CUPPING
by S. Chowkwanyun

Cupping is a simple and effective therapeutic technique which can be used alone, or in combination with needling or moxibustion to enhance the treatment of certain conditions. Cupping has been practised at different times in most parts of the world, and is still used in the Far East and many Eastern European countries.

This article describes briefly the method of cupping and its indications.

Method

The cups are made of bamboo or glass and are available in sets of large, medium and small sizes. The choice of size is according to the site and location of the affected area as well as the condition of the patient. Smaller cups should be used for older, weaker patients and children; larger ones for patients of robust constitution. Bamboo cups have the advantage of being unbreakable, light and easy to handle.

Heat is introduced into the cup in order to reduce the internal pressure, thereby producing a vacuum.

When the cup is then inverted onto the skin surface, the skin will be drawn up by suction, forming a firm grip around the rim of the cup.

The easiest and most convenient method will be briefly outlined. Use a long (5”) pair of forceps. Firmly twist a sizeable wad of cotton wool to bind the tips of the forceps together. Soak the cotton wool portion in 95% alcohol by dipping the forceps into a bottle and then gently squeeze out the excess against the bottle neck. This is to ensure that no alcohol will drip onto the patient.

The cotton wool and alcohol when ignited must produce enough heat to create a vacuum inside the cup.

The forceps are held in the right hand and the cup to be used is picked up and held in the left hand. The cup should be held near the skin surface at a convenient, tilted angle. The cotton wool (soaked in alcohol) is ignited and thrust deep into the cup and then withdrawn swiftly, followed immediately by placing the cup onto the skin surface.

The therapeutic result depends on, and is achieved by ensuring the whole procedure is carried out swiftly and deftly so that a strong suction has been produced. One should gently tap or shake the cups to check. The number of cups required will vary according to the size of the area to be treated. There is a general rule to cup from ‘distal to medial’ and from ‘upper to lower’ in sequence.

The duration of treatment should be about 10-20 minutes. To remove, release the vacuum by pressing the skin around the rim of the cup and simultaneously tilting the cup in the opposite direction. Areas on the skin showing red or purple colouration indicate that the internal stagnation has been effectively drawn to the surface. Patients should be reassured.
that the correct therapeutic effect has been achieved, and that the bruises will disappear
within a few days.

If large blisters form after cupping the fluid should be drained. Then, apply either gentian
violet or a herbal ointment for burns and cover the skin with a sterile dressing.

Precautions

(a) It is not advisable to apply cupping to patients with high fever, with convulsions,
with allergic skin diseases, with ulcerative conditions, with oedema, with tendency
to haemorrhage or in emergency conditions (e.g. coma or collapse). Cupping
should not be applied to the abdominal area of pregnant women.

(b) For practical reasons, it is ineffective to apply cupping at articulated or bony
areas where the surface is not smooth and on hairy areas or excessively loose
skin.

Indications

Cupping is applied in certain Shi conditions involving superficial stagnation of qi and
blood in muscles channels and collaterals. Examples of these are asthma and cough
deriving from wind-cold, Bi syndrome, sciatic pain etc.

(a) **Cough/Asthma (SHI TYPE)** from invasion of WIND-COLD which causes
obstruction of channels and collaterals, impedes the Lung’s function of dispersing
and descending and weakens the Wei Qi.
In this case cupping can be used to help draw out the stagnation from the deeper
layers and concentrate it at the skin surface, so that the Wei Qi can more effectively
expel pathogenic factors. Cupping can be applied either alone or in combination
with needling.

A selection from the following local and distal points can be used to eliminate WIND and
COLD. This can also be followed by cupping over the needled points, or cupping around
the scapula, upper back and shoulder regions.

Treatment

<table>
<thead>
<tr>
<th>Point</th>
<th>Name</th>
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<tbody>
<tr>
<td>DU-14</td>
<td>DAZHUI</td>
</tr>
<tr>
<td></td>
<td>DINGCHUAN (extra)</td>
</tr>
<tr>
<td>BL-13</td>
<td>FEISHU</td>
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<tr>
<td>BL-12</td>
<td>FENGMEN</td>
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<tr>
<td>LU-7</td>
<td>LIEQUE</td>
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<td>CO-4</td>
<td>HEGU</td>
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In young children, or in weak patients cupping may be applied alone.

In untreated or chronic cases, lingering residual 'Wind-Cold' may produce symptoms of
intermittent fever. In order to resolve this, a combination of treatment with needling and
cupping may again be used.
Needle applying sedation (XIE) technique.

(b) Bi Syndrome resulting from invasion of WIND/COLD/DAMP affecting joints or local exposed areas of the body, muscles, channels and collaterals.

The invasion is facilitated when the body condition is weak, or from taking insufficient precautions e.g. removal of clothing, or standing in drafty conditions, after perspiration from heavy physical work or sports. This condition can also occur from poor living conditions or geographical climatic factors.

The different types of Bi syndrome manifest according to the relative conditions:

(1) WANDERING BI: in which WIND predominates and the pains come and go and are migratory in nature.

(2) PAINFUL BI: in which COLD predominates and the pain is more acute, aggravated by cold weather.

(3) FIXED BI: in which DAMP predominates and the pain is of a heavy sensation, with numbness of the skin and muscles, aggravated by cloudy, wet weather.

(4) FEBRILE BI: in which WIND, COLD and DAMP have been transformed into heat where the affected joints become swollen red and painful.

(Cupping is not indicated for (4))

Cupping can be carried out on its own, or in combination with needling treatment and/or moxibustion according to the conditions presenting.

- if cold is a strong factor, after cupping the area can be warmed with moxa-stick treatment along the affected channels, or moxa-on-needle for more localised areas.

- if pain is predominant, a combination of needling using reducing (XIE) technique can be followed by cupping over the needle.

- sciatic pain radiating from the buttocks to the dorsal surfaces of the thigh, leg and calf to the ankle, resulting from working or living in a cold, damp environment.
BL-60 KUNLUN

In this case use the following points:

Cupping can be applied either over the needle or between the needles along the Urinary Bladder Channel of Foot Taiyang. In older patients, the pain is usually less acute with only a general heavy aching sensation. Cupping along the channel, followed by moxibustion using moxa sticks would be preferable. This would also apply to other areas such as the lumbar region, upper back and shoulders.

As well as chronic forms of Bi syndrome, cupping can of course be used in more acute conditions e.g. stiff and painful neck and shoulders from unusual sleeping position and/or draught.

(c) **Cupping with Pricking.** The skin must be well sterilised both before and after treatment. The skin is pricked with the three-edged needle, or with the filiform needle, or tapped with the 'plum blossom' needle to produce slight bleeding, and then cupping is applied immediately. In such cases, use of the glass jar may be preferable to the bamboo cup, so that the amount and extent of bleeding or pus exudate can be observed.

**e.g.**:

1. local inflammation with pus: prick locally and cup.
2. local areas of dermatitis: tap with plum blossom - needle and then cup. Pricking of 8L-17 (GESHU) and cupping can be added.
3. lumbar pain with venous congestion of BL-40 (BL-54) (WEIZHONG) prick with filiform or 3-edged needle and then apply cupping.

Attention must be paid to sterilisation after blood-letting. Gentian-violet and sterile dressing should be used.