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भारतीय मानक मसौदा

हिजामा (कपिंग थेरेपी)-रीती संहिता

Draft Indian Standard

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

ICS 11.120.10

Unani Sectional Committee, AYD-04 **Last Date of Comments: 27 July, 2024**

FOREWORD

(Formal Clauses will be added later)

A global resurgence of interest in comprehensive health care systems is evident, especially in addressing the prevention and management of lifestyle-related disorders, chronic non-communicable diseases, and systemic ailments. It is now widely acknowledged that no singular healthcare system can adequately address all the diverse health needs of contemporary society. Consequently, there is a growing recognition for a new, inclusive, and integrated healthcare approach that can effectively guide future health policies and programs.

Unani Medicine is one of the Ayush systems of healthcare that constitutes an integral component of India's primary healthcare structure. Though the system is named after the ancient Greek culture ("Unan" name of the Greece), 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. Its roots might even stretch back to the ancient Mesopotamian or Egyptian civilizations. Over countless generations, this medical system has thrived across diverse geographical landscapes, spanning regions from Greece, Iran, the Middle East, to Southeast Asia. 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 medicine.

In the holistic approach of the Unani medicine, prevention is paramount; however, when diseases arise, four distinct treatment modalities are employed, namely *'Ilāj bi'l Dawā'* (Pharmacotherapy), *'Ilāj bi'l Ghidhā'* (Dietotherapy), *'Ilāj bi'l Tadbīr* (regimenal therapy), and '*Ilāj bi'l-Yad* (Surgery), with a notable emphasis on prioritizing Regimenal therapy and Dietotherapy. *'Ilāj bi'l Tadbīr* (Regimenal therapy) consists mostly of non-medicinal methods that modify lifestyle for health maintenance and disease management.

Ḥijāma (cupping therapy) is one of the regimens of *''Ilāj bi'l Tadbīr* practiced widely throughout the world. It involves applying suction cups to the skin to draw out or divert morbid blood and other bodily humours guided by the principles of *Imāla* and *Tanqiya*. The aim is to keep the four bodily humors *Dam* (Sanguine), *Balgham* (Phlegm), *Ṣafrā'* (Yellow bile) and *Sauda* (Black bile) in balance in accordance with the basic fundamentals of Unani medicine.

This Standard will provide the requirements for the techniques and the practice guidelines. It will help in providing guidance to Unani Physicians, Researchers, Academicians, Lifestyle modification trainers etc., to utilize *Ḥijāma* (cupping therapy) appropriately and help establish it as an internationally recognised tool for Preventive, Personalized and Prophylactic treatment through Unani Medicine.

1. SCOPE

This standard specifies general requirements and benchmarks for the practice of *Ḥijāma* (cupping therapy).

2. REFERENCES

The standards listed below contain provisions which, through reference in this text, constitute provision of this standard. All standards are subject to revision, and parties to agreement based on this standard are encouraged to investigate the possibility of applying the most recent editions of the standards.

LIST OF STANDARDS REFERRED

(Clause 2)

IS/ISO 11135 : 2014 ISO 11135 : 2014	Sterilization of health - Care products - Ethylene oxide - Requirements for the development, validation and routine control of a sterilization process for medical

	devices
IS/ISO 11137-1 : 2006 ISO 11137-1 : 2006	Sterilization of health care products - Radiation: Part 1 requirements for development, validation and routine control of a sterilization process for medical devices
IS/ISO 11137-2 : 2013 ISO 11137-2 : 2013	Sterilization of health care products - Radiation: Part 2 establishing the sterilization dose
IS/ISO 11137-3 : 2017 ISO 11137-3 : 2017	Sterilization of Health Care Products - Radiation Part 3 Guidance on Dosimetric Aspects of Development, Validation and Routine Control
IS 18319 (Part 1) : 2023 ISO 17665-1:2006	Sterilization of health care products Moist heat Part 1: Requirements for the development validation and routine control of a sterilization process for medical devices
IS/ISO 14937 : 2009 ISO 14937:2009	Sterilization of health care products General requirements for characterization of a sterilizing agent and the development validation and routine control of a sterilization process for medical devices
ISO 19611:2017	Specifications for Air extraction cupping Device
ISO 22213:2020	Specifications for Glass Cupping Device

