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Cupping as An Effective Complementary Therapy to Reduce Chronic Low Back Pain in Medical Rehabilitation Subdivision Perkebunan Hospital Jember

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ABSTRACT

Pain, especially chronic pain lasts prolonged weariness, usually persistent and recurring. Thus, pain is often found in patients with Chronic Low Back Pain (CLBP). One alternative treatment to reduce chronic low back pain is cupping therapy. The main principle of cupping therapy is using of negative pressure to attract toxin substances, free radicals in the blood, inflammation cells, metabolic waste or Causative Pathological Substances (CPS), scarification in the form of skin removal and removing CPS. The aim of this study was to analyze the effect of cupping therapy on pain intensity of CLBP patients in Medical Rehabilitation Sub Division Perkebunan Hospital Jember. The design in this study was quasi experiment nonequivalent control group. The population was all CLBP patients who underwent physiotherapy in the physiotherapy room at Perkebunan Hospital Jember. The sample consisted of 34 respondents (17 respondents in the intervention group and 17 respondents in the control group) using purposive sampling. A cupping therapy was done once in the intervention group. Statistical test results using Wilcoxon obtained p value 0.000 with a value of $\alpha < 0.05$, so it can be concluded that there is an effect of cupping therapy on pain intensity of CLBP patients in Medical Rehabilitation Sub Division Perkebunan Hospital Jember. Cupping Therapy can be used as a complementary or alternative therapy to reduce pain of CLBP patients at Perkebunan Hospital Jember.

Abbreviations: CLBP – Chronic Low Back Pain; CPS – Causative Pathological Substances; LBP – Low Back Pain; NPRS - Numeric Pain Rating Scale; SWD - Short Wave Diathermy; TENS - Transcutaneous Electrical Nerve Stimulation; YLD - Years Lived with Disability

Keywords: chronic low back pain; cupping therapy; pain intensity

INTRODUCTION

Low Back Pain (LBP) is a pain that felt in the lower back area. LBP could be local, radicular or both and usually felt between the corner of the lower ribs to the fold of the lower buttocks, specifically in the lumbar region. This pain is often accompanied by radiating sensation down the leg and the quality is commonly hot, shaking, tingling, or stabbing. Pain is a crucial problem since it can interfere daily activities¹.

According to its clinical course, LBP divided into two types, acute and chronic low back pain. Acute low back pain is characterized by pain sensation attacked immediately and last for days to several weeks and usually disappear on its own. Chronic low back pain (CLBP) lasts for more than three months and the onset of this pain usually harmful, slowly recovered, and could be relapse at any time. Additional symptoms such as depression, anxiety, stiffness and sleep

disturbance often occur and will disrupt daily activities if left untreated. Osteoarthritis, rheumatoid arthritis, intervertebral disc degeneration, and tumour might also be the etiology^{2,3}.

In 2010, Global Burden of Diseases reported LBP as the largest contributor to global disability over 291 disease studied as measured by years lived with disability (YLD). LBP also reported as the third most common disease of outpatient installation in Dr. Soetomo General Hospital⁴. In Perkebunan Hospital Jember alone, there were 16.523 patients came with pain complaints, 682 of them had LBP with CLBP become the most complaint. It is reported that chronic pain burden high costs and causes problems in several aspects, including health, social life, spiritual and economic problems⁵.

A huge number of CLBP patients returned to several hospitals or health clinics indicated the previous treatment was less than optimal. Moreover, most patient received pharmacological treatment including non-steroidal anti-inflammatory drugs, steroids, or opioids can not tolerate the adverse effects and eventually stop taking the drug⁶. Mostly, people tried to find an alternative treatment such as acupuncture, hypnotherapy, and massage that effective, economical, and has minimal adverse effects to reduce pain. However, to the best of our knowledge, there is no studied showed that these therapy is superior to standard therapy.

