A case series of burns from cupping therapy

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Introduction

Cupping therapy is a physical treatment that dates back 3000 years to ancient Egyptian, Middle Eastern, and Asian cultures.[1] A cup is heated by an accelerant and placed onto a target region on the body. A local negative pressure is induced which pulls the soft tissue into the cupping vessel, and causes focal hyperaemia (see Figure 1). This technique has been used to treat common ailments such as headaches, neuralgia, colds, and indigestions. Cupping, however, can result in adverse outcomes such as serious burns.

Case Series

We present three patients who were recently managed for cupping-related burns injuries at Royal North Shore Hospital in Sydney. All three burns were accidental, occurred during cupping at home, and were due to flame burns accelerated by methylated spirits.

A 31-year-old gentleman received cupping therapy for neck pain. He sustained Total Body Surface Area (TBSA) 27% mixed thickness burns to his scalp, abdomen, axilla, and upper limb, requiring biobrane dressings, debridement, and skin grafting (see Figure 2). A 70-year-old lady received cupping therapy for neck pain and sustained TBSA 3% mid-dermal burns to her neck and shoulders, which healed with dressings (see Figure 3). A 65-year-old lady sustained TBSA 1% superficial dermal hand burns from performing cupping therapy, which healed with dressings.

All three patients experienced recurrent flashbacks of the incident and required psychological support.

Figure 1. Cupping therapy.[4]

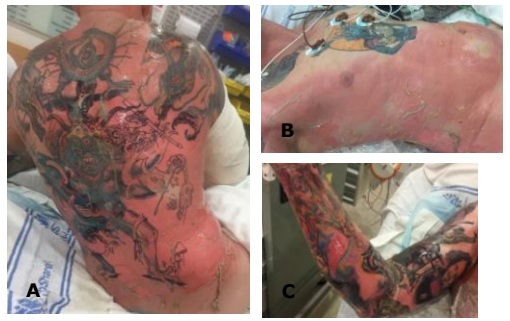

Figure 2. 31-year-old gentleman, Arrival in ED, TBSA 27% mixed thickness burns A. Back B. Axilla, chest, abdomen C. Right upper limb.

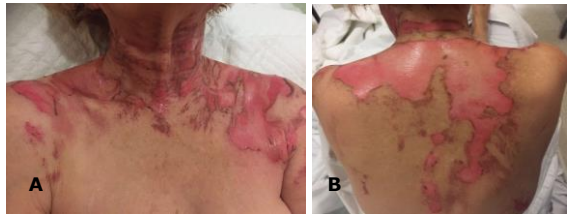

Figure 3. 70-year-old lady, Day 3, TBSA 3% mid-dermal burns A. Anterior neck and shoulders B. Posterior neck and back.

Discussion

Cupping therapy is traditionally used for musculoskeletal pain, as the negative pressure is thought to ease tight and congested muscles. Cupping is also used for its psychological effects to treat conditions such as anxiety and fatigue.[3] However, there is limited empirical evidence for its efficacy.[1]

There is a paucity of literature on burn injuries from cupping therapy other than a few case reports. The reported cases were usually of minor burns treated with dressings only.[2] In our case series, however, we found that significant burns from cupping can result, requiring operative debridement and skin grafting. Seifman et al. (2017) identified 20 patients who sustained cupping-related burns over 7 years in the Burns Registry of Australia and New Zealand database. Similar to our results, most of these burns occurred at home due to flame burns with the use of an accelerant (mostly methylated spirits). They reported that 85% of cupping-associated burns required debridement in the operating room and 40% of these patients went on to receive skin grafting.[1]

Conclusion

In conclusion, cupping therapy continues to be utilised for its potential physical and psychological benefits. While these burns are often minor and therefore possibly underreported, there can be significant burn injuries from cupping therapy. It is important to raise public awareness of the potential dangers of cupping therapy and to highlight fire safety especially in association with accelerant use.

Reference list

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4. Cupping Resource. Is cupping therapy safe [Internet]. 2017 [cited 8 October 2018]. Available from: https://cuppingresource.com/cupping-therapy-safe/

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