3. TERMS AND DEFINITIONS

For the purposes of this document, the following terms and definitions apply:

3.1. *Ḥijāma* (cupping therapy)

A technique in which cups are placed on the skin to create localized negative pressure by means of either heat or a suction pump for facilitating *Imāla* or *Tanqiya*

3.2. *Ḥijāma Ikhtiyāriyya* :(Elective Cupping or Voluntary Cupping)

Ḥijāma (3.1) carried out for prevention and promotion of health.

3.3. *Ḥijāma Ḍarūriyya* (Obligatory cupping):

Ḥijāma carried out for a diseased condition.

3.4. *Ḥijāma bilā Sharṭ* (Dry cupping)

Ḥijāma (3.1) without scarification; only application of cup with vacuum creation within it for diversion of morbid matter.

3.5. *Ḥijāma bi'l Sharṭ* (Wet cupping)

Ḥijāma) with scarification for bloodletting to achieve local evacuation of morbid matter.

3.6. *Ḥijāma bi'l Nār* (Fire cupping)

Ḥijāma when vacuum is created with the help of fire.

3.7. Suction pump

A device for generating negative pressure in a cupping device. ISO 19611:2017 and ISO 22213:2020

3.8 Negative pressure

Air pressure generated by a suction pump in the inner cavity of the body of the cupping devices. ISO 19611:2017 and ISO 22213:2020

3.9 *Miḥjama*

Cup which maintains negative pressure generated by a suction pump and has an internal cavity and an open end to contact the body surface.

3.9. *Imāla*

Diversion of morbid matter/humour from affected site to another site, or increase in flow of humours towards a specific site.

3.10. ***Tanqiya***

Induced elimination of morbid material from the body, usually done after proper concoction.

3.11. ***Muḥtajim***

Person to whom cupping procedure is applied.

3.12. ***Mā' al-'Asal*** **(Honey water)**

Liquid preparation of water and purified honey in a specific ratio; the mixture is boiled for some time and filtered

4. REQUIREMENTS

4.1. *Ḥijāma* Centre

4.1.1 Basic-level procedures i.e *Ḥijāma bilā Sharṭ* or any other cupping technique without scarification: Minimum no. of rooms: 02, one for **Consultation** and one for performing the **Procedure.**

When the healthcare provider (Practitioner) offers rooms in its own facilities, these shall have the necessary space for the patients and the adequate equipment.

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. They shall have an accessible bathroom en-suite. **(Annex 1).**

4.1.2 Advanced-level procedures i.e. *Ḥijāma bi'l Sharṭ*: In addition to above, following facilities are required:

- Diagnostic facilities or arrangements for all necessary and relevant laboratory investigations.
- Essential facilities for handling patients during emergencies.

4.2. *Ḥijāma* Practitioner

A professional qualified in Unani medicine and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable.

4.3. *Miḥjama*

As per published standards for Air extraction cupping Device and for Glass Cupping Device. ISO 19611:2017 and ISO 22213:2020

4.4. Sterilization of *Miḥjama*

As per the published standards for sterilization of healthcare products. IS/ISO 14937 : 2009 ISO 14937:2009

4.5. Maintenance of *Miḥjama*

As per the published standards for biological evaluation of medical devices.

5. PROCEDURES

5.1 Pre- Procedures

5.1.1 General Instructions for patients:

- Complete fasting for 3 to 4 hours before *Ḥijāma bi'l Sharṭ*. No fasting is needed for other types of *Ḥijāma*.
- Warm shower before session as it helps to stimulate blood circulation and promote release of blood stasis.
- Avoid sexual intercourse or strenuous activities before *Ḥijāma bi'l Sharṭ.*
- Avoid taking eggs before *Ḥijāma bi'l Sharṭ*.

