**Annexure-E**

**Benchmarks for the code of practice of *Ḥijāma* (Cupping therapy)**

**Draft No.** **AYD-04 (24768)**

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| **S.No** | **Comment by** | **Original draft** | **Suggested** | **Remarks** |
| 1. | **Dr. Farah Naaz**  ………. I appreciate the effort put into it. After reviewing it, I believe the content is justified and well-structured. I have only one suggestion to enhance the clarity of the document……  I believe this modification would strengthen the document by providing a more precise and targeted description of the qualifications sought | In clause 4.2, where it mentions "professional qualified in any of the legally recognized system of medicine," I propose replacing it with "Qualified Unani Physician." This adjustment would specifically highlight the expertise required and align the language with the unique qualifications pertinent to the Unani system of medicine. | The revised phrase in clause 4.2 would read as follows: "A professional qualified in Unani system of Medicine as a legally recognized system and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable" | Deliberate in AYD-04 TC meeting |
| 2. | **Neelam Quddusi** | pathy | medicine | Accepted Modified accordingly |
|  |  | ***Ḥijāma* (Cupping therapy)** | unbold this | Accepted Modified accordingly |
|  |  | cupping | Cupping | Accepted Modified accordingly |
|  |  | *Imala* | Diacritical to be done | Accepted Modified accordingly |
|  |  | Tanqiya | Italics and diacritical | Accepted Modified accordingly |
|  |  | suction pump | Suction pump | Accepted Modified accordingly |
|  |  | negative pressure | Negative pressure | Accepted Modified accordingly |
|  |  | Person to whom cupping procedure is applied | Recipient of cupping therapy | As per WHO |
|  |  | Basic facilities to manage patient in case of any emergency | Essential facilities for handling patients during emergencies. | Deliberate at TC |
|  |  | No investigations required for performing *Ḥijāma bilā Sharṭ* | *Strike through* | Deliberate at TC |
|  |  | requirements | assisted | Accepted Modified accordingly |
|  |  | besides | *Strike through* |  |
|  |  | He | Patient | Accepted Modified accordingly |
|  |  | Fattoush | to be Italicised | Accepted Modified accordingly |
|  |  | are | shall be | Accepted Modified accordingly |
|  |  | sound | that | Not related |
|  |  | Define the | *Strike through* | Accepted Modified accordingly |
|  |  | on | therapy | Deliberate at TC |
|  |  | to up | therapy | Deliberate at TC |
|  |  | the | *Strike through* | Accepted Modified accordingly |
|  |  | Cupping | cupping | Accepted Modified accordingly |
|  |  | Cupping | cupping | Accepted Modified accordingly |
|  |  | 2010. 509-514 | page? | Accepted Modified accordingly |
|  |  | Yusuf MM. | page? | Accepted Modified accordingly |
| 3. | Farooq A Dar  Member TC  Aligarh Muslim University | **5.1.1 (Point 4)-** It has been mentioned that taking eggs should be avoided. It has also been mentioned that it has been proven experimentally. Whether these experiments are published. Is there any classical reference for such abstinence. If no, then this statement may be dropped. | If there is no reference, then the point 04 should be deleted | Deliberate in AYD-04 TC meeting |
| **5.1.2 (point 3)-** It is mentioned that oils may be applied. After sterilization of the site application of oils is not logical unless the oils are surgical grade (which is rare). Hence should be considered to be omitted. | The point may be dropped. | Deliberate in AYD-04 TC meeting |
| **5.1.5** - Investigations like HBsAg, HIV, HCV are usually recommended for major surgical procedures. These may also lead to extra cost burden of patient if not necessary. This may be reconsidered | This may be reconsidered or may be excluded | These are basic investigation before any procedure |
| Self-declaration form- There are certain technical questions which are not usually asked in self-declaration of patients, as patients may be from varied educational back grounds.  e.g. 1. Do you have lymphedema or anemia (Such things are for doctor to examine)? |  | Accepted and modified accordingly |
|  | Dr. Syed Mohd Abbas Zaidi | I have gone through this draft and find it well written. However,  Rest is fine from my end. | I suggest few minor corrections as :  1. Point 3.7 and 3.8- starting letter must be capital letter.  2. On page 17- reduce the space between "No." & "of" | OK |

