

Narrative Review

Hijāmah Through the Ages: Evolution from Ancient to Modern Practice

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Abstract

Background and aim: Hijāmah (cupping therapy) is an ancient healing practice found in early Greek, Egyptian, Mesopotamian, Indian, Chinese, and African traditions. Originally used to expel toxins and morbid humours, it later evolved, especially within Greco-Arab and Unani medicine, into a structured, theory-based therapy aimed at restoring humoral balance and improving overall health. This review outlines the historical development of cupping and highlights key contributions from classical scholars who refined its practice.

Methodology: A narrative review was conducted using Google Scholar, MEDLINE, and PubMed with keywords such as Hijāmah, Cupping Therapy, and Unani Medicine. Classical texts, including *Al-Qānūn fī al-Ṭibb*, *Kulliyāt-e-Nafīsī*, *Zakhīrah Khwārazm Shāhī*, and others, were also examined for historical and theoretical insight.

Observation and Conclusion: Over centuries, cupping progressed from an empirical remedy to a structured medical practice, shaped by scholars like Hippocrates, Ibn Sīnā, and Al-Zahrāwī. Continued research and standardization can support its safe integration into modern healthcare.

Keywords: Hijāmah; Cupping therapy; Wet cupping; Traditional medicine; Unani medicine.

Introduction

Cupping therapy, known as Hijāmah or Ijma in Unani medicine, represents one of the oldest therapeutic modalities, originating in ancient Egyptian, Mesopotamian, Chinese, Indian, and Greek civilizations around 1500 BCE. Initially employed empirically to extract toxins and balance humors using primitive tools like animal horns and gourds, it evolved into a sophisticated, theory-driven intervention through Greco-Arabic scholarship. This narrative review traces the chronological development of Hijāmah, highlighting refinements by key Unani scholars such as Hippocrates, Galen, Al-Rāzī, Al-Majūsī, Ibn Sīnā, and Al-Zahrāwī, who standardized sites, techniques, timings, and indications grounded in humoral pathophysiology.

The primary aim is to provide a comprehensive overview of Hijāmah's evolution across eras, from cross-cultural origins to Unani systematization and modern revival. Secondary objectives include delineating procedural advancements, anatomical sites, contraindications, and ethical frameworks, while identifying gaps for future clinical trials. This work underscores the timeless relevance of Hijāmah as a non-invasive, humoral-evacuative therapy. Despite its rich historical legacy and the endorsement in Prophetic medicine with nearly 28 authentic narrations affirming its curative and preventive roles, Hijāmah remains underexplored in contemporary biomedical contexts. Modern studies suggest benefits like improved microcirculation, immunomodulation, and pain relief, yet integration into evidence-based practice requires historical contextualization. This paper aims to bridge traditional wisdom with current research by synthesizing classical texts and peer-reviewed literature.

Methodology

This study adopts a narrative and descriptive review methodology. To ensure academic rigor and reliability, systematic procedures were employed throughout the process. An extensive search of peer-reviewed literature was conducted using specific keywords like *Hijāmah*, Cupping Therapy, Regimental Therapies, Unani Medicine, and History of Cupping. The primary databases consulted were Google Scholar, MEDLINE, and PubMed, and the reference lists of relevant publications were further examined to identify additional pertinent works. In addition, authoritative classical Unani texts were meticulously reviewed. Key Unani sources included *Al-Qānūn fī al-Ṭibb* (The Canon of Medicine), *Kulliyāt-e-Nafīsī*, *Kulliyāt-e-Qānūn*, *Kitāb al-Kulliyāt*, *Kitāb fī al-Mizāj*, *Kitāb al-Mi'āt*, *Mu'jiz al-Qānūn*, *Firdaws al-Hikmat*, *Tibbi-Akbar*, *Zakhīrah Khwārazm Shāhī*, *Kāmil al-Ṣīnā'a*, among others.

Observation

The term *Hijāma* (حِجَامَة) is derived from the Arabic root *hajm* (حَجَمَ), which linguistically denotes “suction” or “vacuuming.” In Unani medicine, *Hijāma* refers to a therapeutic procedure in which suction is applied to specific points on the body, either with or without scarification, to facilitate the removal of morbid humors, enhance circulation, and support the body's innate healing mechanisms. The practitioner performing *Hijāma* is called a *Hajjam*, the recipient is referred to as a *Mohajjam*, and the cupping instrument used is known as a *Mahjama* [1,2].