5.1.2 Part preparation

- Prior to *Ḥijāma*, the designated site needs to be cleaned with antiseptic solution. Chlorohexidine gluconate solution or 10% Pov iodine solution may be used.
- If *Ḥijāma* is done on hairy parts, then the site should be shaved as hair hinders the application of cups.
- ***Ḥijāma bilā Sharṭ*** **(Dry cupping)** Oils having softening, resolving and vasodilator properties can be applied according to seasons.

5.1.3 Inform Consent (Annx 2)

a) The patients shall be informed about those issues related to the planned medical procedure, in order to make an informed decision.
b) The healthcare provider (Practitioner) shall have documented procedures and forms to obtain, when needed, the patient's informed consent before the treatment, considering a cooling-off period.
c) Documented procedures shall include who, besides the patients, is allowed to give the informed consent.
d) The informed consent shall be documented and shall specifically include:

   1) explanation of the treatment and contraindications;
   2) benefits of the treatment;
   3) risks of the treatment;
   4) specific risks for the patients;
   5) therapeutic alternatives.

e) The informed consent shall be signed by the patients or their legal representative if they lack the capacity to sign it.
f) The healthcare provider (Practitioner) shall give the patients the option to ask questions, if he or she has any doubt, and the healthcare provider (Practitioner) shall answer them. The informed consent can be asked for more than once during the treatment, if the risk of the medical procedures to be carried out is high. Furthermore, the option to revoke the informed consent shall be given to the patients.
g) The informed consent shall be available and officially translated into a language which can be understood by the patients (Bilingually).
h) The patient's personal data shall be available only to authorized staff.
i) He should be provided with videos (if required or asked by the patient) and all of his uncertainties should be resolved.

5.1.4 Self-Declaration

A self-declaration questionnaire pertaining to the family history, personal history, allergies, medication, history and last time the patient received *Ḥijāma* should be taken especially if patient is having *Ḥijāma bi'l Sharṭ* for the first time. (**Annex 3**)

5.1.5 History taking

The patient care shall be planned and recorded on the Case Record Form by healthcare provider (Practitioner). The patient's history shall be accessible only to authorized staff and shall include at least the medical procedures performed on the patients, medication, surgical information, reactions and outcomes. (**Annex 4**). History of present illness is the critical step in determining the aetiology of the underlying disease condition.

Note: Regarding the Ḥijāma (Cupping therapy), the following investigational procedures shall be carried out:

- 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*.
- Other investigations (if required) relevant to the disease of the patient for which he /she came for *Ḥijāma* may be done.
- Blood values should be checked before each session and if the patient's Hb value is below 10gm%, *Ḥijāma bi'l Sharṭ* should be avoided or may be done with extra caution.
- *Mizāj* (Temperament) of the patient shall be assessed using the standard proforma for assessment of *Mizāj* developed by Central Council for Research in Unani Medicine (CCRUM), Ministry of Ayush, Government of India.

5.1.6 Safety measures

5.1.6.1 For practitioners:

- They should be required to wear sterilized gloves to prevent the blood borne diseases. Washing hands with soap and water constitutes the easiest strategy for hand hygiene recommended by the Centers for Disease Control. Proper hand hygiene should be followed.
- They should be required to wear sterilized surgical mask and sterilized surgical gown or PPE kit (if required).
- They should ensure that they have received immunization against Hepatitis B.

5.1.6.2 For patients:

- Patient shall be covered except for the site of *Ḥijāma* with a sterilized sheet. Disposable sterilized sheets are recommended.
- Patient shall be required to put on loose clothes or disposable gown.
- Preceding *Ḥijāma*, it is advisable to sterilize the skin as part of the pre-incision process. The specific instructions for this procedure are outlined in the section on part preparation **(5.1.2**).

