Determining the Clients' knowledge about the Rules of Hijama

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Abstract

Background and Objectives: Hijama as a form of traditional medicine is used for treatment and prevention of diseases and maintenance of homeostasis. Throughout the centuries it has been known as a national, cultural and religious form of therapy among Iranian people and also the pillars of Islamic practice and tradition. One of the common problems regarding this kind of therapy is that most patients are not fully aware of the rules of medical care before, during and after the treatment. Therefore, in order to increase the efficacy and minimizing the side effects of the treatment, determining the patients' knowledge of hijama is essential.

Method: This is a cross-sectional study which was conducted in April - September in 2011 in the city of Qom, Iran.400 participants were randomly selected from hijama centers. The selecting criteria included an experience of at least one session of hijama treatment, no hearing problems and the ability to speak Farsi. Data collecting instrument was a questionnaire to determine the clients' knowledge of the rules of the hijama. The data was analyzed with descriptive and analytic statistics employing SPSS software (ver. 16).

Results: The mean age of the participants was 37.99. 196 of the participants (49%) were male and 271 of them (67.8%) were married. "Health" was the most common reason for hijama. X2 test did not show any significant relationship between the participants' satisfaction of hijama with any of the demographic variables (P>0.05). Easy access (71.75%) and acquaintances' recommendations (58%) were the most common motives for going through the treatment. 72.5% attended the hijama session with a full stomach. Honey syrup was the most regular diet (43%) after hijama. 53.75% of the participants perceived the best time for bathing 24 hours after the therapy. 28.5% and 76% of the participants believed that there is no difference to hijama effectiveness regarding the hours and days of the practice.

Conclusion: The results of the study suggest that people do not have enough knowledge about the timing rules and bathing regulations after a session of hijama treatment.

Keywords: Hijama; Knowledge; clients.

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Introduction

Despite the advances of modern medicine, many people still like to use alternative medicine such as herbal therapy, homeopathy, acupuncture, hijama and energy therapy (1, 2). It is estimated that in a lifetime, out of three people, one person uses alternative medicine along with the current medicine to treat ailments and restore health (3). The causes of development of traditional medicine according to the World Health Organization

(WHO) perspective are the health beliefs, traditional medicine approach towards human in broad spectrum, and its applicability and safety to achieve universal health coverage. The reasons for referring people to treatment centers using traditional medicine in Iran are beliefs, long-standing traditions, and some success in previous treatments (3, 4). Accurate statistics on the use of traditional medicine are not available in Iran. Banaiyan showed that people used alternative medicine (mostly herbal medicines and hijama) at least once in a period of 5 years (5). Hijama is one of the traditional methods for treating and preventing diseases and maintaining health balance. Throughout the centuries it has been part of religious and national culture of Iranian people and is the pillars of Islam and traditional medicine (4, 6). In fact, hijama means blood-sucking that is used for prevention and treatment of certain diseases such as migraine, hypertension, inflammation, acne, gout and also pain control. It reduces painful syndromes, hypertension and is also effective for stroke rehabilitation and treatment of constipation, cough, asthma, hives, and hay fever. It is also immune modulator (5-10, 21-22). The Prophet (pbuh) said: “on the night of Ascension to the seventh heaven, no angel passed me unless they said: invite your people for hijama to healing and recovery from illness” (6, 7). Also, Imam Ali (AS) said about the benefits of hijama "it brings health to your body and strengthen intellect”. Avicenna in his book, the statute, has prescribed bloodletting and hijama and has presented it as the foundation of treatments for all diseases (4). Kim mentioned a positive effect of hijama on reducing back pain, cancer pain and trigeminal neuralgia in comparison to other pain-control medications (11). Michalsen showed that hijama can reduce the pain of carpal tunnel syndrome (12). Niasari showed the effect of hijama in reducing plasma lipid levels (LDL) (13). However, one common source of problem in hijama therapy is not respecting or following the rules of medical care before, during and after the procedure.(14) Therefore, in order to increase the efficacy and minimizing the adverse effects this treatment could have, determining the level of knowledge of people referred to hijama centers is essential. This study examines demographic characteristics of the patients referred to hijama centers and their knowledge of the principles and the rules of hijama.