**Dr. Muzamil Rehman**

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| **S.No** | **Type of Comment** | **Clause** | **Text of the P-draft** | **Suggested Changes/comments** | **New Suggested Sentence** | **Remarks** |
| 1. | Editorial | FORWARD  Para 2 , Line 2 | Though the system is ~~indeed~~ named after the ancient Greek culture ("Unan" being the Greek name), many researchers and historians ~~suggest~~ that this medical system is an evolved form of healthcare that likely originated in some of the earliest human civilizations. | Consider reframing the sentence. | Though the system is named after the ancient Greek culture ("Unan" being the Greek name), but many researchers and historians advocate that this medical system is an evolved form of healthcare that likely originated in some of the earliest human civilizations. | Accepted and modified accordingly |
| 2. | Technical | FORWARD  Para 2 , Last Line | In the contemporary era, Unani Medicine has matured into a fully-fledged scientific discipline in the domain of healthcare and healing, with India serving as a prominent epicentre of this ~~pathy~~ | Consider replacing the word ‘Pathy’ with ‘system of medicine’. | In the contemporary era, Unani Medicine has matured into a fully-fledged scientific discipline in the domain of healthcare and healing, with India serving as a prominent epicenter of this system of medicine. | Necessary changes are made |
| 3. | Technical | FORWARD  Para 3 , Line 4 | ..with a notable emphasis on prioritizing ~~Regimen~~ therapy and dietotherapy. | Consider replacing word ‘Regimen’ with ‘Regimenal’ | with a notable emphasis on prioritizing Regimenal therapy and dietotherapy. | Necessary Changes are made |
| 4. | Editorial | 3.7 & 3.8 | suction pump  negative pressure | Consider first letter in capital form. | Suction Pump  Negative Pressure | Accepted and modified accordingly |
| 5. | Editorial | 4.1.1 | Minimum no. of rooms: 02, one for Consultation and one for ~~doing~~ Procedure. | Consider replacing ‘doing’ with ‘performing the procedure’ as suggested in the next column. | Minimum no. of rooms: 02, one for the Consultation and one for performing the procedure. | Accepted and modified accordingly |
| 6. | Editorial | 4.1.1 | When the healthcare provider (Practitioner) offers rooms in its own facilities, these shall have the necessary space for the patients and the adequate equipment | Consider reframing of the sentence. | When the healthcare provider (Practitioner) has the required rooms in his own facility, the rooms should have sufficient space for the patients and should be adequately equipped. | Panel convener may decide |
| 7. | Editorial | 4.1.1 | These rooms shall have adjustable natural lighting, thermal insulation ~~and~~ to ensure a comfortable temperature for the patients, as well as acoustic insulation and conditioning to allow the patients to rest. | Remove the word ‘and’. | These rooms shall have adjustable natural lighting, thermal insulation to ensure a comfortable temperature for the patients, as well as acoustic insulation and conditioning to allow the patients to rest. | Accepted and modified accordingly |
| 8. | Editorial | 4.2. | Ḥijāma Practitioner A professional qualified in any of the legally recognized ~~system~~ of medicine and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable. | Replace ‘system’ with ‘systems’ | A professional qualified in any of the legally recognized systems of medicine and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable | Accepted and modified accordingly |
| 9. | Technical | 5.1.3 (i) | He should be provided with videos and all of his uncertainties should be resolved. | Consider adding (if required or asked by the patient).  *Since video recording may not always be done by the practitioner.* | He should be provided with videos (if required or asked by the patient) and all of his uncertainties should be resolved. | Accepted and modified accordingly |
| 10. | Editorial | 5.1.5 | The patient care shall be planned and recorded on the ~~patient history~~ by healthcare provider (Practitioner). | Replace the word ‘patient history’ with Case Record Form. | The patient care shall be planned and recorded on the Case Record Form by healthcare provider (Practitioner). | Panel Convener |