5.2 Procedure

5.2.1 *Ḥijāma bilā Sharṭ*

- The patient shall be assisted in positioning either on the *Ḥijāma* table or the *Ḥijāma* chair, depending on the specific assisted, ensuring exposure of the affected area.
- Place a sterilized disposable cup on the designated skin zone's, flat section and apply negative pressure, adjusting intensity based on the need, using either an electronic or manual suction machine/pump.
- Allow the cup to remain attached to the skin for a duration of 20 minutes.
- Keep 2 centimeters distance between the cups, if more than one cup is to be applied.
- Remove the cup by pulling the valve to release the air inside. Simultaneously, hold the cup's belly between the thumb and forefinger of one hand while depressing the skin near the rim of the cup with the other hand.

5.2.2 *Ḥijāma bi'l Nār also known as Ḥijāma Nāriyya*

The steps should be same as above except for the procedure used for creating vacuum with fire, which is as follows:

- Position a coin on the designated site and apply some camphor onto the coin.
- Ignite the camphor and position the chosen cup over the coin.

OR

- Use forceps to hold a cotton ball soaked in alcohol or spirit, ignite it, swiftly insert the flame into the cup, promptly remove it, and rapidly place the cup on the targeted site.

5.2.3 *Ḥijāma bi'l Sharṭ*

The steps are same as above except for the procedure used for blood letting, which is as follows:

- Make superficial cuts, approximately 2mm in length and 1mm in depth, over the cupped area using an 11-no. sterile surgical blade.
- Attach the same cup to the scarified site and create a vacuum.
- Remove the cups after a duration of 10 minutes.
- Cleanse the cupped area with antiseptic lotion and apply a bandage, if deemed necessary.

5.3 Post- Procedures:

5.3.1 General Instructions for Patients

- After *Ḥijāma bi'l Sharṭ*, patient is advised to take bed rest and avoid physical exertion. Patient should not be allowed to take heavy meals soon after therapy.
- *Fattoush* (Fruit and vegetable mixture) should be given after *Ḥijāma bi'l Sharṭ*. (*It is rich in antioxidants and Vitamin C and helps in rebuilding collagen and soft tissues. They play an important role in healing and proper functioning of the body*).

- *Mā' al-'Asal* (Honey water) is served after *Ḥijāma bi'l Sharṭ*. Lemon juice can be added, if the patient is having bilious temperament.
- For the patient having bilious temperament, it is recommended to take sour Pomegranate juice (*Prunica granatum* L.), *Kāsnī* (*Cichorium intybus* L.) and vinegar.
- Patients shall be advised to avoid dairy or spicy foods for a little while after *Ḥijāma*.
- Patients shall be advised to avoid sexual intercourse within 24 hours after *Ḥijāma*.
- Patients shall be advised to avoid red meat for 24-hours after *Ḥijāma*.
- Patients shall be advised to remain in the facility for a certain duration for monitoring of vitals post procedure. They are also instructed to promptly report any issues or problems that may arise after discharge.
- Patient shall be advised to take adequate rest depending on the case before resuming normal activities.
- Patients are instructed to remove the dressing after 24 hours.

5.3.2 Patient Care

- Vitals should be recorded once again in sitting position to check any variation after procedure.
- Site should be cleaned with sterile gauze piece soaked in (10% Pov iodine solution) and dressed immediately with ointment e.g. *Marham Safed Kāfūrī* or Turmeric powder or *Safūf Ḥābis* Sterile gauze pieces, sterile pad, & bandages-size depending on the site should be used.
- Scarification marks should be covered to ensure they are able to return to normal without the interference of external stressors like sun, dirt, and pollution. The incisions should be covered with bandage. Sterilized gauze piece either woven or non-woven can be used, the typical open weave of gauze helps absorb wound fluid as aids in cleaning of dead tissue from skin.