Methods

This is a cross-sectional study which was conducted in the city of Qom from July to August in 2011. After obtaining an accreditation from Qom University of Medical Sciences, two hijama offices authorized under the Ministry of Health were randomly selected from each of the four urban areas of Qom. A total of four hundred people referred to these two hijama centers were randomly selected equally from each center. All ethical considerations were taken into account to ensure the ethics of the study. The researcher introduced himself to the participants and described the aim of the study to them. Participants were then assured about confidentiality of the obtained information. Also, a consent form was given to the interested subjects. A questionnaire was designed containing the literatures and some Islamic articles about hijama. The first part of the questionnaire included demographic characteristics (age, sex, marital status, education, occupation, economic status) and other more specific features such as physical signs, the reason for hijama, patient’s age at their first experience of hijama, number of hijama sessions per year, prior experience of hijama treatment, the effect of hijama on health, history of chronic diseases, use of other types of alternative medicine, and the way they became familiar with hijama. The second part of the questionnaire contained questions regarding the participants’ knowledge about the rules of hijama (appropriate seasons, days of the week and hours for going through the therapy, hijama on full or an empty stomach, and eating and bathing rules after the session). The content validity of the questionnaire was confirmed by five physicians. After the questionnaire was completed by 20 clients referred to the centers, the coefficient of internal consistency was measured and the

result was meaningful (Cronbach's alpha=80%). The admission criteria for the participants were a prior experience of hijama of at least one session, no hearing problems and the ability to understand and speak the Persian language. The collected data was analyzed using SPSS version 16. Data analyses were performed using descriptive and analytic statistics.

Results

The mean age of the subjects was 37.99 (range: 20-30 years old). 49% (n=196) of the participants were male and 67.8% (n=271) were married. The majority of them (29.8%) had a diploma. 34% were housewives (n=134), 75.19% were self-employed (n=79), 17.75% were employees (n=71), 11.25% were students (n=45), 4.5% were cleric (n=18), 4% worker (n=16), 3.5% were retired (n=14), 3% were unemployed (n=12) and 2.75% (n=11) were employed. 13/5 % of the subjects had a good economic status (income > 6000,000 Rials), 75.4 % had an average income (4000000 - 6000000 Rials) and 11.25% had low income (< 4000000 Rials). 13.75% of women (n=55) were in menopause period and the rest were in childbearing age. None of them were in menstrual period during the treatment.

The most common reason that brought the participants to the hijama sessions was improving health (Chart 1). 61% of the subjects (n=244) had at least one chronic illness. The maximum number of times a patient had gone through hijama was 10 times a year. The minimum and maximum age of the participants was 20 (2.25%) and 65 (3.25%) respectively. Only 2.5% of the subjects (n = 10) had dizziness (1.5%) and headache (1%) after hijama. Regarding the participants' satisfaction with the therapy, 83.5% of the participants (n=334) were completely satisfied with the treatment, 13.5% (n=54) were moderately content and 3% of the participants (n=12) were almost unsatisfied. However, in statistical analysis, $\chi 2$ test did not show any significant relationship between the participants' satisfaction factor and the demographic variables ($P<0.05$). 8.48 % of the subjects had been using other complementary medicine methods besides hijama including herbal medicine (42%), dry hijama (24.75%), massage therapy (18.95%), prayer therapy (11.2%), energy therapy (2.28%), acupressure or acupuncture (1.23%), and water therapy (0.8%). 29.5% of the subjects (n=118) had some experience of phlebotomy. In a comparison between the effects of phlebotomy and hijama on health, 24% (n=96) reported that hijama and 3% (n=12) reported that phlebotomy were more effective respectively. 1.75% of the subjects (n =10) reported that both methods had a comparatively same positive impact on their health.

Regarding the choice of hijama (over other kinds of treatment) (1) low complications (29.25%, n=117), (2) one's/others' positive experiences (5.5%, n=22), (3) easy access (71.75%, n=287), (4) reasonable cost compared to other methods of traditional medicine (11.5%, n=46) and (5) failure of adequate results of the conventional medicine (12.25%, n=49) were among the most common causes. Participants' acquaintance with hijama was through: (1) recommendations by friends (58%, n=232), (2) religious beliefs (35%, n=140), (3) previous knowledge (27.5%, n=110) and (4) advice of a physician (13.5%, n=54).