Hijāma is a traditional manual technique encompassing both wet cupping (with scarification) and dry cupping (without scarification),

and it has been employed since ancient times as a therapeutic intervention for a variety of ailments. In wet cupping, superficial incisions are made on the skin to facilitate the removal of morbid or stagnant substances through controlled bloodletting. In contrast, dry cupping involves the application of suction without scarification, aiming to mobilise harmful humours or toxins from deeper tissues and compromised organs toward the surface for reabsorption or subsequent elimination.

Beyond its medical foundation, *Hijamah* holds profound religious and cultural significance within the Islamic tradition, where it is endorsed as a Sunnah (Prophetic practice) of the Prophet Muḥammad ﷺ. Its repeated mention in authentic Hadith literature underscores both its therapeutic efficacy and preventive value. The Prophet ﷺ emphasised its curative potential through several well-known traditions: “Indeed, in *Hijamah* there is a cure” (*Ṣaḥīḥ Muslim*) [3]; “The best of remedies you have is *Hijamah*” (*Ṣaḥīḥ al-Bukhārī*) [4]; and “If there is any excellence in the remedies you use, it is in cupping” (*Sunan Abū Dāwūd*) [5]; *Sunan Ibn Mājah*) [6]. Furthermore, Ibn ‘Abbās reported that the Prophet ﷺ said, “Healing is in three things: a drink of honey, cupping, and cauterization with fire; but I forbid my followers from cauterization.” (*Ṣaḥīḥ al-Bukhārī*). [7] Collectively, these narrations affirm the elevated status of *Hijamah* in Prophetic Medicine, highlighting its role as a divinely guided therapy for both prevention and cure.

The Prophetic guidelines further delineate the optimal timing and conditions for performing *Hijamah*. According to several narrations, the Prophet ﷺ recommended the 17th, 19th, and 21st days of the Islamic lunar month, especially when these coincide with Monday, Tuesday, or Thursday (*Tirmidhī*) [8,9]. Ibn ‘Umar also narrated that the Prophet ﷺ advised performing cupping on an empty stomach, noting its beneficial effects on intellect and memory (*Sunan Ibn Mājah*, 3487) [10]. Conversely, cupping on Wednesday, Friday, Saturday, and Sunday was discouraged due to potential adverse outcomes mentioned in certain traditions [11].

Collectively, nearly twenty-eight authentic Prophetic narrations affirm *Hijamah* as both a therapeutic and preventive intervention, positioning it as a vital element of *Ṭibb al-Nabawī* (Prophetic Medicine). The reported applications of *Hijamah* for ailments such as migraine (*Ṣaḥīḥ al-Bukhārī*), foot sprain (*Sunan Ibn Mājah*), cervical pain, hip pain, and detoxification between the shoulders (*Musnad Aḥmad*) further illustrate its wide-ranging medical relevance [12].

Within the Unani system of medicine, *Hijamah* is classified as a principal regimental therapy. (*‘Ilāj bi’l-Tadbīr*), aimed at restoring humoral equilibrium and eliminating morbid matter (*Mawād-e-Fāsida*). It aligns with the Unani principles of *Tanqiya* (evacuation) and *Tadbīr*.

(regimen), thereby supporting both disease prevention and the maintenance of health. Classical Unani scholars have elaborated its indications, procedural methods, timing, contraindications, and post-therapeutic care, transforming *Hijamah* from a purely empirical practice into a rational, theory-based medical intervention grounded in humoral physiology.

In contemporary times, *Hijamah* has transcended its traditional boundaries to gain increasing global attention as part of

complementary and integrative medicine. It is now being reexamined under the lens of biomedical research, where clinical and physiological studies are attempting to elucidate its mechanisms, ranging from improved microcirculation and detoxification to immunomodulatory and anti-inflammatory effects.

Early origins and cross-cultural roots

The therapeutic concept underlying *hijamah*, removal of morbid humours and toxins to restore balance, dates back to the earliest human civilisations. Archaeological and textual evidence indicate that cupping was practiced as early as 1500 BCE, as documented in the *Ebers Papyrus* of Egypt, which describes the use of animal horns for drawing blood and purulent matter. Similar practices emerged independently in Mesopotamia, India, China, and Africa, where natural materials such as hollowed-out horns, bamboo, seashells, and gourds were employed [13].