| 11. | Editorial | 5.1.5 | Note:  Regarding the Ḥijāma (Cupping therapy), the following investigational procedures shall be ~~met~~ | Replace ‘met’ with ‘carried out’ | Note: Regarding the Ḥijāma (Cupping therapy), the following investigational procedures shall be carried out. | Accepted and modified accordingly |
| 12. | Editorial | 5.1.5 | No investigations required for performing *Ḥijāma bilā Sharṭ*. Complete Haemogram, Bleeding• Time, Clotting Time, Random Blood Sugar, Platelet count, HBsAg, HIV, HCV to be performed before Ḥijāma Bi’l Sharṭ. | Reorder the sentence as suggested in the next column. | *Ḥijāma bilā Sharṭ*:  No investigations required for performing.  *Ḥijāma Bi’l Sharṭ* Complete Haemogram, Bleeding Time, Clotting Time, Random Blood Sugar, Platelet count, HBsAg, HIV, HCV to be performed before Ḥijāma Bi’l Sharṭ. | Deliberate in AYD-04 TC meeting |
| 13. | Editorial | 5.2.1 | Ḥijāma Bilā Sharṭ: The patient shall be assist• | Replace ‘assist’ with ‘assisted’ | The patient shall be assisted in positioning either on the Ḥijāma table or the Ḥijāma chair…….. | Accepted and modified accordingly |
| 14. | Editorial | 5.2.1 | A sterilized disposable cup place.. | Reorder the sentence | Place a sterilized disposable cup on the designated skin zone's,….. | Accepted and modified accordingly |
| 15. | Editorial | 5.3.1 | General Instructions for Patients:  After Ḥijāma bi’l Sharṭ, patient is advised to take bed rest and avoid physical exertion ~~besides~~.• | Remove the word besides at the end of the sentence. | After Ḥijāma bi’l Sharṭ, patient is advised to take bed rest and avoid physical exertion | Accepted and modified accordingly |
| 16. | Editorial | 5.3.1 | Patients are advised to avoid dairy or spicy foods ~~in a little~~ while after Ḥijāma. | Replace the word ‘in a little’ with ‘for a while’ | Patients are advised to avoid dairy or spicy foods for a while after Ḥijāma. | Accepted and modified accordingly |
| 17. | Technical | - | 5.3.1 and 5.3.2 may be interchanged wrt position. | - | *-* | ok |
| 18. | Editorial | 5.3.6 | Soreness and Discomfort: Mild soreness or discomfort is ~~normally~~ a | Replace word ‘normally’ with ‘normal’. | Mild soreness or discomfort is normal | Accepted and modified accordingly |
| 19. |  |  | Infection: Practitioners should adhere to strict hygiene protocols to minimize the risk of infection. If any signs of infection (redness, swelling, increased pain) occur, patients should seek medical attention promptly. Antibiotics may be prescribed under the ~~guiding~~ of registered medical practitioner, if necessary | Replace the word ‘guiding’ with ‘guidance’ | Infection: Practitioners should adhere to strict hygiene protocols to minimize the risk of infection. If any signs of infection (redness, swelling, increased pain) occur, patients should seek medical attention promptly. Antibiotics may be prescribed under the guidanceof registered medical practitioner, if necessary | Accepted and modified accordingly |
| 20. | Editorial |  | Allergic Reactions: Practitioners should inquire about any known allergies before the procedure. If an allergic reaction occurs, the affected individual should receive prompt medical attention. Anti-allergic or other medications may be administered to manage allergic symptoms under the ~~guiding~~ | Replace the word ‘guiding’ with ‘guidance’ | Allergic Reactions: Practitioners should inquire about any known allergies before the procedure. If an allergic reaction occurs, the affected individual should receive prompt medical attention. Anti-allergic or other medications may be administered to manage allergic symptoms under the ~~guidance.~~ | Accepted and modified accordingly |
| 21. | Editorial |  | Dizziness or Fainting:  If fainting occurs, ~~placing~~ the patient….. | Replace the word ‘placing’ with ‘place’. | Dizziness or Fainting: If fainting occurs, place the patient…… | Accepted and modified accordingly |
| 22. | Editorial | General Considerations for Procedure Room  2nd point. | These help in reducing the risk of airborne contaminants and ~~ensures~~ a comfortable atmosphere for both the practitioner and the individual receiving cupping therapy | Replace the word ‘ensures’ with ‘ensure. | These help reduce the risk of airborne contaminants and ensure a comfortable atmosphere for the practitioner and the individual receiving cupping therapy. | Accepted and modified accordingly |
