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A case study to assess role of Hijamah (Cupping) in management of Samn-e-Mufrat (Obesity)-A case report

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ABSTRACT

WHO defines Overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in metres). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.

Introduction

WHO defines Overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in metres). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight[1].

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems[2]. People are considered obese when their body mass index(BMI), a measurement obtained by dividing a person's weight in kilograms by the square of the person's height in metres, exceeds 30 kg/m^2. Obesity increases the likelihood of various diseases, particularly heart disease, type 2 diabetes, obstructive sleep apnea, certain types of cancer, and osteoarthritis. Obesity is most commonly caused by a combination of excessive food energy intake, lack of physical activity, and genetic susceptibility, although a few cases are caused primarily by genes, endocrine disorders, medications or psychiatric illness. Evidence to support the view that some obese people eat little yet gain weight due to a slow metabolism is limited; on average obese people have a greater energy expenditure than their thin counterparts due to the energy required to maintain an increased body mass[4,5].

In 2008, more than 1.4 billion adults, 20 and older, were overweight. Of these over 200 million men and nearly 300 million women were obese.35% of adults aged 20 and over were overweight in 2008, and 11% were obese.65% of the world's population live in countries where overweight and obesity kills more people than underweight. More than 40 million children under the age of five were overweight in 2011.Obesity is preventable. Overweight and obesity are the fifth leading risk for global deaths. At least 2.8 million adults die each year as a result of being overweight or obese. In addition, 44% of the diabetes burden, 23% of the ischemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity

These data suggest that overweight and obesity are important clinical and public health burdens worldwide. National programs for the prevention and treatment of overweight, obesity should be a public health priority. National programs aimed at reducing the prevalence of overweight, obesity, and related co-morbidity and mortality have been launched in some economically developed countries[5].With this preview role of *Hijamah* (cupping) in *Samn-e-Mufrat* (Obesity) was evaluated.

Material And Methods

This study was conducted in the Tahafuuzi wa Samaji Tibb OPD of A&U Tibbia College, Karolbagh, New Delhi during the period January 2013 to April 2013. The following procedure was adopted step wise for this study. Body Mass Index (BMI) of all the subjects was calculated using the formula given below:

Body Mass Index (BMI) = Weight (in kgs)/ [Height (in m)][6]

The subjects were then categorized according to BMI as par the following classification:

Category	Body Mass Index (kg/m^2)
Severe under weight	<16.o
Moderate under weight	16.0-16.9
Mild under weight	17.0-18.4
Normal	18.5-25.0
Pre-obese	25.0-29.9
Obese class I	30.0-34.9
Obese class II	35.0-39.9
Obese class III	>40.0

Four eligible participants having BMI more than 25 were included in the study and those having hypothyroidism, PCOD were excluded from the study. After taking informed consent the patient was explained principle to be adopted by him according to unani system of medicine and *Hiajamah* (Cupping) was done on epigastric region on alternate days for three weeks.Analysis of data was done after 12 weeks. They were asked to follow the following general instructions :

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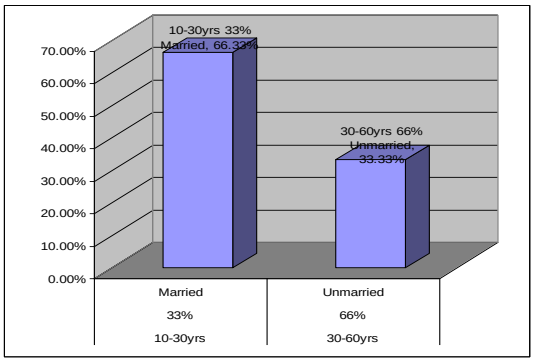
Salt and fat restriction in diet

1. Take food in an amount lesser than you used to eat and never eat full stomach.
2. Take morning and evening brisk walk.
3. Take vegetable salads in meals.
4. Take bath with warm water before meals.
5. Make a habit of fasting[7-11].

Observations And Results

Four females in the age group of 15-60 were included in the study after meeting the inclusion criteria ,informed consent was taken from them and first of all history was taken. Majority of the participants were females, educated, housewives ,vegetarian and married. Almost all the patients had weight between 60-70 Kgs and BMI between 25 and 30. One female participant was 35 years old with weight of 100kg and BMI of 35.(Fig i –iv).The participants were inutructed the diet restrictions and exercise according to classical Unani litrature as described above and *hijamah* (cupping) was done in epigastric region on alternate days.It was found that their was reduction of 10% of body weight on an average and decrease in BMI also. After three weeks of treatment her weight was 96 and BMI 30.Second female aged 15 years with BMI of 26 and weight 70 kgs before treatment was 68Kgs with BMI 25.Third female 40 years with weight of 76Kgs BMI of 30 was 72 After three weeks of Hijamah.Fourth was 56years with 89 kga and 86 Kgs after treatment.So it can be concluded all four females aged between 15 -60 years having weight more than usual and obese grade I were Hijamah can be beneficial for weight loss when combined with exercise and diet restriction according to classicial unani litratutre.Hijamah improves the efficiency of the body ,boosts metabolism and energy levels ,purifies blood ,detoxes the liver and enhances health.

Figure i: Distribution of participants according to age and marital status:



Inference: Most of the participants were in 30-60 age group and married.