Notably, Hua Tuo, a renowned surgeon in the history of Traditional Chinese Medicine (TCM), emphasised key treatment modalities such as acupuncture, moxibustion, and massage therapy. However, cupping therapy was not mentioned as a recognised approach in his works. In Traditional Chinese Medicine (TCM), cupping (referred to as “horn therapy”) is first clearly documented in the medical texts of Ge Hong (281–341 CE), who described using animal horns to extract pus and blood, representing the earliest extant reference to cupping in Chinese medical literature [14]. The omission of cupping in Hua Tuo’s era suggests that it may not have been a primary procedure in early TCM.

Indian Ayurvedic sources, notably *Sushruta Samhita*, also describe procedures resembling cupping (*alabu karma*), highlighting its role in the removal of *dushta rakta* (vitiated blood) [15]. Thus, the early form of *hijamah* reflects a universal medical instinct, a cross-cultural method of evacuation, which was later refined into a structured therapeutic modality within Unani medicine.

Integration into greco-arabic medicine

Greek physicians laid the scientific foundation for cupping as a rational medical procedure. Hippocrates (460–370 BCE) advocated cupping for musculoskeletal pain, menstrual disorders, and organ congestion, employing bronze and ceramic cups [16]. Galen (129–199 CE) further developed these concepts, linking the therapy to humoral imbalance and recommending specific anatomical sites for blood evacuation. During the Abbasid era (8th–10th centuries CE), as Greek medical works were translated into Arabic, cupping was assimilated into Unani medicine. Texts such as *Kitāb fī al-Faṣḍ wa al-Hijamah* outlined the indications for cupping, emphasising the balance of humoral evacuation with the patient’s temperament (*mizāj*). Rabban al-Ṭabarī (850 CE), in *Firdaws al-Hikmah*, noted that cupping could serve as a substitute for venesection when performed on designated points, particularly in individuals with delicate constitutions or localised humoral derangements.

Evolution of cupping instruments and techniques

The transformation of cupping instruments reflects both technological progress and the enduring adaptability of traditional medicine. Early civilisations used primitive tools like animal horns, bamboo, and seashells to generate suction through oral or thermal

means. With the Greco-Arabic era came the introduction of bronze, horn, and ceramic cups [17]. During the medieval Islamic period, glass and brass cups became standard, often used with scarification (*shart*) and cauterisation (*kai*) [18,19]. By the 19th and 20th centuries, mechanical innovations introduced vacuum pumps, rubber bulbs, and glass cups using flame-induced suction, improving precision and sterility. In modern practice, medical-grade plastic and silicone cups equipped with manual or electronic suction valves have replaced traditional materials. These contemporary devices preserve the therapeutic essence of classical cupping while offering greater safety, reproducibility, and clinical standardisation [20].

Refinement of *hijamah* in classical unani medicine

Around 850 AD, Rabban al-Ṭabarī, in his celebrated medical compendium “*Firdaus al-Hikmah*”, elaborated on the practice of wet cupping (*Hijamah*), detailing its application at specific anatomical sites and equating its effects to those of venesection (*faṣḍ*) performed on corresponding veins.

He explained that scarifications at the anterior fontanelle were functionally comparable to venesection of the cephalic vein, while wet cupping performed on either side of the neck paralleled venesection of the basilic vein. Furthermore, applying cupping at the shoulders was regarded as equivalent to venesection of the median cubital vein, and cupping at the calves was aligned with venesection of the saphenous vein.

Beyond these anatomical correspondences, Rabban al-Ṭabarī also described therapeutic indications for cupping at particular sites. For instance, lateral chest cupping was advised in the case of rib fractures, dry cupping at the umbilicus was recommended to relieve trapped flatus, and wet cupping at the anus was specifically mentioned for the treatment of anal fistula [21].

Al-Rāzī (Rhazes): Classification and therapeutic precision: Al-Rāzī (860–925 CE), in *Kitāb al-Manṣūrī*, distinguished between *hijamah bi'l-shart* (wet cupping) and *hijamah bilā shart* (dry cupping), describing wet cupping as milder and safer than venesection. He emphasized moderation in cupping to prevent excessive evacuation of humours and identified optimal seasons and anatomical sites for its practice. His writings marked a transition from empirical observations to a more physiological understanding of cupping, reflecting its therapeutic rationale within Unani medicine [22].