5.3.3 Follow up

- The healthcare provider (Practitioner) shall define the follow-up procedure, assist the patients in the post-procedure follow-up and act accordingly. Patient is advised to come for follow up usually after 7days in case of *Ḥijāma bi'l Sharṭ*.

5.3.4 Waste Disposal:

Disposal of Cups, Blood, dressing materials and blade etc. should be done according to the biomedical waste management guidelines.

- The blood soiled gauze, cotton or any material should be disposed of in yellow colored bin.
- Gloves should be disposed-off in red coloured bin.
- Blades should be crushed after use or disposed-off in white proof puncture box.
- Gown, disposable sheets, caps, masks should be disposed of in red bins.

Note: post-cupping disinfection procedures should be diligently carried out to mitigate the risk of infection.

5.3.5 Cleaning, disinfection and sterilization

The healthcare provider (practitioner) shall designate a responsible person to ensure cleaning, disinfection and sterilization.

A cleaning and aseptic plan shall be defined, documented and implemented based on the clinical risk assessment. The healthcare provider (practitioner) shall ensure a high level of cleanliness, taking into account the healthcare provision, the needs and the cleaning routines. All the healthcare provider's facilities (for example common areas, rooms) shall be properly cleaned and disinfected. The healthcare provider shall perform bacteriologic and microbiological controls in the environment to support the efficacy of the cleaning and disinfection products.

Cleaning activities should be carried out in a way that minimizes the discomfort of the patients.

5.3.6 Management of complications:

Complications in wet cupping are generally rare, but it's important to be aware of potential issues and their management. Here's an account of complications and their possible management:

- **Bruising and Skin Discoloration:** These are common but usually harmless. Applying a cold compress to the affected area can help reduce swelling and discoloration. Patients should be reassured that these effects are temporary.
- **Soreness and Discomfort:** Mild soreness or discomfort is normal and often resolves on its own. Pain relievers, rest, and avoiding strenuous activities may help alleviate these symptoms.
- **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 guidance of registered medical practitioner, if necessary.
- **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 of registered medical practitioner, if necessary.
- **Scarring:** Proper cupping techniques and adherence to post-cupping care instructions can reduce the risk of scarring. Scar management should involve topical treatments or interventions, depending on the severity.
- **Dizziness or Fainting:** Patients should be positioned comfortably, and the environment should be calm. Ensuring proper hydration and addressing any anxiety-related issues can help prevent dizziness or fainting. If fainting occurs, the patient in a lying position with raised legs.

6. Specific Sites with specifications of *Miḥjama* Annex 5

Annex 1

General Considerations for Consultation Room

1. **Privacy and Confidentiality:**
   - Ensure the consultation room provides privacy for patients during examinations.
   - Use sound proofing measures to minimize noise and maintain confidentiality.
2. **Comfortable Seating:**
   - Comfortable seating arrangements for both practitioners and patients to facilitate open communication.
3. **Adequate Lighting:**
   - The room should be well-lit with adjustable lighting to create a comfortable and focused atmosphere. Use natural light whenever possible and supplement it with appropriate artificial lighting.
4. **Proper Ventilation:**
   - Maintain good air quality by ensuring proper ventilation in the consultation room.
   - Regularly check and clean air vents to prevent dust accumulation.
5. **Temperature Control:**
   - Implement effective temperature control to ensure the room is comfortable for both practitioners and patients.
   - Consider adjustable thermostats or heating/cooling systems.
6. **Patient Education Materials:**
   - Have educational materials, brochures, or visuals available to help clients understand cupping procedures, aftercare, and potential side effects. The services provided should displayed bilingually.
   - Ensure the information is presented in a clear and accessible manner.
7. **Sanitary Measures:**
   - High level of cleanliness by regularly sanitizing all surfaces, including tables, chairs, and equipment. Easily accessible hand sanitizers.

