Exploring the physiological reactions to cupping treatment applying Moustafa Ali's Protocol a pilot study of the impact of cupping therapy on pathological semen parameters in male infertility

Elisabeth Buhlmann, Moustafa Ali

Abstract:

A 2012 review of the evidence in an article published in PLOS ONE stated that studies appeared to show that cupping therapy was effective for treating a number of conditions, but that "nearly all included trials were evaluated as high risk of bias" – better designed studies would be needed in order to reach definitive conclusions.

Studies of cupping typically measure the procedure's effectiveness by comparing it with that of other forms of treatment. Massively prescribing traditional medicine techniques especially blood manipulating ones is unsafe. However, high-quality research studies usually also include a group of people who receive a placebo or a fake version of the procedure being studied. Because a sham version of cupping hasn't been devised, this level of quality is not yet available for cupping studies. There is a need for Standardization in cupping treatments as a necessity for the propagation of knowledge and clinical application.

Complementary and Alternative Medicine (CAM) is becoming more popular with the public and gaining credibility within biomedical health care (Hill 2003). Currently Wet Cupping is favored in the Middle East and Eastern Europe (HOFMANN 2001). A standardized technique with the focus on a simplified and therapeutic dose prescribed according to chronicity of diseases is developed. Standard Therapeutic Dose (STD) is the key for prescription of cupping therapy. Three sessions administered but only the third session is the wet. The cupping therapy may reach up to 6 STD administered at the duration of 6 to 8 weeks. Negative pressure applicator, cups sizes, scratching instrument and the quantity of pulls was simply defined to reduce human bias also will allow clinicians and researchers to use a traditional technique safely

The World Health Organization (WHO) defines infertility as the inability of a sexually active, non-contracepting couple to achieve spontaneous pregnancy in one year. In general, 15 % of couples do not get pregnant during this time and seek for medical treatment. Infertility affects both men and women. In 50% of involuntarily childless couples, it is found that abnormal semen parameters are accompanied by *male-infertility-associated factor* together with abnormal semen parameters.

Male infertility can result from congenital or acquired urogenital abnormalities, malignancies, urogenital tract infections, increased scrotal temperature, endocrine disturbances, genetic abnormalities and immunological factors. In 30-40% of cases, no male-infertility-associated factor is found (idiopathic male infertility) however, semen analysis reveals a decreased number of spermatozoa, sperm motility or many abnormal forms of sperm. These abnormalities usually occur together. Worldwide the sperm-count of men shows declining tendency with unclear causes. Environmental factors and unhealthy way of life are the most

expected reasons. Most therapy options are surgical methods, hormone therapy and assisted reproductive techniques such as semen cryopreservation for in- vitro-fertilization (IVF), intracytoplasmic-sperm-injection (ICSI) and testicular extraction of sperm (TESE). In addition to these western medicine techniques alternative therapies such as dietary supplement or traditional medicine are disposed.

Male infertility is an indication recommended for cupping therapy. But in the most common data-bases miimal origin or review article on treating male infertility with cupping therapy exists so far.

In the first HMZ case study based on the Ali Protocol six patients with male infertility and mostly extreme reduced semen quality parameters were examined. The patients got cupping treatment over specific skin areas, for 6 – 8 weeks. Semen analysis was done for two times initially, 3 times during the treatment interval and one efficiency-control 3 month after the last cupping therapy. One patient dropped out because of a Sertoli-cell-only syndrome. One of 5 patients had a significant improvement of his semen quality and three showed or reported positive general effects. This was evidence that cupping is efficient to treat male infertility. In the mentioned case the efficiency-control after 3 month exhibited a clear increase of sperm-concentration from krypto-zoospermia (< 1 mil/ml sperm) near to normozoo-spermia (> 15 mil/ml sperm). Also the sperm-motility became normal for the first time.

In conclusion, the next step has to be a randomized controlled trial (RCT) with more patients to prove the effectiveness of cupping therapy, as first data have been promising. In case of confirmation of the effectiveness of cupping therapy, it could take place in established fertilization therapy in order to heal or to support other treatment methods. Improved semen quality is the best prerequisite for a spontaneous or medical-assisted pregnancy as well as a good self-image of men. With regard to the worldwide seen decrease of sperm quality, further tested and proven treatment methods are needed in the future.