Al-Rāzī identified five principal cupping sites, each associated with specific therapeutic benefits. *Gaddī* (back, just below the neck) relieves dizziness and mental disturbances; *Akhdayn* (nape of the neck) benefits disorders of the face, head, and eyes, alleviates heaviness of the head, and improves gum health; *Taht al-Dhaqn* (below the chin) is effective for recurrent ear infections with discharge and oral/gum disorders; *Bayn al-Katfayn* (between the shoulders) reduces palpitations related to heat and vascular congestion; and *Sāqayn* (legs/lower limbs) alleviates vascular congestion, aids in chronic urinary bladder and uterine disorders, enhances menstrual flow, and treats acne and ulcers, though excessive cupping at this site may induce weakness and dizziness (Figure 1) These observations highlight the precision and systemic relevance of wet cupping in Unani medicine [22].

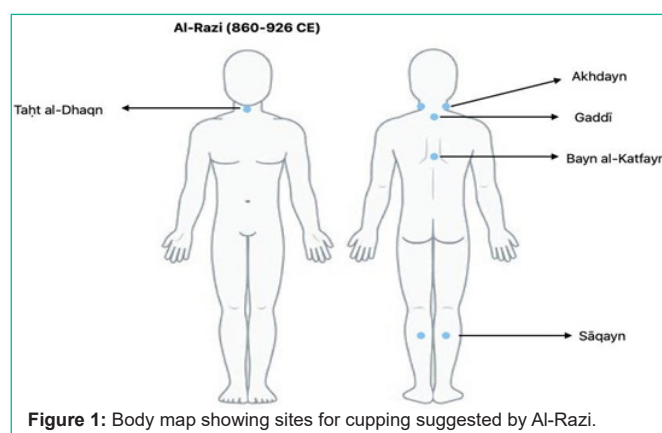


Figure 1: Body map showing sites for cupping suggested by Al-Razi.

Al-Majūsī (Haly Abbas) – Procedural and seasonal classification:

‘Alī ibn al-‘Abbās al-Majūsī (930–983 CE), in *Kāmil al-Ṣinā‘ah*, categorised cupping into three types: wet, dry, and fire cupping (*hijamah nāriyah*). He elaborated on the depth of scarification, timing of the procedure according to seasons and lunar cycles, and its systemic effects, reflecting the Unani emphasis on synchronising medical practice with natural rhythms [23].

Al-Majūsī also provided guidelines for determining the appropriate depth of scarifications. He emphasised that the depth and nature of the incisions should correspond to the desired volume of blood removal and the physical properties of the blood. For minimal evacuation, superficial scarifications using gentle punctures with a long scalpel are sufficient, whereas deeper incisions are required for larger volumes of blood. Blood viscosity is a key consideration: low-viscosity blood can be removed with superficial scarifications confined to the skin, while high-viscosity blood requires deeper incisions. For clotted blood, such as in hematomas, deeper scarifications are essential for effective drainage. Blood of moderate viscosity, however, is best managed with incisions of intermediate depth, ensuring efficient evacuation while minimising tissue injury.

He expanded upon the conventional five wet cupping sites by identifying an additional ten anatomically specific locations, making a total of fifteen, and elaborated on the therapeutic benefits of each. The upper aspect of the head was recommended for ocular conditions such as ulcerative eye disorders, blepharitis, and ocular pruritus; it was also beneficial in halitosis, hair fall, infectious ear diseases, and olfactory disturbances such as parosmia. The posterior aspect of the head (occipital region), located approximately four inches above the neck, was considered particularly beneficial in children for conjunctivitis, prevention of eyelid adhesion during inflammation, styes, eye itching, otitis, heaviness of the head, vertigo, and melasma. The *kāhil* (between the shoulders) was indicated in disorders associated with the accumulation of black bile, including palpitations and asthma, while the *nāḥis* (lateral to the spine, near the liver and spleen) was applied near the liver on the right side for splenic disorders and detoxification, and on the left side for hepatic conditions such as hepatitis, hepatomegaly, and *Sū’ Mizāj-i-Kabid Ḥār* (morbid hot temperament of the liver). The *kulah* (hips) was used for haemorrhoids, menorrhagia, intestinal colic, rectal bleeding,