Cupping is one of the oldest therapies in the world. Historical evidence shows cupping has been done since 3000 BC. Cupping become the preferred therapies not only to cure but also to prevent disease⁷. Previous study revealed that 309 patients with chronic pain received cupping therapy at King Abdul Aziz University Hospital felt that the pain was reduced and their quality of life improved⁸.

This study aims to investigate the effect of cupping therapy on pain intensity of CLBP patients at Medical Rehabilitation division, Perkebunan Hospital Jember. Hopefully, this study could serve an evidence regarding cupping as an alternative intervention used by health care workers to reduce pain intensity of CLBP patients.

METHODS

A quasi experiment with nonequivalent control group were used a research design in this study. This design is similar to pretest - post-test control group design, but the experimental and the control group were not randomly selected. The study was conducted from October 18th to November 10th 2019 at Medical Rehabilitation division, Perkebunan Hospital Jember.

Non probability sampling with purposive sampling technique was used as the sampling method. The sample is determined by selecting among population according to researcher intention so that the sample can represent the characteristics of the population. Samples, both control and intervention groups that meet the inclusion criteria will be measured the pain intensity using Numeric Pain Rating Scale (NPRS) and structured questionnaire before and after cupping therapy. Data analysis using univariate test was conducted to identify age, sex, and occupation variables.

Bivariate analysis was also conducted to analyse the effect of cupping therapy on pain intensity in CLBP patients using Wilcoxon test with a significance level of $\alpha = 0.05$ or p value <0.05.

RESULT AND DISCUSSIONS

There are 34 respondents divided into control and intervention group in this study. Table 1 showed most of the patients in the intervention group were in the range 46-55 years, as many as 9 patients (52.9%), while in the control group most were in the range of 56-65 years, as many as 8 (47.1%).

TABLE 1: Age Distribution of CLBP Patients

Age (year)	Intervention		Control	
	(n)	%	(n)	%
< 25	0	0	0	0
26-35	1	5,9	1	5,9
36-45	1	5,9	4	23,5
46-55	9	52,9	4	23,5
56-65	6	35,3	8	47,1
Total	17	100	17	100

CLBP incidences increased as well as age in both groups. This is in line with a previous study that showed CLBP prevalence occurs at the age 45-54 years. This happens because the strength and endurance of the muscles begin to weaken as a person gets older⁹.

TABLE 2: Sex Distribution of CLBP Patients

Sex	Intervention		Control	
	(n)	%	(n)	%
Male	5	29,4	5	29,4
Female	12	70,6	12	70,6
Total	17	100	17	100

The majority of patients in the intervention and control groups were female, as many as 12 people (70.6%). Similar study stated that female experienced LBP more often than male. The role of estrogen that decrease in menopause female patients affect bone density and allows LBP to occur¹⁰.

TABLE 3: Occupation of CLBP Patients

Occupation	Intervention		Control	
	(n)	%	(fn)	%
Employee	2	11,8	5	29,4
House wife	10	58,8	9	52,9
Household assistant	1	5,9	0	0
Entrepreneur	2	11,8	0	0
Retired	2	11,8	3	17,6
Total	17	100	17	100

Based on the table above, most of patients in both groups were housewives, namely 10 patients (58.8%) in the intervention group and 9 patients (52.9%) in the control group. Study explains that body posture also affects the occurrence of LBP. Posture is the relative position of a certain body part when working which determined by

body size, work area design, work equipment and the size of other equipment used while working.

Not suitable posture can put the risk of injury to musculoskeletal system. It is also conveyed by Tarwaka , 2014 that non-ergonomic work attitude can cause fatigue and injury to muscles^{11,12}.

TABLE 4: Pain Intensity (NPRS) Distribution in Pre and Post intervention group (n = 17)

Variable	Mean	Min	Max	SD
Pre cupping	5,5	3	10	1,8
Post cupping	2,9	0	6	1,7

The average pain intensity / Numeric Pain Rating Scale (NPRS) result of 17 CLBP patients before cupping therapy intervention was 5.5 with a minimum value of 3 and a maximum value of 10. Whereas, the results after cupping therapy treatment obtained an average value of 2,9 with a minimum value of 0 and a maximum value of 6.

