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Role of Blood-Let Out Cupping Therapy in Female Pelvic Congestion Syndrome

Abdullah M Nasrat[1*], Salwa AM Nasrat[2], Randa M Nasrat[3] and Mohammad M Nasrat[3]

[1]*Department of Surgery, Balghsoon Clinic, Jeddah, KSA*

[2]*Department of Physical Therapy, Cardiac Surgery Academy, Cairo, Egypt*

[3]*Department of Internal Medicine, Helwan General Hospital, Helwan, Egypt*

[*]**Corresponding author:** Abdullah M Nasrat, Department of Surgery, Balghsoon Clinic, Jeddah, PO Box 5261 KSA-21573, Tel: + 966 (012) 667 3645; E-mail: abdullahalnasrat@hotmail.com

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Abstract

The study aimed to demonstrate the effect of blood-let out cupping therapy in female pelvic congestion syndrome (PCS).

PCS in females is a condition that is difficult to diagnose; a specific diagnosis for the condition is often difficult, no diagnosis is made in 60% of patients. Chronic pelvic pain (CPP) is a common and disabling condition affecting women of childbearing age; PCS is a recognized cause of CPP. PCS is commonly considered in three pathologic forms; premenstrual, menstrual and chronic pelvic congestion. Pain during menstruation (dysmenorrhea), pain with coitus (dyspareunia), post-coital ache and recurrent chronic pelvic discomfort of vague origin constitute the particular components of pain profiles encountered with pelvic pain syndrome. Pelvic congestion and pelvic inflammatory conditions constitute the underlying etiology in a significant proportion of patients with CPP. Treatment of PCS is above all medical, based upon decongestive and anti-inflammatory agents. Cupping blood-letting out therapy is therefore expected to have an effective therapeutic role in female PCS due to elimination of congestive and inflammatory elements from the pelvis.

80 sexually active female patients with different forms of pelvic pain had been included in this study. Pelvic and trans-vaginal Doppler ultrasound examinations were done routinely for all patients. All patients had undergone a modified traditional therapeutic procedure of suction cupping therapy with superficial skin scratching and suction.

A total of 75% of patients expressed relief of their pain after cupping therapy. Blood-letting cupping therapy is promising in female PCS and could be an effective adjuvant measure beside therapeutic medications.

Keywords: Cupping therapy; Pelvic congestion; Pelvic pain

Introduction

Pelvic congestion syndrome (PCS) in females is a condition that is difficult to diagnose but causes distress to a significant number of women [1]. Pelvic congestion is the most commonly recognized consequence of pelvi-perineal venous insufficiency [2]. Chronic pelvic pain (CPP) is a common and disabling condition affecting women of childbearing age. A specific diagnosis for the condition is often difficult; no diagnosis is made in 60% of patients. CPP is a common cause of gynecologic referral. PCS, which is considered to occur due to ovarian vein incompetence, is a recognized cause of CPP [3,4].

PCS is commonly considered in three pathologic forms; premenstrual syndrome, menstrual syndrome and chronic pelvic fibrous congestion syndrome. The first two syndromes are well-known; they are periodical and hormone relevant. Chronic pelvic congestion or fibrous congestion is linked with fibrous changes of the pelvic cellular tissues after more or less long lasting chronic congestion, low grade unrecognized sepsis, recurrent insult of pelvic cellular tissue due obstetric trauma or varicosities and incompetence of small pelvic veins. Pain during menstruation (dysmenorrhea), pain with coitus (dyspareunia), post-coital pain and recurrent chronic pelvic ache of vague origin constitute the particular components of pain profiles encountered with pelvic pain syndrome [5-7]. The presence of varices of the pelvic veins has been shown to be the underlying etiology in a significant proportion of patients with CPP; the development of these varices is caused by a combination of endocrine and mechanical factors. In patients with PCS, the severity and specific character of chronic pain syndrome were dependent on the diameter of maximal dilation and site of varicose pelvic veins [3].

The optimal diagnostic approach for PCS-related pelvic pain remains unclear, and controlled trials comparing medical and interventional treatments are urgently needed. Diagnosis in PCS can be made by pelvic and trans-vaginal color Doppler ultrasound examination to demonstrate ovarian or pelvic varices with a diameter more than 5 mm denoting presence of a venous reflux [8,9].

Treatment of PCS includes three principles; first principle is not to abuse with surgery, second principle is to try first medical treatment with antibiotic, anti-inflammatory and phlebotonic drugs. Third principle is preventive by improving obstetrical exercise as usually this syndrome succeeds a more or less traumatic delivery [5].

Aim

Demonstration of the effect of blood-let out (BLO) cupping therapy in relieving the symptoms of pelvic congestion in females.

Design and Setting

Prospective study/Balghsoon Clinics (Jan. 2011-Jan. 2013).