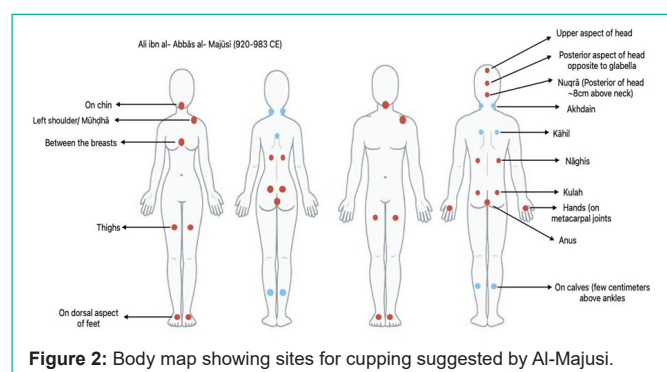


Figure 2: Body map showing sites for cupping suggested by Al-Majusi.

anal fissures, orchitis, hot temperament of the kidneys, dysuria, offensive vaginal discharge, and hematuria, though excessive cupping here could cause back weakness, renal impairment, loss of perirenal fat, and decreased libido. Cupping between the breasts in females was advised for menorrhagia, while on the buttocks, it was effective for dry scrotal itching and amenorrhea, with strong suction before scarification recommended for best results. On the thighs, cupping was prescribed for arthralgia, heaviness, and edema, and on the metacarpophalangeal joints of the hands for itching, dryness, and skin fissures, to be performed in sequence—first on one hand, then on the other—with strong suction preceding scarification. Cupping at the anus was beneficial for proctitis, anal irritation, anorectal pain, uterine prolapse, vulvitis, intestinal pain, backache, flank pain, and to facilitate menstrual descent. Application at the ankles was useful in cases of soft tissue injury, weakness of the foot bones, cracked heels, burning sensation of the feet, and accumulation of morbid humors, as seen in gout, provided no dislocation was present. Finally, cupping on the left shoulder (*mūnḥā*) was recommended for splenic disorders, quartan fever, and diseases associated with black bile, with the quantity of blood removed ranging from approximately 170 ml to 340 ml, depending on the patient's constitution and clinical need [23] (Figure 2).

He also highlighted the significance of wet cupping in children, as they are generally not considered suitable for venesection. According to him, the selection of the site for cupping therapy should be guided by the intended therapeutic outcomes and the anatomical features of the targeted area. In addition, he stressed the importance of seasonal considerations, noting that wet cupping is particularly beneficial during the spring season. This preference stems from the moderate and balanced nature of spring, which aligns with optimal physiological conditions. Conversely, wet cupping should be limited during periods of extreme cold or heat, as such climates may diminish its effectiveness and disrupt the body's natural equilibrium.

In addition to wet cupping, 'Alī Ibn 'Abbās Majūsī also described the practice of dry cupping and fire cupping. According to him, dry cupping, also referred to as *Shākhain Khichwanā*, is regarded as a therapeutic technique employed in conditions where the redirection of bodily matter is desired. For instance, in cases of renal stones, it could be applied along the urinary pathway to facilitate the movement of the stone. It is also effective for the evacuation of excess gases, such as in intestinal colic, thereby alleviating symptoms. This method could also be applied over the epigastrium to enhance blood flow to the stomach and regulate its physiological temperature. Moreover, dry cupping is considered beneficial in cases involving motor, sensory, or

combined functional impairments of any body part, as it promotes the directed flow of blood and heat to the affected region, thereby supporting recovery.

In cases of cold distemperament of the liver, dry cupping is performed by applying strong suction on the flank, followed by mild suction directly over the liver. This process is often repeated multiple times and may be combined with scarification at the site to enhance therapeutic efficacy.

For patients with recurrent epistaxis, if bleeding occurs through the right nostril, cups are applied above the liver, whereas for bleeding from the left nostril, they are applied to redirect the blood towards the lower parts of the body instead of the head. Cupping is also occasionally performed on the breasts of women for the treatment of leucorrhea. Additionally, it may be applied over displaced rib fractures to facilitate the repositioning of a rib displaced downward.