Hijama was applied to these areas or spots: (1) between the two shoulder blades (59.5%, n=238), (2) waist (34.75%, n=139), (3) legs and behind knee (8%, n=32), (4) face (5.75%, n=23), (5) shoulder (4.75%, n=19), (6) head (0.5%, n=2), (7) arm (2.5%, n= 10) and (8) done at two sites at the same time (15.75%, n=63). 6.5% of the participants (n=26) went through hijama with an empty stomach and 72.5% of them (n=290) with a full stomach. 21% of the participants (n=84) believed that hijama could be done on either an empty or full stomach and this would make no difference on the result. Participants' most common diet after hijama included: honey syrup (43.25%, n = 173) , liver (9.25%, n= 37), pomegranate juice (6.75%, n= 27), pineapple juice (4.25%, n = 17) , low-fat diet (1%, n=4), watery foods (3.75%, n = 15), cooked food (18%, n=72), low-salt diet (1.75%, n=7) , cherry juice (0.5%, n=2), saffron syrup (32.25%, n = 129),

tea % (0.25%, n = 1) and chicory (0.25%, n=1). 75.53% (n = 215) stated that the proper time for taking bath was 24 hours after hijama and others believed that the best time would be on the same day after the treatment. Most participants (28.5%) stated that it did not matter to them at which hours during day hijama would be done. Afternoons and early evenings (19.75%) were the best times for hijama. Also, for 76 % of the participants there was no significant difference regarding the time of doing hijama (Table 1).

Conclusion

In this study, the majority of the participants were 20 to 30 years of age, female, married, high school graduates, and with the average economic status. Dabbaqian's study revealed that the majority of the participants who came for hijama were married, male, had at least the high school diploma and their monthly income was less than 2000000 Rials (low income) (2). The present study showed that young people and women were more interested in alternative medicine. Also among different social groups, people with academic education and good financial resources were more interested in using complementary medicine such as hijama (15). None of the women participated in this study were in menstruation period. In both scientific and religious perspectives, hijama is prohibited during menstruation period (7). Most subjects (61%) in this study suffered from at least one disease. The most common reasons for referring to hijama centers were primarily health issues and secondly relief from headaches or migraines and the pains caused by musculoskeletal disorders. According to Dabbaqian's study, more than 75% of the patients' motivating reason to choose hijama was for the treatment of at least one of the above mentioned diseases; musculoskeletal disorders, either alone or in combination with other ailments (2). Astin suggests that health status is not an appropriate predictor of the use of complementary therapies; nevertheless, some health problems such as anxiety, low back pain and chronic conditions increase the tendency to choose these treatments. In the present study, most subjects went through hijama once a year. In a hadith, the Holy Prophet (pbuh) refers to the preventive properties of hijama: "hijama on Tuesdays and on the seventeenth of each lunar month is the healer of diseases throughout the year (14). Imam Reza (AS) said: "20 year olds should take hijama therapy every 20 days, 30 year olds, every 30 days, 40 year olds, every 40 days and 50 year olds every 50 days". Compliance with hijama intervals based on age leads to health and applying hijama just once or twice a year will not improve health conditions. Moreover, too many hijama therapy sessions or excessive hijama can cause anemia, liver failure and sexual impotence (7). In this study, only 10 subjects had symptoms like dizziness and headache during their first hijama. Experts believe that these symptoms are related to slight fluctuations in blood pressure and should not discourage the patients from pursuing the therapy. In these conditions the patient should lay on his back to recover. In this study the age range was 20 to 81. The participants were mostly young (at least 20 years old) and there were a few patients 65 years of age or older. According to traditional medicine, hijama is prohibited before the age of 2 and after the age of 60 (6, 7). Also, age limitation for hijama is emphasized in Mizan Al-teb (20). There is no Hadith in Islamic traditions about contraindication of hijama in the elderly (14). Higher frequency of hijama among young people may be related to their greater awareness of hijama. The elderly are less interested in hijama which may be due to their fear of possible complications. However, given the long history of hijama, we believe that hijama would also be significantly beneficial for the elderly. Another possible reason for the low frequency of hijama among the elderly is lack of motivation for regular follow-up which could be because of their impatience or the costs of the treatment. The beneficial effects of hijama do not often occur right away and this would lead to the early discontinuation of the treatment. Acceptance and adherence to the treatment regimen are two important factors in any health care process. Such problems would lead to the failure of the treatment. In the present study, 83.5% of the

