CORRESPONDENCE

It is not safe unless everyone is aware

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Dear Editor,

This is a letter in response to article http://dx.doi.org/10.1093/qjmed/hcu227. The authors inform us that the standardization of cupping therapy will reduce the occurrence of adverse effects and help promote the therapy.

Cupping therapy or blood-letting therapy has been used for many centuries by well-known people including George Washington and Mozart. Now the celebrities of our current age are advocates of it. In the past, its use included fevers, hypertension and pulmonary oedema. The uses today include rheumatoid arthritis, muscle pain and cough.

In our unit, a 34-year-old gentleman of Pakistani origin, with a history of neurosarcoidosis and panhypopituitarism, had his third admission in 4 years with a presenting complaint of dizziness. On each occasion, he was found to be tachycardic and iron deficient with anaemia. He was transfused each time and underwent several gastrointestinal procedures including gastroscopy and colonoscopy. Cupping therapy was never considered in the differential due to the lack of awareness in medical practitioners. It was only when the patient’s wife mentioned in passing and was overheard by the clinician ‘I hope this has nothing to do with the cupping’ that it raised suspicions amongst his doctors. He had been undertaking this therapy with a non-trained practitioner for generalized muscle aches.

Of course it is the patient’s prerogative if he is to undertake this type of therapy, and he may feel like this is the only option he has. However, the practitioner must stress to the patient what exactly the therapy entails and the commonly reported adverse effects. I feel the most important thing the patient should be informed of is that he/she has to alert any other practitioner who is involved in his care that they need to be made aware of any other therapy he is undertaking. As this can have potential therapeutic implications and can save the patient from unnecessary investigations.

The authors may be correct in saying the standardization may reduce adverse effects but adverse effects will continue unless all the patient’s care providers are aware of the therapy.

Reference