General Considerations for Procedure Room

1. **Dedicated and Hygienic Space:** The cupping facility should have a designated area that is clean, organized, and solely dedicated to cupping therapy. This helps prevent cross-contamination and ensures a focused and professional environment for the practice.
2. **Appropriate temperature and Adequate Ventilation:** Optimal temperature and proper ventilation are crucial in the cupping area. These help in reducing the risk of airborne contaminants and ensure a comfortable atmosphere for both the practitioner and the individual receiving cupping therapy.
3. **Proper Lighting:** Sufficient and appropriate lighting is essential for the practitioner to accurately place the cups on specific areas of the body. This contributes to the precision and safety of the cupping procedure.
4. The area should comply with the local requirements for patient privacy and protection.

General Considerations for Emergency Response Room

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.

The healthcare provider (practitioner) shall inform the patients and medical attendant, if needed, on how to act in the case of medical emergency.

***ḤIJĀMA* (CUPPING THERAPY) INFORMED CONSENT FORM**

Patient Information:

1. **Patient Name:** _____
2. **Contact Information:** _____

Medical Procedure Details:

3. **Procedure Name:** _____
4. **Purpose of Procedure:** _____
5. **Potential Risks and Benefits:** _____

I, _____ (full name) hereby give my consent to _____(name of the practitioner) to perform *Ḥijāma* on me.

I understand the benefits, side effects, contraindications, and the possibility of *Ḥijāma* (cupping therapy) marks as part of the procedure. I understand that *Ḥijāma* (Cupping therapy) may leave in marks on my body and these marks can take anywhere from a few hours and more than one week to disappear. These can appear like a bruise. I understand the marks may or may not be tender to touch and that I will inform my practitioner, if I am uncomfortable at any time during my treatment.

I give my consent to undergo the procedure of *Ḥijāma*. I have asked all necessary questions and have had any concerns addressed.

Name and Signature of Patient **Name and Signature of Medical Practitioner**

SELF DECLARATION FORM

Patient Information:

1. Patient's Name: _____
2. Contact Information: _____

_____

_____

Medical Procedure Details: _____

3. Procedure Name: _____

- Do you suffer from Diabetes?

  Yes ☐ No ☐

- Do you suffer from Diabetes with complications or an acute infection?

  Yes ☐ No ☐

- Do you take anticoagulant medication ex. Aspirin, warfarin etc.?

  Yes ☐ No ☐

- Do you have severe chronic disease such as Heart Disease?

  Yes ☐ No ☐

- Are you pregnant?

  Yes ☐ No ☐

- Are you menstruating?

  Yes ☐ No ☐

- Have you donated blood or undergone a surgical procedure recently?

  Yes ☐ No ☐

  If Yes mention the date.....

- Are you on any medication?

  Yes ☐ No ☐

  If yes describe ……..

- Do you have bleeding disorder?

  Yes ☐ No ☐

- Do you have allergy to some medicines?

  Yes ☐ No ☐

If yes, describe ……

- Have you got cupping done in the past?

  Yes ☐ No ☐

If yes, date of the last *Ḥijāma* (Cupping therapy) ……..

- Did you have any side effect/complication reported in the last cupping procedure?

  Yes ☐ No ☐

CASE RECORD FORM

Date of Examination: ….……

I. Demographic Profile

Name of the Patient: ……..…….. …..……Father/Husband's Name…….

Age: ……Years Sex: M/F……..... Occupation: ……Qualification: ……

II. Personal History: -

1. Smoking: Y / N Duration:…….. Number of pack per day:……..

2.Alcohol: Y/N, If Yes Occasional/Regular/Heavy ……..

3.Others: (Tobacco, Pan, Bhang etc.):……..

III. *Mizāj* (Temperament*)* of the patient……

IV. Family details

Married/Unmarried: ……..

V. Present Complaints and duration: …….

…….

…….

VI. History of present illness: ……..

…….

VII. History of past illness (if any): …….

……..