| 23. |  | General Considerations for Emergency Response Room. 1st line |  | Some minor grammatical and vocabulary modifications to make the sentences grammatically correct. | The healthcare provider (practitioner) shall establish, implement and maintain an emergency plan that defines:  1. the steps to be followed in case any medical emergency or complication occurs (for example person to contact, medical transportation);  2. that the facility should have well-defined emergency response procedures in case of unexpected events.  3.  the basic first aid equipment to emergency situations, such as a first aid kit, should be readily available.  4.  the necessary training for the planned response;  5. the communication of the plan to all staff, including their duties and responsibilities relating to its execution; 6. the communication to patients, visitors and other third parties;  7. the communication with the relevant emergency response services and other government or local authorities where necessary.  8. that an emergency drill shall be conducted periodically and the results shall be documented. | Ok |
| 24. |  |  | The healthcare provider (practitioner) shall inform the patients and ~~Medical Attendant~~, if needed, on how to act in the case of medical emergency | the medical attendant (small letters) | The healthcare provider (practitioner) shall inform the patients and the medical attendant, if needed, on how to act in the case of medical emergency | Accepted and modified accordingly |
| 25. | Editorial | Appendix 2 | ḤIJĀMA (CUPPING) INFORM CONSENT FORM | Replace ‘Inform’ with ‘Informed’ in the title of appendix 2 | Informed Consent Form | Accepted and modified accordingly |
| 26. | Editorial | Appendix 2 | I give my consent to perform Hijama. I have asked all necessary questions and have had any concerns addressed | Omit the sentences. It is a repetition.  Next sentence should also be in present form. | I have asked all necessary questions and have got my concerns addressed. | Panel Convener |
| 27. | Editorial | Appendix 2 | Name and Signature of Participant | Replace ‘Participant’ with ‘Patient’.  Pt. No. 1 of informed consent mentions ‘Patient Name and not participant name. The uniformity of the terms should be maintained throughout the document. |  | Accepted and modified accordingly |
| 28. | Technical | Appendix 3 | SELF DECLARATION FORM’.  Are you having Ḥijāma (Cupping) first time? Yes No  If yes, Date of the last Ḥijāma (Cupping) …………………….. | Consider reframing the last point.  If the answer is YES, that means patient is indicating that he is having present cupping for the first time) | Have you got cupping done in the past?  Yes No  (if yes Details thereof)  One more Question may be added.  Did you have any side effect/complication reported in the last cupping procedure?  Yes No | Accepted and modified accordingly |
| **29.** | **Technical** | **Case Record Form** | XII. TREATMENT ADVICE | **Consider replacing ‘Treatment Advice’ with ‘Procedure advised’.**  **Follow up visit record and No. of sitting for procedure may also be added in the CRF after the Procedure advised.** | ***No. of Sittings Required/Advised.***  ***Follow up 1, 2 etc*** | Panel convener |
| **Dr. Bilal Ahmad** | | | | | |  |
|  |  | FORWARD  Para 2 , Line 3 | Greek name | name of Greece |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line1 | Unani System of Medicine | Unani Medicine |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line2 | Iläj bi’l-Dawä’ | *‘Ilāj bi’l Dawā’* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line3 | *Iläj bi’l-Ghidhä’* | *‘Ilāj bi’l Ghidhā’* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line3 | *Iläj bi’l-Tadbér* | *‘Ilāj bi’l Tadbīr* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line3 | *Iläj* | *‘Ilāj* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line4 | Ilāj bi’l Tadbīr | *‘Ilāj bi’l Tadbīr* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 3 , Line5 | regimenal therapy | "R" should be in capital form |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line1 | *Ilaj bil-Tadbir* | *‘Ilāj bi’l Tadbīr* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line3 | Imala | *Imāla* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | blood | Sanguine |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | phlegm | "P" should be in capital form |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | Safra | *Ṣafrā’* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | yellow | "Y" should be in capital form |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | Sauda | *Sawdā’* |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line4 | black | "B" should be in capital form" |  | Accepted and modified accordingly |