Patients and Methods

80 sexually active female patients; 30 with dysmemorrhoea, 20 with dyspareunia, 10 with post-coital pain, 20 with recurrent vague pelvic pains had been included in this study. The age of patients ranged between 27 and 42 years. Pelvic and trans-vaginal color Doppler ultrasound examinations were done routinely for all patients in order to exclude organic pelvic lesions. Among the group of dysmenorrhea, there were 6 patients with primary infertility and 4 un-married flight attendants who were having scanty menstruation in the form of few spots of blood for one day instead of the monthly period. The scanty menstruation of those flight attendants was partly attributed to exposure to high altitude, air and oxygen pressure differences as they were not having any other relevant pathology. The study was held in Balghsoon Clinics in Jeddah/Saudi Arabia between October 2011 and January 2013. All patients had undergone a modified traditional therapeutic procedure of BLO cupping therapy with superficial skin scratching and suction; "functional modified multiple mini fasciotomy" [10].

An informed signed consent was taken from all patients. The protocol of the study has been approved and the study followed the standard research committee ethics accepted by Balghsoon Clinics.

Results

60 patients (75%) expressed relief of their pain after BLO therapy. Among them, 10 patients with dysmenorrhea needed revision of the cupping session once, while 5 patients with CPP required a third session in order to achieve complete relief of pain. Patients had been followed up for one year without showing recurrence of their pelvic pains. 5 patients with CPP did not follow up after the third session as they had no improvement. 4 patients with infertility got pregnant after the third session of therapy while all patients with scanty menses regained their normal menstruation lasting for three days monthly after the first cupping session.

Ethical Considerations

An informed signed consent was taken from all patients, they were made aware about safety of the procedure of cupping therapy and they were free to quit the study whenever they like. The research proposal was approved and the study followed the rules of the Research Ethics Committee of Balghsoon Clinics in Jeddah, Saudi Arabia.

Discussion

As concerns therapeutic modalities, treatment of PCS is above all medical after elimination of any specific pelvic pathology. Treatment is based upon hormone therapy acting on venous receptors, venotonics which decrease the consequences of stasis, intermittent courses of anti-inflammatory agents and antibiotics when there is an inflammation secondary to local infection. Pharmacologic enhancement of venous tone could restore pelvic circulation and relieve pelvic symptomatology [6]. Ovarian vein embolization is a safe and effective therapeutic method for treatment of PCS. It is thought that surgical treatment should be considered in cases where embolization proves ineffective [11]. The good preliminary results obtained after embolization of the pelvic veins suggests that this therapeutic approach should be pursued. However, the long-term effect of embolization and surgery should be routinely re-assessed because of the plexiform nature of recurrent venous disorders [2].

PCS has been widely studied in female sex; these studies have shown that pelvic congestion and venous stasis are responsible for the development of varices which account for the symptoms of female PCS. It has been also demonstrated that enhancement of venous tone could restore pelvic circulation and relieve pelvic pain [6]. Depending upon these facts and as long term conventional therapy did not approach decisive or satisfactory promises with many patients; cupping therapy has been employed in cases of female PCS. Furthermore, as a definite clinical diagnosis is not possible in many situations and treatment of female PCS was just empirical or symptomatic; therefore, cupping therapy which essentially deals directly with elimination of the underlying etiologic pathology should have an adequate chance and accurate determination.

The expected role of cupping blood-letting out therapy in female PCS is reliving venous stasis and restoration of the venous tone and circulation by withdrawal of the congested blood in the pelvis, together with elimination of any trapped pelvic inflammatory elements. The traditional cupping blood-letting out therapy can be described as a sort of "functional modified multiple mini fasciotomy". It is functional modified as it does not include actual anatomical fasciotomy, but elimination of the trapped subfascial and subcutaneous interstitial elements is achieved under the effect of skin scratching and suction [10] (Figure 1).

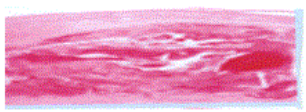

Fig. 1.1

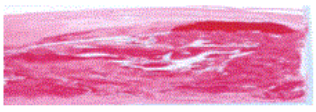

Fig. 1.2

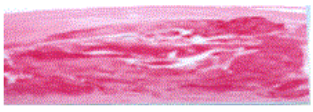

Fig. 1.3

Figure 1: Deep thigh hematoma visualized by MRI (1.1), its response to the skin suction (1.2), and its disappearance after skin scratching and repeat suction (1.3).

Conclusion

Cupping blood-let out therapy in female PCS could be considered as a definitive therapeutic remedy as it works directly at withdrawal of the underling pathology. Employment of the traditional cupping therapy in PCS can give wonderful promises to many females and could constitute an integral adjuvant measure to conventional therapeutic medications.

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