Regarding fire cupping, he explained that its primary purpose is to draw deeply seated morbid matter toward the body's surface for elimination or modulation. The degree of suction generated on the targeted organ or area depends on the intensity of the fire used in the procedure. When applied at the umbilicus, fire cupping is particularly effective in managing intestinal colic, menstrual disorders, uterine pain, syncope associated with menstruation, and leucorrhea. Likewise, when performed at the anus, it provides therapeutic benefits in relieving excessive gas, correcting cold dystemperament of the anus, and reducing oedema accompanied by burning sensations in the anal region [23,24].

Amīn Al-Dawlah Al-Masīhī (~1010 CE)– Functional and ethical framework:

In *al-'Umdah fī al-Jirāḥah*, Amīn al-Dawlah al-Masīhī classified cupping into *ḍarūrī* (necessary) and *ikhtiyārī* (elective), emphasising that the physician's role is to support *Tabī'at* in its natural purgative function, reflecting the Unani ethical principle of cooperating with nature. He further outlined ten meticulous prerequisites for voluntary wet cupping, many of which remain relevant today. Wet cupping should be performed during the mid-days of the lunar month, when humours are most active or imbalanced, and preferably in the afternoon, as this time is considered most balanced in temperament. It is particularly recommended in summer, when morbid matter is more fluid and easier to evacuate, and in individuals with thin blood. Physicians are advised to administer gastrointestinal tonics and eliminative syrups before the procedure. Cupping should be avoided in individuals with a lax body, in children below two years, and in the elderly above sixty years. It should not follow a hot or steam bath (*ḥammām*), as this thickens the skin, necessitating deeper scarifications, nor should it be performed soon after coitus or immediately after strenuous physical activity, which may cause excessive dissolution of bodily matter and weakening of faculties; however, it may be indicated in individuals with thick, viscous blood [24].

In addition to the aforementioned conditions, Amīn al-Dawlah al-Masīhī emphasized three key considerations for both voluntary and necessary wet cupping. First, the quantification of scarifications—both the number and depth—should be tailored according to the viscosity of the morbid matter being evacuated. Second, the organ targeted for cupping should be thoroughly massaged before the procedure, and

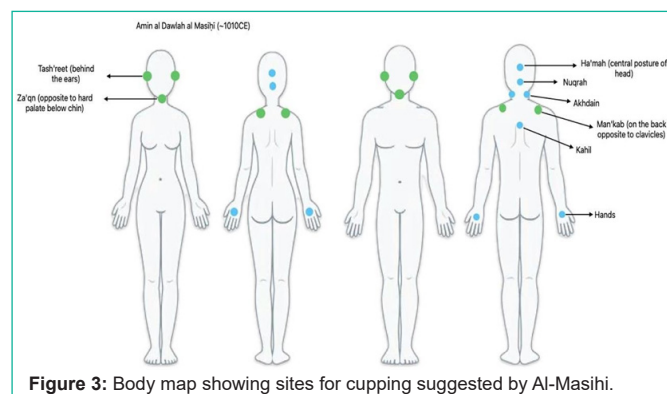


Figure 3: Body map showing sites for cupping suggested by Al-Masihi.

dry cups should be applied repeatedly before scarification to draw the morbid matter toward the skin surface. Third, a full meal should be avoided immediately after cupping, as the body's physis is focused on alleviating discomfort from scarifications, which can impair digestion, reduce nutrient absorption, and increase waste production; similarly, coitus should also be avoided immediately following the procedure. He explained the indications for wet cupping and venesection in the following words: "First, it is important to note that the blood intended for evacuation may be dominant either superficially, deep within the internal organs, in both, or in an intermediate location. When the dominance is superficial, evacuation is achieved through wet cupping; when it is in the deeper structures, venesection is employed. In the latter case, evacuation may be carried out using leeching" [24].

According to him, cupping can also be performed at *ha'mah*, the central portion of the head; at *qam'hadwah*, located above the *Naqrah*; at *Za'qn*, slightly below the vertex of the head; at *tash'reet*, the site behind both ears; and at *Man'kab*, i.e., the area on the back opposite the clavicles. In addition to these sites, he further recommended cupping at the anal orifice, thighs, and knees [24] (Figure 3).