|  |  | FORWARD  Para 4, Line5 | Unani medicine | Unani Medicine or Unani medicine; kindly decide and keep it uniform in the whole document. |  | As per WHO “Unani medicine”  Accepted and modified accordingly |
|  |  | Clause 3 | **.** | **:** |  | Accepted and modified accordingly |
|  |  | Clause 3.1, Line2 | Imala | *Imāla* |  | Accepted and modified accordingly |
|  |  | Clause 3.1, Line2 | Tanqiya | in italic please |  | Accepted and modified accordingly |
|  |  | Clause 3.2 | **Optional Cupping** | Optional cupping therapy |  | Accepted and modified accordingly |
|  |  | Clause 3.3 | Zaruriyah | *Ḍarūriyya* |  | Accepted and modified accordingly |
|  |  | Clause 3.3 | Cupping | Obligatory cupping therapy |  | Accepted and modified accordingly |
|  |  | Clause 3.5 | matter | Add full stop |  | Accepted and modified accordingly |
|  |  | Clause 3.6 | *Ḥijāma bilā Sharṭ* (3.4), where vacuum is created with fire inside cup. | Ḥijāma (3.1) when vacuum is created with the help of fire. |  | Accepted and modified accordingly |
|  |  | Clause 4.1.2 | Ḥijāma bil Sharṭ: | *Ḥijāma bi’l Sharṭ* |  | Accepted and modified accordingly |
|  |  | Clause 5.1.1, Point 2 | helps | as it helps to |  | Accepted and modified accordingly |
|  |  | Clause 5.1.1, Point 3 | Abstinence from sexual intercourse or | Avoid |  | Accepted and modified accordingly |
|  |  | Clause 5.1.1, Point 4 | as it has been found experimentally harmful and such activity results in *Laqwa* (facial paralysis). | may be deleted |  | Deliberate in AYD-04 TC meeting |
|  |  | Clause 5.1.2, Point 1 | Savlon, Dettol | Trade names not to be included |  | Accepted and modified accordingly |
|  |  | Clause 5.1.2, Point 1 | Betadine | Trade names not to be included |  | Brand name deleted |
|  |  | Clause 5.1.5 | type of anaesthesia used (if needed), | it may be deleted, as it is not permitted for this procedure |  | Deleted |
|  |  | Clause 5.1.5, Point 1 | Bi’l | *bi'l* |  | Accepted and modified accordingly |
|  |  | Clause 5.1.5, Point 4 | temperament | "T" in capital form |  | Accepted and modified accordingly |
|  |  | Clause 5.2.1 | ***5.2.1*** | non-italic |  | Accepted and modified accordingly |
|  |  | Clause 5.2.1 | Bilā | b in place of B |  | Accepted and modified accordingly |
|  |  | Clause 5.2.1, Point 1 | assist | assisted |  | Accepted and modified accordingly |
|  |  | Clause 5.2.1, Point 2 | A sterilized disposable cup place | Place a sterilized disposable cup |  | Accepted and modified accordingly |
|  |  | Clause 5.2.2 | ***Ḥijāma-i-Nāriya*** | *Ḥijāma bi’l Nār* also known as ***Ḥijāma Nāriyya*** |  | Accepted and modified accordingly |
|  |  | Clause 5.3.1, Point 2 | besides. | may be deleted |  | Deleted |
|  |  | Clause 5.3.1, Point 4 | Kasni | *Kāsī* |  | Accepted and modified accordingly |
|  |  | Clause 5.3.1, Point 5 | are | shall be advised |  | Accepted and modified accordingly |
|  |  | Clause 5.3.1, Point 5 | in a little while | for a little while |  | Accepted and modified accordingly |
|  |  | Clause 5.3.2, Point 2 | betadine lotion | Chemical name instead of brand name may be added |  | Brand name deleted |
|  |  | Clause 5.3.2, Point 2 | Hābis. | *Ḥābis* |  | Accepted and modified accordingly |
|  |  | Clause 5.3.4, Point 2 | of | off |  | Accepted and modified accordingly |
|  |  | Clause 5.3.4, Point 3 | of | off |  | Accepted and modified accordingly |
|  |  | Clause 5.3.6, Point 2 | normally | normal |  | Accepted and modified accordingly |
|  |  | Clause 5.3.6, Point 2 | Over-the-counter | may be deleted |  | Deleted |
|  |  | Clause 5.3.6, Point 3 | guiding | guidance |  | Accepted and modified accordingly |
|  |  | Clause 5.3.6, Point 4 | guiding | guidance |  | Accepted and modified accordingly |
|  |  | Appendix 2 | **CUPPING)** | CUPPING THERAPY |  | Accepted and modified accordingly |
|  |  | Appendix 2 | **INFORM** | INFORMED |  | Accepted and modified accordingly |
|  |  | Appendix 2, Point 5 | Cupping | Cupping therapy |  | Accepted and modified accordingly |