VIII. General Examination:

- Height……cm
- Weight……Kg
- Nutritional Status: Normal/Under Nourished/Malnourished/Obese……
- Personal Hygiene……
- Cyanosis……Oedema……Skin……Clubbing…….Pallor……..Ictrus……
- Others:
- Pulse……../minute Temperature ……Blood pressure…….mm Hg

IX. Systemic Examination

1.Respiratory System: …….

2. CVS: ……

3. Per Abdomen: ……..

4. Nervous System:……

5. Others: …….

X. INVESTIGATIONS:

HB%: Clotting Time: Bleeding Time:

Random Blood Sugar:

HBs Ag: HIV: HCV:

XI. PROVISIONAL DIAGNOSIS: …….

…….

XII. TREATMEN ADVISED: ……

…….

No. of Sittings Required/Advised

Follow up 1, 2 etc

Specific Sites with specifications of *Miḥjama*

S.No.	مقامات حجامہ	*Maqamat-i Ḥijāma* **(Cupping sites)**	No of cup	Size of cup (Ø in mm)	No. of Incisions (every incision to be made at a distance of 2 or 3 mm)
1.	*یافوخ*	*Yāfūkh* middle of the head	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
2.	قمحدوة	*Qamaḥduwa* occiput	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
3.	*صدغین*	*Ṣudghayn* temporal region	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
4.	خلف الاذن	*Khalf al-Udhun* behind the ear	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
5.	*بین الحاجبین*	*Bayn al-Hajibayn* Between eyebrows	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
6.	*نقن / تحت النقن*	*Dhaqan /Taḥt al-Dhaqan* (Chin/ below the chin)	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
7.	*رقبۃ/عنق*	*Raqaba/Unuq* neck region	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
8.	*قفا*	*Qafā* nape of neck	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
9.	الاخدعین	*Akhda'ayn* lateral sides of the neck	1 cup (each side)	42 mm or 51mm diameter (3 or 4 No)	20-30
10.	منکب	*Mankib* shoulder	1-2 cup (each side)	51 mm or 60 mm or 68 mm diameter (4/5/6 No)	30-50
11.	کاهل	*Kāhil* interscapular region/between shoulders	4 cups	60mm or 68 mm diameter (5 or 6 No)	30-50
12.	*بطی الزندین*	*Baṭnay al-Zandayn* inner side of forearm	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
13.	رسغ الیدین	*Rusgh al-Yadayn* (Wrist joints- medial side)	1 cup	32 mm or 42mm diameter (2 or 3 No)	10-20
14.	عضلات الصدر	*Aḍlāt-i-Ṣadr* muscles of chest	1 cup	51 mm or 60mm or 68 mm diameter (4/5/6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not recommended
15.	ثدیین	*Mawḍa' al-Thadyayn* (on the breast, around	1-2 cups	51 mm or 60mm or 68 mm	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*.

		the breast & below the breast)		diameter (4/5/6 No)	*Ḥijāma bi'l Sharṭ* not recommended
16.	بطن	*Baṭn* abdomen	1-2 cup	60 mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferrred
17.	موضع المعده	*Mawḍa' al-Mi'da* on the site of stomach	1 cup	60mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not recommended
18.	موضع الكبد	*Mawḍa' al-Kabid* over the region of liver	2-4	60mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferred
19.	موضع الطحال	*Mawḍa' al- Ṭiḥāl* over the region of spleen	2-4	60mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferred
20.	موضع السرة	*Surra* umbilical region/around umbilicus	2-4	51 mm or 60 mm or 68 mm diameter (4/5/6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferred
21.	موضع القطن	*Qaṭan* lumber region	4-6 cups	51 mm or 60 mm or 68 mm diameter (4/5/6 No)	30-50
22.	موضع قدام المثانہ	*Qudām al-Mathāna* (over the Bladder)	2 cups	51 mm or 60 mm or 68 mm diameter (4/5/6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferred
23.	موضع الكلیۃ	*Mawḍa' al-Kulya* over the region of kidney	2-4 cups	60 mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not preferred
24.	موضع الحالبين	*Mawḍa' al-Ḥālibayn* (on the site of ureter)	3-4	60mm or 68 mm diameter (5 or 6 No)	*Ḥijāma bilā Sharṭ* or *Ḥijāma bi'l Nār*. *Ḥijāma bi'l Sharṭ* not recommended.
25.	موضع حق الورک	*Mawḍa' Ḥuqq al-Warik* over region of acetabulum of femur	4-6 cups	60 mm or 68 mm diameter (5 or 6 No)	40-50
26.	وركين	*Warikayn* hip region	4-6 cups	60 mm or 68 mm diameter (5 or 6 No)	40-50
27.	موضع العصعص	*Mawḍa' al-'Uṣ'uṣ* coccyx	1 cup	32 mm or 42 mm or 51mm diameter (2 or 3 or 4 No)	20-30
28.	مقعد	*Maq'ad* anal region	1 cup	42 mm or 51mm diameter (3 or 4 No)	10-16
29.	فخذ	*Fakhidh* thigh (anterior,	4-6	51 mm or 60mm or 68 mm	30-50