TABLE 5: Pain Intensity (NPRS) Distribution in Pre and Post control group (n = 17)

Variable	Mean	Min.	Max.	SD
Pre cupping	4,8	3	8	1,1
Post cupping	3,6	1	7	1,5

As a comparison, 17 CLBP patients before physiotherapy (SWD and TENS), the average pain intensity value is 4.8 with a minimum value of 3 and a maximum value of 8. While the results after physiotherapy (SWD and TENS), the average pain intensity was 3.6 with a minimum value of 1 and a maximum value of 7

TABLE 6: Wilcoxon Test Result on Pain Intensity in both groups

Group	Pain Intensity	p value
Intervention	Pretest	0,000
	Posttest	
Control	Pretest	0,003
	Posttest	

Based on table 6, the Wilcoxon test result in the intervention group showed a significant difference (p = 0.000) in pain intensity before and after cupping therapy. In contrast, the control group obtained p=0.003 indicate that even though the control group did not receive intervention, there were differences in pain intensity values time before and after. Because p <0.05, it can be indicated that both groups have an effect on reducing pain intensity of CLBP patients.

TABLE 7: Delta value of Pain Intensity of Both Groups

Variable	Group	Delta value (Mean ± SD)
Pain intensity	Intervention	(2.47 ± 1.504)
Pain intensity	Control	(1.17 ± 1.074)

As shown in Table 7, the mean difference pain intensity value between pre and post in intervention group was 2.47 with SD ± 1.504 while the mean difference in control group was 1.17 with SD ± 1.074.

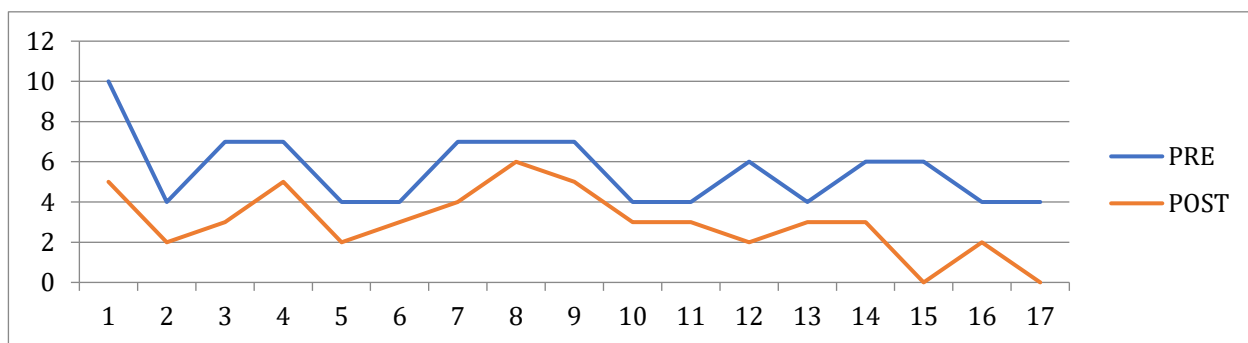


FIGURE 1: Pain intensity graph in intervention group

Figure 1 showed that pain intensity of 17 CLBP patients in intervention group had decreased before and after the cupping therapy. As comparison, pain intensity in control group also mostly decreased, although some remain same.