|  |  | Appendix 2, Point 5 | two weeks | more than one week |  | Accepted and modified accordingly |
|  |  | Appendix 2, Point 5 | look | appear |  | Accepted and modified accordingly |
|  |  | Appendix 2, Point 5 | Hijama. | *Ḥijāma* |  | Accepted and modified accordingly |
|  |  | Appendix 3, Point 3 | procedure | ? |  | Accepted and modified accordingly |
|  |  | Appendix 3, Point 3 | Cupping | Cupping therapy |  | Accepted and modified accordingly |
|  |  | Appendix 3, Point 3 | Date | date |  | Accepted and modified accordingly |
|  |  | Appendix 3, Point 3 | Cupping | Cupping therapy |  | Accepted and modified accordingly |
|  |  | Appendix 4, Point 3 | Mijaz | *Mizāj* (Temperament) |  | Accepted and modified accordingly |

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| Name : Amanullah Haji Technical Committee : AYD4 Doc No. / IS : AYD/4/24768 | | | | | | |
| **SNo.** | **Clause / Subclause No.** | **Paragraph No./Figure No./Table No.** | **Type of Comment** | **Original Draft** | **Proposed** | **Remark** |
| 1 | 3.2 | N/A | Editorial | May consider replacing the term ‘Optional Cupping’ with ‘Elective Cupping’ or ‘Voluntary Cupping’ as English translation of *Ḥijāma Ikhtiyāriyya* | *Ḥijāma Ikhtiyāriyya (Elective Cupping or Voluntary Cupping)* | Deliberate in AYD-04 TC meeting |
| 2 | 4.1.2 | N/A | Editorial | In my opinion in house diagnostic facilities should not be made mandatory for *Hijama* Centres. Furthermore basic facilities to manage patients in case of emergency should be limited to first-aid only. | may be deleted/modified | Deliberate in AYD-04 TC meeting |
| 3 | 5.1.1 | N/A | Editorial | Avoid taking eggs before *Ḥijāma bi’l Sharṭ* as it has been found experimentally harmful and such activity results in *Laqwa* (facial paralysis). This may be added only if authentic references are available. | may be deleted in case of lack of authentic references | Deliberate in AYD-04 TC meeting |
|  | 4 | 5.1.3 | Editorial | “Inform Consent” may be replaced by “Informed Consent” | Informed Consent | *Accepted and modified accordingly* |
|  | 5 | Appendix 2 | Editorial | *ḤIJĀMA (CUPPING) INFORM CONSENT FORM may be replaced by ḤIJĀMA (CUPPING) INFORMED CONSENT FORM* | *ḤIJĀMA (CUPPING) INFORMED CONSENT FORM* | *Accepted and modified accordingly* |
|  | 6 | Appendix 2 | Editorial | May consider replacing “I give my consent to perform *Hijama*” by “I give my consent to undergo the procedure of *Hijama*” | I give my consent to undergo the procedure of *Hijama* | *Accepted and modified accordingly* |
|  | 7 | Appendix 3 | Editorial | Do you have severe chronic disease such as Heart Disease?  Chronic Liver, Kidney and Lung disease may also be added | Do you have any chronic Heart/Liver/Lung or Kidney disease? | *Accepted and modified accordingly* |
|  | 8 | Appendix 3 | Editorial | May consider deleting “Do you have Lymphedema or Anemia?” in the SELF DECLARATION FORM as the patient may not be in a position to declare whether he/she is having Lymphedema or Anemia. Furthermore this is a part of clinical examination. | May be deleted | *Accepted and modified accordingly* |
|  | 9 | Appendix 3 | Editorial | “Do you have recently given blood or undergone a medical procedure” may be rephrased as “Have u donated blood or undergone a surgical procedure recently?”. Furthermore “if yes mention the date” may be added | Have u donated blood or undergone a surgical procedure recently. Yes or No. If Yes mention the date.......... | *Accepted and modified accordingly* |
|  | 10 | Appendix 3 | Editorial | If yes, Date of the last *Ḥijāma* (Cupping) may be replaced by If no, Date of the last *Ḥijāma* (Cupping) …………………….. | If yes, Date of the last *Ḥijāma* (Cupping) …………………….. | Modified accordingly |
|  | 11 | Appendix 4 | Editorial | Alcohol: Occasional/Regular may be replaced by Alcohol Intake: Yes or No so as to add option for nonalcoholic. Furthermore “If Yes type of intake: Occasional/Regular/Heavy may be added. | Alcohol Intake: Yes or No. If Yes type of intake: Occasional/Regular/Heavy | *Accepted and modified accordingly* |
|  | 12 | Appendix 4 | Editorial | Pallor and Icterus are missing in General examination | Pallor and Icterus may be added | Added in draft |
|  | 13 | Appendix 5 | Editorial | *Nuqra* (Nap of the neck) "Nap of the neck" may be replaced by "Nape of the neck" | Nape of the neck | *Accepted and modified accordingly* |