

Knowledge, attitudes, and perceptions of cupping therapy (CT) in Saudi Arabia-a cross-sectional survey among the Saudi population.

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Abstract

Objective: The aim of this study was to assess the knowledge, attitudes, and perceptions about cupping therapy among the general population of the Kingdom of Saudi Arabia (KSA).

Methods: A descriptive cross sectional online survey was conducted among the general population of KSA. Data was collected by using a structured and self-administered questionnaire. The questionnaire was comprised of 29 questions regarding the knowledge, attitudes, and perceptions about cupping therapy.

Results: A total of 251 of respondents completed the questionnaire. The majority of respondents (85.5%) were female and approximately 60% were using cupping therapy because it was recommended by their physician. More than half of the respondents (54.8%) claimed that they never discuss cupping therapy treatment with their doctors. The majority of participants (71.5%) reported strong trust or belief in cupping therapy. Only 46.4% of the respondents were aware of situations where cupping is prohibited, most of the participants (89.7%) believed that it is an effective method of treatment, and more than half (58.7%) think that cupping therapy leads to side effects.

Conclusion: This represents the first description of the knowledge, attitudes, and perception of KSA citizens towards CT. From a governmental perspective, more regulation of cupping and its practitioners is needed. Healthcare providers should be educated regarding cupping and create an open, respectful environment for communication with patients about CT. Patients should likewise consult their physicians about CT use and use caution when selecting CT practitioners.

Keywords: Cupping therapy, CAM, Knowledge, Perception, Saudi Arabia.

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Introduction

Cupping therapy (CT) is an alternative healing method practiced by many cultures particularly Asian and Middle East [1]. It also has gained popularity recently in western countries such as Europe and the United States [2,3]. CT, literally known as sucking, is a process of removing toxins from the blood by placing heated cups on various parts of the body. This allows a local suction to occur which promotes the movement of blood and is believed to ameliorate and/or cure a variety of diseases [1,4,5].

Cupping is subdivided into two further categories: wet or dry cupping. Wet cupping involves the application of cups to areas in which incisions have been made. Dry cupping is performed without any incision [6]. In Muslim and Arab cultures, wet cupping is prodromately used [7]. Previous international reports related the use of cupping therapy to the management of numerous conditions including joint pain, to promote blood circulation, fatigue (extreme tiredness), muscle stiffness [8,9], stroke recovery, elevated blood pressure, musculoskeletal pain,

herpes zoster [5,10], and pain relief [11,12] including chronic neck and shoulder pain , and lower back pain [13-17].

In Saudi Arabia (SA) previous studies reported that strong belief in cupping therapy as a modality of treatment for some medical conditions among Saudi population [18]. Similarly another study from Northern border area of SA estimated the general public opinions and attitudes about cupping therapy. Reports revealed positive attitudes towards cupping therapy. In addition, 73% of participants would recommend cupping therapy to their friends and relatives and 37% intend to use cupping therapy soon. Interestingly, 75% of respondent had no experience using cupping therapy [19].

Cupping therapy is considered as a recommended religious practice since 1400 years ago [20]. A review of the literature has indicated that cupping has shown favorable results; however, more rigorous studies are needed. Due to the Islamic prospectious and high interest in cupping specifically in SA, it raises a concern of whether the general public and community in KSA have any basic knowledge and what are their attitudes and perceptions about CT. Previous studies have been limited

to two regions in SA. Therefore, the objective of this study is to evaluate the knowledge, perceptions and attitudes of general public regarding CT in different regions of throughout the KSA.

Methods and Materials

A cross-sectional online survey was conducted during the period from January 2018 to May 2018 targeting in the citizens of KSA. Data was collected by using a standardized questionnaire which was distributed through social networking websites using a chain sampling technique where any participant could recommend additional subjects from among their acquaintances.

The questionnaire was adapted from previous studies published in this regard, collected questionnaires from related studies were redesigned, modified and translated into the Arabic language [21]. The survey questionnaire consisted of a total of twenty-nine questions. The questionnaire included four sections. The first section compiled demographic information. The second section consisted of questions regarding the general attitudes, perceptions, and knowledge regarding CT. The third section dealt with most frequent ailments treated with CT. The fourth section gathered the most common reasons that limit the use of cupping therapy in the Saudi population. The target population for this study were residents of Saudi Arabia aged 15 y and above.

Data analysis

Descriptive statics including percentages, means, and frequency distribution were calculated for each variable. Statistical Package for Social Sciences version 22.0 (SPSS Inc., Chicago, IL, USA) was used for statistical computations.

Results

A total of 251 of respondents completed the questionnaire. The overwhelming majority of respondents (85.5%) were female. More than half of the respondents were (68.5%) residents of the central region of KSA. In addition, most of respondents were aged from 46 y to 60 y. The demographic characteristics of the participants are presented in Table 1.

Table 1. Demographic information of respondents from five different regions of Saudi Arabia.

Characteristics of the respondents	Frequency	Percentage (%)
Gender		
Male	36	14.3
Female	215	85.5
Age (y)		
15-25	39	15.5
26-35	31	12.3

36-45	86	34.1
46-60	95	37.7
Marital status		
Married	185	73.4
Unmarried	66	26.2
Employment status		
Employed	117	46.4
Unemployed	87	34.5
Students	47	18.7
Region		
Central	172	68.5
Western	19	7.5
Eastern	38	15.1
Southern	20	7.9
North	2	0.7

More than half of the respondents (60.3%) reported that they were using cupping therapy because their physicians recommended it; however, over half of the respondents (54.8%) claimed that they never discussed cupping therapy treatment with their physicians. The most common sources of information used for learning more about cupping therapy were books /periodicals (55.6%), followed by advice from family and friends (22.6%) and social media (10.7%) as shown in Table 2.