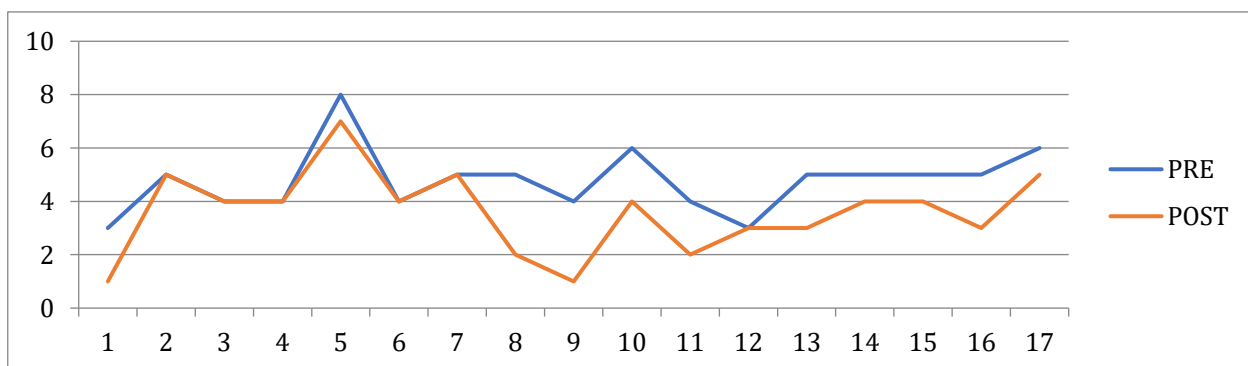


FIGURE 2: Pain intensity graph in control group

Cupping therapy is an excretory procedure to clean blood and interstitial fluids that contain metabolic waste, namely Causative Pathological Substances (CPS), which cause autoantibodies, immune complexes, soluble interleukin-2 receptors, inflammatory mediators, certain cytokines, prostaglandines, and toxic cellular products¹³. The explanation of cupping therapy process is as follows:

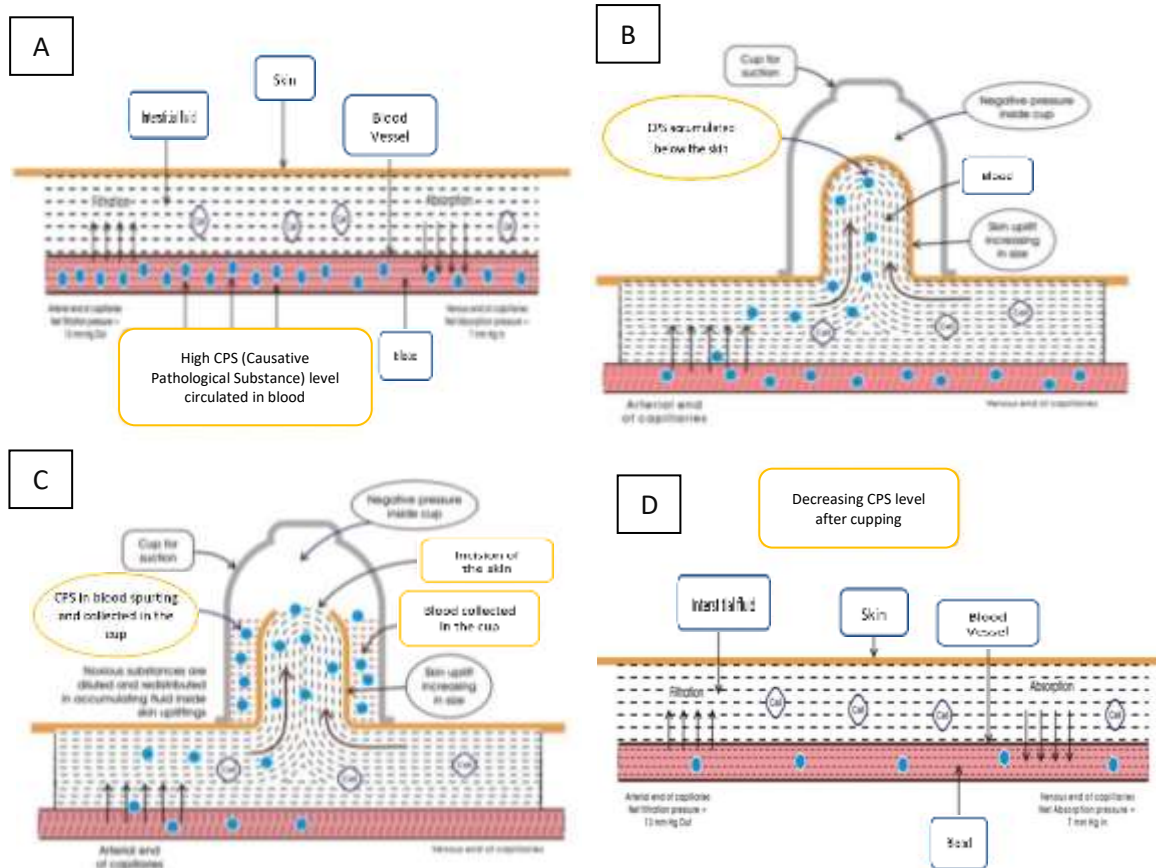


FIGURE 3: Cupping process in reducing pain (Adopted from El-Sayed, 2013)

Figure 3 explain the skin condition and blood vessels prior to cupping therapy. Blood vessels contain many metabolic waste called CPS which contain allergens, one of which is prostaglandins, which can increase the sensitivity of the nociceptors, causing pain. Next, cupping therapy is started first without any injury. The skin starts to lift because of the negative pressure on the cupping cup. In addition, the blood and CPS also began to rise towards the clamped skin. Furthermore, the next process makes an injury to the cupped skin to pull out CPS contained in the blood. After the cupping is done, it is showed that the CPS is significantly reduced^{13,14}.

Most patients undergoing cupping therapy experienced swelling for various reasons, one of which was strain and sprain. CPS is significantly reduced through cupping therapy which impact on decreasing muscle spasm of the lower back, reducing edema, and reducing CLBP as well as improving patient's quality of life. This therapy actually not only reducing CLBP, but also proposing many benefits when compared to conventional pharmacological therapies¹⁵⁻¹⁸.

In terms of economic factors, actually cupping therapy is not cost effective than using analgesic drugs. Several studies revealed that the cost of cupping therapy is same or even more expensive than conventional medical treatment, but another study showed that financial considerations are not the main factor in choosing this therapy, moreover spiritual aspect become the main one. Cupping therapy is not only a suggestion, Muslims believe that this therapy is based on the guidance of God and Prophet's Sunnah^{19,20}.

A study conducted by Rayner in 2010, reported that the minimum adverse effects of cupping therapy become its physiological advantages so that long-term drug use in CLBP can be minimized or stopped²¹.

In addition, patients benefit from this therapy because of its natural properties. Cupping therapy also plays a role in removing prostaglandins due to cell inflammation. This substance serves to send pain signals to the brain. Through cupping therapy, this substance is removed as of reducing patient's pain. Furthermore, cupping could stimulate the release of β -endorphins and enkephalins, which play a crucial role in reducing sensitivity to pain¹³. Previous experimental study on mice reported that cupping therapy could significantly increase the expression of opioid *mu* receptor in dorsal horn compared to control groups. This result also in line with another study that showed a positive correlation between increased opioid *mu* receptor with pain threshold reaction time ($\beta = 0.713$; $p = 0.002$)^{22,23}.

Cupping could also increase capillary microcirculation by regenerating erythrocytes, removing pain caused by bradykinin, histamine and lactic acid²⁴. The removal of these substances can reduce pain and inflammation in the affected part of the body. Cupping is a holistic natural health therapy method that covered prevention and treatment aspects⁷.

CONCLUSION

In conclusion, cupping therapy could reduce pain on CLBP patients. The study results can be used as an intervention by health care workers in providing patient care. In addition, it was considered that cupping therapy could be used as a complementary therapy in health care centre.

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