



Cupping: is it worth the risk?¹

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Introduction

The practice of cupping has ancient origins, with descriptions of its use appearing over 3000 years ago. An accelerant is used to heat a cup that is placed on, or near, the region being treated, inducing negative pressure and stimulating focal hyperaemia. In recent times, the use of cupping has been popularised, including by high performance athletes.

Case Report

A 34-year-old man sustained burns during a cupping procedure for treatment of the 'common cold'. During the procedure, a container of methylated spirits was accidentally spilt onto the patient's right upper limb and right flank, and ignited, resulting in 5% total body surface area (TBSA) burns, all of which were superficial partial dermal thickness (Figure).

Methods

We reviewed patients enrolled in the Burns Registry of Australia and New Zealand (BRANZ) over a seven-year period (2009-2016), comprising 18703 patients.

Results

Twenty patients (0.11%) had sustained cupping associated burn injuries (Table). The study population had a mean age (\pm SD) of 48.25 \pm 22.16 years, and 11 (55%) patients were male. The mean TBSA affected was 7.90 \pm 4.46%. Seventeen patients (85%) underwent debridement under anaesthesia, and eight (40%) required a skin graft. The length of stay was 10.93 \pm 15.0 days.

Burn data	Number (%)
Referral	
Peripheral hospital	11 (55%)
Scene of burn	7 (35%)
General practitioner	2 (10%)
Scene of burn injury	
Residential	16 (80%)
Professional service	4 (20%)
Type of burn	
Flame	18 (90%)
Scald	1 (5%)
Contact	1 (5%)
Accelerant used	
Methylated spirits	17 (85%)
Oil	2 (10%)
Unspecified	1 (5%)
Indication for cupping	
Common cold	2 (10%)
Rheumatoid arthritic pain	1 (5%)
Abdominal pain	1 (5%)
Unreported	16 (80%)

Conclusion

Cupping is a traditional practice with limited empirical data to support its use. Thus the physiological benefit of cupping is dubious.

Whilst there were only a small number of cupping-related severe burn injuries reported by BRANZ, it is reasonable to expect that there are even more instances of less severe burn injuries. Despite the recent popularisation of this practice, medical practitioners should warn patients of the dangers of cupping.



Reference

Seifman MA et al (2017). Cupping: The risk of burns. *Medical Journal of Australia*. 206(11): 500