The most common reasons for using cupping therapy were treatment (76.2%) and recommendations by relatives (12.3%). With regards to reliance upon cupping therapy, the study shows that (71.5%) of the respondents reported strong trust or trust, while only 28% of the respondents don't have trust on cupping therapy. Approximately 46% of the respondents were aware of situations/ailment where cupping is prohibited. Most of the participants (89.7%) reported that CT is an effective method of treatment, and about 60% of think that cupping therapy leads to side effects as shown in Table 2.

Table 2. General attitude, perception, and knowledge regarding cupping therapy (CT).

Cupping therapy	Frequency	Percentage (%)
Has this type of treatment been requested by a physician?		
Yes	152	60.3
No	99	39.3
Do you inform your doctor about your use of this treatment?		
Yes	113	44.8
No	138	54.8

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What are your sources for using this type of treatment?		
Internet (social media)		
Media (T.V. ,Podcasting, Magazines, etc)	27	10.7
Books/Periodicals	27	10.7
By family and friends used	140	55.6
	57	22.6
Common practicing places for CT		
Contact a specialist at home	139	55.2
Clinical centers/hospitals	37	14.7
Popular therapists	75	29.8
What are the reasons for using CT?		
Prophylactic	28	11.1
Treatment	192	76.2
Recommended by relatives	31	12.3
Do you trust CT as an effective alternative treatment?		
Strong trust	141	56
Trust	39	15.5
No trust	71	28.2
Are you aware of situations where cupping is prohibited?		
Yes	117	46.4
No	134	53.2
Have you noticed any effectiveness by using CT?		
Yes	226	89.7
No	25	9.9
Do you think CT have side effects?		
Yes	148	58.7
No	103	40.9
Have you noticed the prevalence of CT in your region?		
Yes	94	37.3

Table 4. Most common reasons preventing to do cupping therapy.

Scenarios	Frequency	%
Which of the following reasons will prevent you from using CT?		
Few CT centers in my region	152	60.5
Doubts regarding appropriate cleaning of tools and/or the inability to provide specialists	87	34.6
I have diseases that prevent me from practicing cupping	12	4.7

No	157	62.3
Do you urge people to do CT in your area?		
Yes	238	94.4
No	13	5.2
Do you think how old is appropriate for cupping?		
Childhood	2	0.8
Adults	142	56.3
Elderly	37	14.7
I don't know	70	27.8

Table 3 details the common diseases reported by study subjects to be treated with cupping therapy. The most frequent ailments are shoulder/back pain (51.7%), blood circulation stimulation (43.8%), headaches (31%), relieving joint pain (30.6%), dysmenorrhea (15.1%) relief/treatment, to control or reduce hypertension (7.5%), and to relieve/treat sciatica (7.1%).

According to the study results, the most reasons that limit using cupping therapy are the scarcity of CT centers (60.5%), and questioning appropriate cleaning of tools and/or the inability to provide specialists (34.6%) (Table 4).

Table 3. Common ailments by using cupping therapy and common reasons that prohibit the uses of CT.

Questions	Frequency	Percentage (%)
What does cupping therapy treat?		
Relieve joint pain	77	30.6
Relieve shoulders back pain	130	51.7
Relieve sciatica	18	7.1
Decrease HTN	19	7.5
Relieve headache	78	31
Relieve dysmenorrhea	38	15.1
Relieve varicose veins	5	1.9
Decrease HDs	8	3.1
Stimulate circulation	110	43.8

Discussion

The results of this study represent the first publication describing the knowledge, attitudes, and perceptions of cupping therapy on a nationwide scale in KSA. As opposed to other cultures and societies worldwide, the belief and trust in cupping therapy in KSA is founded upon prophetic advice based upon revelation as opposed to cultural traditions exclusively [22]. Furthermore, this explains the high prevalence of cupping therapy in KSA among residents from 4-45% up to 92% [18,23].

Although only 44.8% of study participants have informed their physicians of their use of CT, over 60% reported that cupping therapy had been recommended by their physicians. Albalawi reported that only 6.5% of participants would recommend cupping therapy without medical advice in Tabuk, SA [18]. However, this conflicts previous reports from Al-Rowais et al. who reported that only 14.2% of healthcare practitioners in SA refer their patients to complementary and alternative medicine practitioners [23].

Under half (46.4%) were aware of situations where cupping is prohibited. This differs from published data from Tabuk in which only 18.5% knew that cupping is contraindicated in certain disease states [18]. However, Alshamri et al. reported that 59% of participants responded that cupping is contraindicated in these situations [19]. It is not surprising since over 75% of their study population had obtained beyond a university educational degree.

Respondents indicated that 55.2% currently contact a specialist to visit their home for CT, and only 14.7% utilize clinical centers and/or hospitals. Furthermore, hindrances to therapy include a fear of contaminated equipment. Both Albalawi et al. and Mujtaba reported that participants encouraged CT to be performed in specialized centers, 49% and 96%, respectively [18,19]. Moreover, 46.5% knew that certain diseases can be transmitted by contaminated equipment [18].

This study has limitations. The majority of participants were from the central region of KSA; therefore, the study may not truly represent the cultural differences in other areas of the country. In addition, further demographic data, such as educational status, may be helpful in providing a clearer description of the influences upon participant use of CT.

Conclusion

This represents the first description of the knowledge, attitudes, and perception of SA citizens towards CT. From a governmental perspective, more regulation of cupping and its practitioners is needed. Healthcare providers should be educated regarding cupping and create an open, respectful environment for communication with patients about CT. Patients should likewise consult their physicians about CT use and use caution when selecting CT practitioners. Future research is needed to further describe the opinions regarding CT in KSA as well as more clinical research to support its therapeutic benefits.

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