		posterior & medial of the thigh)		diameter (4/5/6 No)	
30.	ركبة	*Rukba* knee region	4 cup (one each side; lateral, medial, anterior and posterior)	51 mm/ 60mm/68 mm diameter (4/5/6 No)	30-50
31.	ساق	*Sāq* over calf muscle	2 cup	60 mm/68 mm diameter (5 or 6 No)	30-50
32.	كعب	*Ka'b* ankle region/below the ankle	1 cup	42 mm or 51mm diameter (3 or 4 No)	20-30
33.	قدمين	*Qadmayn* feet	1 cup	42 mm diameter (3 No)	20

No of incisions: Each incision to be made at a distance of 2 or 3 mm.
Size of cup: Size of cups is assigned numbers from smaller to larger i.e. 1-6 having following diameters:

No.1 Ø 29 mm
No.2 Ø 32 mm
No.3 Ø 42 mm
No.4 Ø 51 mm
No.5 Ø 60 mm
No.6 Ø 68 mm

IS 18319 (Part 1) : 2023 ISO 17665-1:2006:Sterilization of health care products Moist heat Part 1: Requirements for the development validation and routine control of a sterilization process for medical devices

IS/ISO 11137-1 : 2006
ISO 11137-1 : 2006:Sterilization of health care products - Radiation: Part 1 requirements for development, validation and routine control of a sterilization process for medical devices

IS/ISO 11137-2 : 2013
ISO 11137-2 : 2013:Sterilization of health care products - Radiation: Part 2 establishing the sterilization dose

IS/ISO 11137-3 : 2017
ISO 11137-3 : 2017:Sterilization of Health Care Products - Radiation Part 3 Guidance on Dosimetric Aspects of Development, Validation and Routine Control

IS/ISO 11135 : 2014
ISO 11135 : 2014:Sterilization of health - Care products - Ethylene oxide - Requirements for the development, validation and routine control of a sterilization process for medical devices

IS/ISO 14937 : 2009
ISO 14937:2009: Sterilization of health care products General requirements for characterization of a sterilizing agent and the development validation and routine control of a sterilization process for medical devices

ISO No.	Title
ISO 19611:2017	Specifications for Air extraction cupping Device
ISO 22213:2020	Specifications for Glass Cupping Device
ISO 10993:2018	Specifications for Biological evaluation of medical devices
ISO 14937:2009	Specifications for general requirements for characterization of a sterilizing agent and the development, validation and routine control of a sterilization process for medical devices
ISO 11135:2014	Specifications for sterilization of health-care products Ethylene oxide-Requirements for the development, validation and routine control of a sterilization process for medical devices
ISO 11137-1:2006	Specifications for sterilization of health care products- Radiation-Part1: Requirements for development, validation and routine control of a sterilization process for medical devices
ISO 17665-1:2006	Specifications for sterilization of health care products - Moist heat-Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices