increases blood flow to the muscles (Boundok, 2006). As regarding to efficacy and safety of complementary therapies and how they can be true complements to other treatment modalities, the community health nurse

should be aware of the variety of therapies available and how to get information for clients while remaining objective, and supportive of the clients choices. At times, if a therapy contradicts the recommendations of the client's health care practitioner, the nurse may be in apposition to provide the pros and cons of continuing the complementary therapy .On the other hand, the nurse may be able to suggest therapy forms that would complement western medicine for the client, self care activities include complementary therapies, medications and spiritual and cultural practices. They are uniquely individual for each person as well as among different cultural groups (Allender & Spradly, 2005).

Significance of the study

Despite significant improvements in the understanding of pain, LBP continues to be a major problem throughout the world and a great challenge to medical professionals. LBP problems are widespread and have considerable consequences both in humans and economics. In Egypt, is estimated to affect about 65-80% of the population sometime during their lives (Seif El-Naser, 2002). Researchers stressed that early intervention prevents disability and identifies patients who are at risk or adverse LBP outcome (Cats-Baril & Frymoyer, 2004).

The cupping method has the function of warming and promoting the flow of energy in the blood thus dispelling cold dampness, toxic and winds. It is also diminishing swellings and pains. Cupping responded very well with the following problems; disease caused by dampness, such as low back pain, lumbago, sciatica, pain in arms and shoulders, pain in the legs (Zaharah, 2001).

Cupping therapy offers many therapeutic benefits. It has been used for thousands of years to treat painful symptoms e.g., back pain, sciatica, and clearing congestion in the chest, which can occur with colds and flu, but cupping has recently gained popularity for its ability to help tissues to release toxins, de-acidify tissue directly, enhance blood circulation, stimulate immune system, and reduce stress as it releases chemicals in the brain that reduce stress and depression. Cupping has an extremely positive effect on many health problems, a large number of symptoms frequently disappear after just a few sessions of cupping therapy, and cupping was also tried for treatment of low-back pain. (Yuxi, Liying, Heping and Zhen, treated acute lumbar sprain with cupping tallying a good result) In 1996, Aiwen and Lu used warm needle acupuncture plus cupping therapy for chronic low back pain (Boundok, 2006).

In between 191 countries which are WHO's partners, 25 countries prepared policies around traditional medicine (cupping is one of traditional medicine), 4 countries make integration of traditional medicine in their health system, and the other countries make inclusion or tolerance or exclusion of traditional medicine but Egypt (the leader of medicine from Pharaonic civilization) was from the countries which has no any policies for traditional medicine (Fadala, 2004).

The conventional medical community cannot ignore complementary and alternative therapies. The public interest is extensive and growing. One has only to look at the proliferation of popular health books, health food stores, and clinics offering healing therapies to realize this. In 1998, the National Institutes of Health established the National

Center for Complementary and alternative Medicine to provide research, educational grants, and dissemination of information to the public. In March 2000, President Clinton ordered the establishment of the White House Commission on Complementary and Alternative Medicine Policy whose mission it is to make legislative and administrative recommendations for the integration of conventional and alternative medicine (Kozier & Erb's, 2008).

Sixty percent (60%) of medical schools in the U.S.A. have begun teaching cupping as apart of complementary medicine (CM). in addition, classes are now advertised in most towns in the U.K. It is also being practiced at Harvard Medical School and Johns Hopkins Medical Center, two of the most prestigious medical centers in the world (Abd Elgawad, 2008).

Most of nursing education in the United States, Canada, Europe, and Australia has been under the umbrella of biomedicine. Thus, nurses from these parts of the world are familiar and comfortable with biomedical beliefs, theories, practices, strengths, and limitations. Fewer nurses have studied alternative medical theories and practices and as a result may lack information or even harbor misinformation about these healing practices. The term alternative medicine or complementary medicine arise is used to describe as many as 1,800 other therapies practiced all over the world. Many of these have been handed down over thousands of years, both orally and as written records. They are based on the medical systems of ancient people, including Egyptians, Chinese, Asian Indians, Greeks, and Native Americans (Kozier & Erb's, 2006).

This study result is expected to contribute to community health nursing through increasing the knowledge about cupping and its effects on mechanical low back pain.

Aim of the study

The aim of this study was to assess the knowledge, attitude and practice among attendance of cupping centers in Giza City about using cupping on relieving low back pain.

CHAPTER II

Review of literature

History of Cupping

From the beginning of life on earth, the human was searching about things that get rid of his pain. The pain of the human body is so mercy from "God" to people because pain is the best indicator for illness. Scratching, blood suction and cupping are the oldest arts of treatment. This art of treatment which was known in many human communities, from the West of Old Egypt at 2200 b.c., then Chinese at East (they knew the cupping with acupuncture) (Mashaly, 2006). Good health during the life is essential to each one's optimal development and achievement (Nielesen, 1995).

Thomas Mapleson, a professional cupper to His Royal Highness the Prince Regent in 1830, gave the following list of diseases in which cupping is generally employed with advantage in 1813: Apoplexy, angina pectoris, catarrh, consumption, contusion, convulsions, cramps, disease of the hip and knee joints, deafness, delirium, dropsy, epilepsy, gout, whooping cough, hydrocephalus, head acne, inflammation of the lungs, intoxication lethargy, lunacy, lumbago, measles, numbness of the limbs, obstructions, rheumatism (Chen, Jiang, & Cong, 2000)

Cupping is the most effective method to deal with the problems of pain. There is clear evidence that it is effective for pain related conditions, these conditions include, but are not limited to headache, menstrual cramps, dental pain, fibromyalgia (general muscle pain), low back pain and sciatica. Cupping was also tried for treatment of low back pain. Yuxi

et al treated acute lumber sprain with cupping tallying a good result (Boundok et al., 2007).

Cupping therapy is an ancient treatment in pherous, Chinese and Indian civilizations (Fadala, 2004). The therapy of cupping has been used in China for thousands of years. At first, it was applied using cattle horn and was consequently, also called "horn therapy". To create a negative pressure inside the horn/fire was ignited to expel the air. The method was used primarily to withdraw pus and blood in the treatment of boils. Another method was to create a hole in the top of the horn, around which the practitioner would place his lips and physically suck out the air to create a negative pressure (Saleh, 2007).

As far as safety was concerned, the length of the horn would be the only protection afforded to the practitioner. This method is still employed in many countries for treating boils and carbuncles. Cupping was then used as an auxiliary method in traditional Chinese surgery. Later it was found to be effective in other diseases, and developed into a special therapeutic method (Chen, 2007).

The earliest records of cupping is in Bo Shu (an ancient Chinese book written on silk), which was discovered in an ancient tomb of the Han Dynasty in 1973. Some therapeutic cupping methods were also introduced in a book by Zouhou Fang in about 28 AD or AC (Chen & Bin, 1999). About 500 years ago, a famous surgeon called Wei Ke Zen presented a detailed record of the cupping methods used in surgical practice, through several thousand years of accumulated clinical experience; the clinical applications of cupping have become increasingly wide. Now, it can be used to treat bi-syndromes, asthma, common cold,