Figure ii: Distribution of participants according to dietary habits:

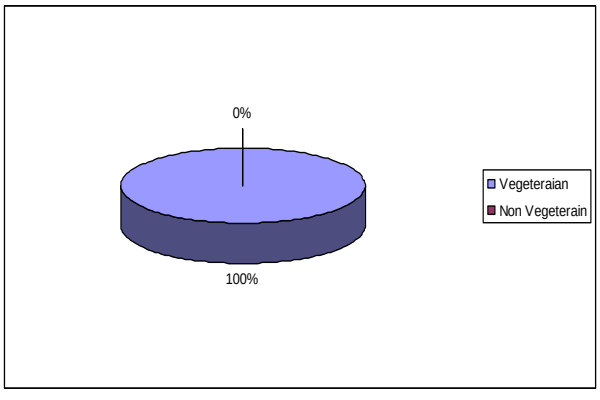
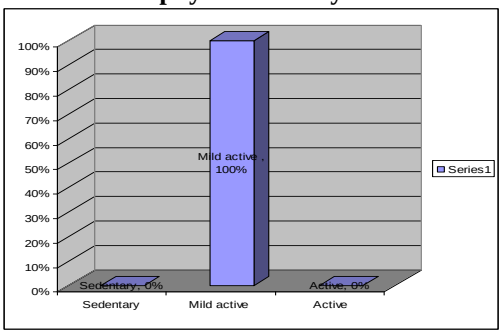


Figure iii: Distribution of participants according to level of physical activity



All the participants were mild active.

Figure iv: Distribution of participants according to their weight Majority of the participants were overweight.

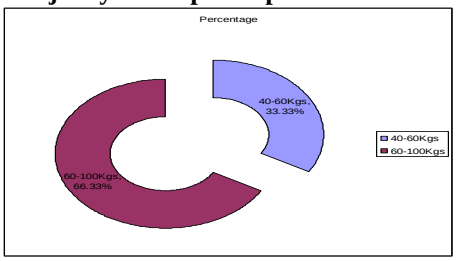
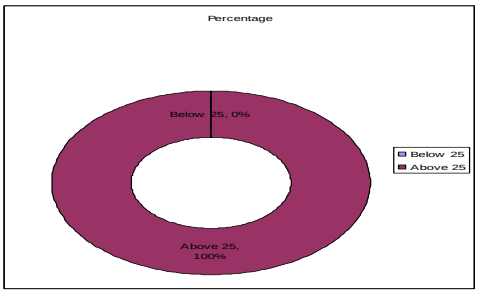
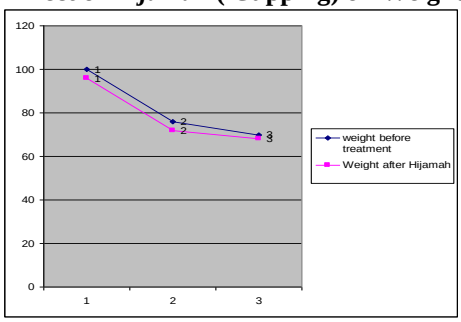


Figure v: Distribution of participants according to their BMI



Majority of participants came in obese category i.e BMI more than 30 and one was pre-obese with BMI of 25.

Figure vi: Effect of *Hijamah* (Cupping) on Weight and BMI



References

1. WHO,www.who.net.
2. Haslam DW, James WP (2005). "Obesity". *Lancet* 366 (9492): 1197–209. doi:10.1016/S0140-6736(05)67483-1. PMID 16198769.
3. Kushner, Robert (2007). *Treatment of the Obese Patient (Contemporary Endocrinology)*. Totowa, NJ: Humana Press. p. 158. ISBN 1-59745-400-1. Retrieved April 5, 2009.
4. Adams JP, Murphy PG (July 2000). "Obesity in anaesthesia and intensive care".*Br J Anaesth* 85 (1):91-108.
5. Imaz I, Martínez-Cervell C, García-Alvarez EE, Sendra-Gutiérrez JM, González-Enríquez J (July 2008). "Safety and effectiveness of the intragastric balloon for obesity. A meta-analysis". *Obes Surg* 18 (7): 841–6. z

6. Park,18th edition .Text book of preventive and social medicine,PP 316-319.
7. Muhazzab Al Din Abu Al Hasan Ali Bin Ahmad Bin Ali Bin Hubl Baghdadi, Kitab Al Mukhtarat, vol I, urdu translation by CCRUM, New Delhi, 2005, p-263.
8. Razi, Abu Bakr Mohd. Bin Zakaria, Kitab Al Hawi, vol VI, urdu translation by CCRUM, New Delhi 1991, pp 183-186.
9. Ibn Sina, Abu Ali Husain bin Aabdullah, Al Qanoon Fil-tibb, urdu translation by G.H. Kantoori, Idara Kitabush shifa, kucha cheelan, darya ganj, New Delhi, 2007, pp-197.
10. Majoosi, Ali Ibn-e-Abbas; "Kamil-us-Sana", part-II, Urdu Translation by Ghulam Hussain Kantoori, Matba Munshi Naval Kishore, Lucknow, 1889 pp-52-559.
11. Razi, Abu Bakr Mohd. Bin Zakaria, Kitabul Mansoori, urdu translation by CCRUM, New Delhi 1991, pp-223.WHO Consultation on Obesity. WHO Technical Report Series 894. *Obesity: Preventing and Managing the Global Epidemic*. World Health Organization, 2004, http://whqlibdoc.who.int/trs/WHO_TRS_894.pdf (last accessed March 20th, 2005).