subjects were satisfied with the result of the treatment. Also, Dabbaqian's study indicated 85% participants' satisfaction with the treatment (2). The results of the study showed that of those 29.5% of the participants who had experienced phlebotomy prior to the study, 24% of them were more satisfied with hijama. Most of the participants chose hijama over other types of therapy because of its availability and simplicity. The results of a study in the US regarding participants' motivation for choosing the complimentary medicines showed that most patients believed that these methods are safer and less complicated (17). In the present study easy access was the most common reason for choosing hijama over other types of therapy. Only 13.5 % of the subjects had chosen hijama because of a physician's recommendation. In Dabbaqian's study, previous experience and the advice of friends were the most dominant reasons for choosing hijama (2). A study in England showed that most clients had become familiarized with complementary medicine through their relatives. However, they preferred a physician's recommendation or referral. Increased hope, physical recovery and safety of these methods increase patients' interest and willingness to choose alternative therapies (16). Also, the popularity of complementary medicine among patients is due to their dissatisfaction with the services they have received from conventional medicine. Generally, much of this dissatisfaction is caused by lack of communication skills between the physicians and the patients, insufficient discussions about the nature of the disease and the risks of new drugs and also lack of holistic care sense in patient (18). Shoulder (59.5%) and back (34.75%) were the two most common sites for hijama. 15.75% of the subjects underwent hijama at two places simultaneously. According to the prophetic manners, hijama between shoulders and on hips is helpful [called "Nafee" and "Moghise" respectively in Arabic language]. Between shoulders blades, the fourth to eighth thoracic vertebrae are among the most commonly selected spots for hijama. In many alternative medicine schools, this site is known as the center of gravity of the body. This region is closest to the central lymph nodes of the body such as neck, armpits, chest, abdomen, lymphatic chain and also thymus. Doing hijama on these areas stimulates the immune system (14). In this study, most subjects believed that the hijama could be applied on any days of the week and there would be no difference in the effects and benefits of the treatment. However, 28.5% of the subjects reported that afternoons and early evenings were suitable times for hijama. In this regard, Imam Sadiq (AS) said: "apply hijama late in the daytime" (14). Prophet Muhammad said: "The best days to perform hijama are the seventeenth, nineteenth or twenty-first day of the lunar month". It is also narrated that the Prophet (pbuh) said that performing hijama is inappropriate at the beginning of the months. Imam Reza (AS) said: "when you decide to perform hijama, you should do it at the twelfth to the fifteenth of the lunar month when the moon is full because it will be more beneficial for the body" (7). The Prophet (pbuh) said: "hijama on Tuesdays, seventeenth or nineteenth or twenty-first day of the lunar month is the cure for every disease (14). In another Hadith it is recommended that hijama should be done on Sundays, Mondays, Tuesdays and Thursdays and is prohibited on Saturdays, Wednesdays and in particular on Fridays. According to the Infallible Imams, with charity, recitation of the verse [ayatol korsi] and salavat, hijama can be done even on a Friday. Imam Sadiq (AS) said: "hijama on a Saturday will weaken the body and it is better to do hijama one Thursdays (7). However, in this study, only 19.5% of the clients chose Saturday as the best day for hijama. In this study, spring (35.23%) and autumn (32.5%) were the best seasons for hijama from the subjects' view point (25.35%). Imam Reza (AS) said: "the season of spring is the spirit of the times and in this season excitement runs in the blood". Therefore, use of phlebotomy and hijama in this season is highly recommended. In a Hadith from the Infallible Imams, especially Imam Reza (AS), hijama in the first month of the Islamic calendar (Hijri calendar) is prohibited (7). During spring and autumn the

position of the sun and the moon are in moderation alignment and this provides an opportunity to dispose body of waste material (14). Most people stated that they go for hijama on full stomach. In Makarem al-Akhlaq of Imam Musa Kazim (AS) it is quoted that: "hijama should be done after a meal (on full stomach) because it causes the blood to circulate in the hijama region and soothes the pains, but hijama before a meal (on empty stomach) draws out blood and preserves pain in the body (7). Subjects stated that honey syrup, saffron syrup, and cooked food are suitable diet after hijama. In a hadith it is recommended that eating three cubes of sugar, honey syrup, sknjbyn, pomegranate or fresh fish before hijama is appropriate, and eating pickles, salt, and dairy products should be avoided for approximately 12 hours after hijama. It is quoted from Imam Ali Naqi (AS) that: "after hijama, sweet pomegranate stirs and cleans blood". Drinking fruit juice, especially fleawort juice is advised and in case it is not available, holding a piece of fleawort in mouth and drinking a sip of warm water would be as beneficial. But in winter sknjbyn honey syrup should be used which keeps you protected from dangerous diseases such as vitiligo and leprosy (7, 14). Regarding bathing after hijama, more than half of the participants believed that it is best to take a bath after 24 hours. According to most ttraditional texts, taking a bath is prohibited for at least 12 hours after hijama as it can cause infection (14).

Our results showed that almost half of the participants had experienced other complementary medicine techniques besides hijama. Use of herbs was significant. Siddiqi's study showed that 58.6% of the subjects were aware of complementary medicine and among them 75% knew about herbal medicine (19). In Sajjadian's study, 21% of the patients having cancer were reported to be using herbal therapy (16).

Conclusion

The results of this study should be interpreted with some caution as the participants were not assessed individually and integrating complementary treatment methods in the survey with about half of the subjects would certainly affect the results. Generally, the results showed that people need to have more information about the rules of hijama. Professionals trained in traditional medicine could provide patients with the right and reliable information. Information given by non-professionals may result in confusion and therefore the decrease in therapeutic effects of the intervention. There is a room for investigations regarding patients' learning needs about other complementary medicine methods.

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Table 1: participants' knowledge about the best time of hijama (Qom hijama centers)

	n	%
The best times of the day for hijama		
Early morning hours	88	22
Evening	79	19.75
Afternoon and early evening	114	28.5
No difference	119	29.75
The best times of the week for hijama		
Saturday	20	5
Sunday	36	9
Monday	38	9.5
Tuesday	35	8.8
Wednesday	14	3.5
Thursday	78	19.5
Friday	19	4.8
No difference	160	40
The best days for hijama		
First half of the month	52	13
The second half of the month	29	7.25
Mid-Month	19	4.75
No difference	300	76
The best season for hijama		
spring	141	35.25
summer	56	14
autumn	126	31.5
winter	38	9.5
No difference	39	9.75

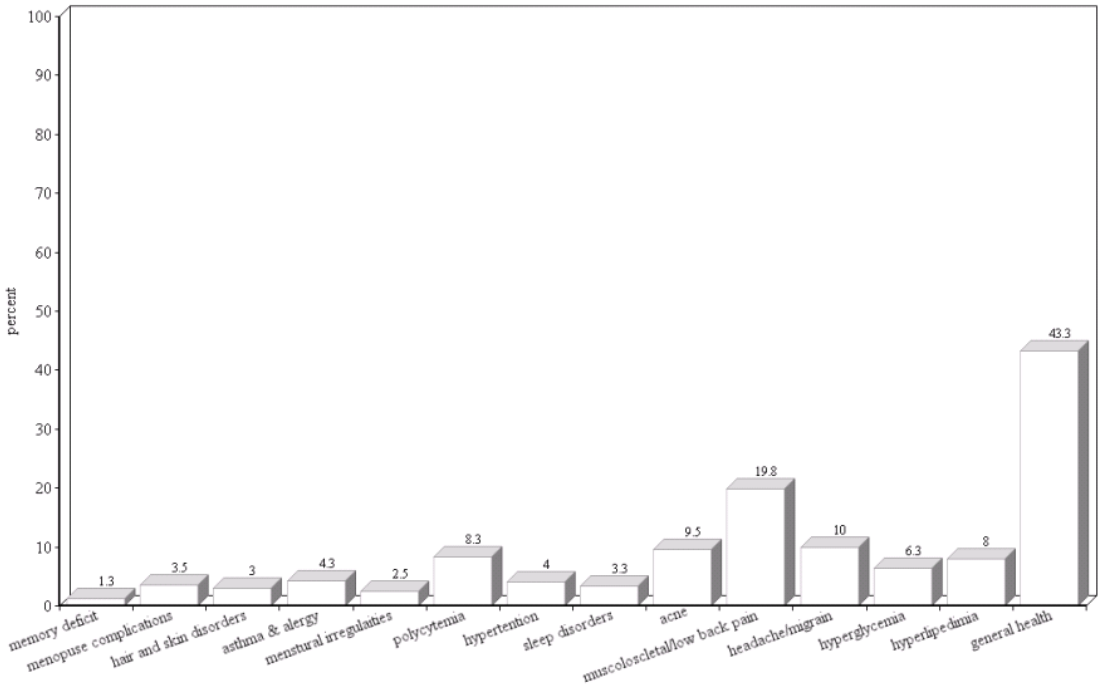

Chart 1. Participants' reasons for choosing hijama at hijama centers in Qom

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