He also proposed the possible mechanism of action. According to him, the physician's role is merely to assist the *physis* (*Tabi'yat*), while the actual process of evacuation is carried out by the *physis* itself. These methods only support the *physis* by aiding it in the very direction it has already chosen. For instance, when the *physis* attempts to expel morbid matter through the skin but fails, leading to its accumulation in the superficial tissues, the physician assists the *physis* in this evacuation through wet cupping. It is noteworthy that, according to Amin al-Dawlah, wet cupping is more beneficial in individuals with a lean physique compared to those who are obese. This is attributed to four reasons: first, obese individuals generally have higher muscle tone, which causes contraction of skin pores and reduces the evacuation of morbid matter; second, their blood tends to be more viscous, hindering its smooth flow through scarifications; third, they are dominated by cold temperament due to excess fat, whereas muscular individuals are dominated by heat, and since the blood evacuated through cupping is thin, refined, and hot, it is more compatible with the latter; and fourth, obese individuals are usually sedentary and rest-oriented, leading to accumulation of morbid matter deep within the body, which makes evacuation through cupping more difficult [24].

Ibn Sinā (Avicenna) – Standardisation and integration

Ibn Sinā (980–1037 CE) provided the most comprehensive and

systematic exposition of cupping therapy in *Al-Qānūn fī'l-Ṭibb*. He described pre- and post-procedural regimens, contraindications, dietary recommendations, and emphasized the role of *tabi'at* (the body's innate faculty) in regulating and directing evacuation. Ibn Sinā also delineated the specific conditions in which dry cupping is preferable to wet cupping. He noted that dry cupping is useful for the diversion of pathological material, such as in menorrhagia, where applying cups on the breasts helps reduce excessive blood flow to the uterus. It is also employed for facilitating the treatment of deep-seated pathologies, drawing morbid matter from deeper tissues to the surface, thereby making it accessible for procedures like incision or drainage. Additionally, dry cupping aids in the redistribution of humours away from vital organs toward less critical regions, thus protecting essential physiological functions. It further serves to enhance local blood circulation, promoting tissue perfusion and healing. Ibn Sinā also described its role in repositioning displaced organs, as in cases of scrotal hernia, where suction assists in restoring normal anatomical alignment. Moreover, dry cupping effectively alleviates pain in intestinal colic, epigastric pain, and dysmenorrhea, particularly in young women. He also detailed its therapeutic applications in specific disorders, recommending cupping on the lower back or between the hips for Haemorrhoids, hernias, and gout; on the hips for relief in sciatica; and on the anus to draw morbid matter downward, thereby mitigating head-related disorders, Haemorrhoids, intestinal ailments, and menstrual irregularities [25].

In addition to the benefits outlined in earlier texts, Ibn Sinā elaborated on several specific advantages of wet cupping. He stated that this method ensures more efficient detoxification of the skin at and around the cupping site compared to venesection. It also facilitates the elimination of morbid material directly from the affected organ, thereby aiding in detoxification and the restoration of normal organ function. Moreover, Ibn Sinā emphasized that wet cupping helps in the preservation of essential pneuma (*jawhar al-rūh*), minimizing the loss of vital energy and maintaining the body's physiological equilibrium. Importantly, he noted its safety for vital organs, as wet cupping does not weaken or adversely affect them, thereby supporting overall systemic health [26].

However, Ibn Sinā also points out a limitation of wet cupping, noting that it is less effective in obese individuals due to the reduced evacuation of both viscous and non-viscous blood. This is likely related to the increased tissue thickness and altered blood flow dynamics associated with obesity.

An additional guideline he provided is that wet cupping should be avoided immediately after a *Hammām* (bath or steam therapy), as it may cause generalized weakness (*Du'f*) and increase the risk of infection at the site of scarifications. However, in individuals with high blood viscosity, undergoing a *Hammām* before *Hijāmah* is recommended to facilitate better blood flow and enhance the effectiveness of the procedure [26].

He also cited additional guidelines from Allamah Gilāni concerning voluntary wet cupping. According to these recommendations, the ideal season for performing wet cupping is summer, in contrast to Ibn Mājūsī, who considered spring the most suitable time. During the procedure, it is advised that the patient should not be completely fasted or on an empty stomach. Wet cupping should be avoided in

individuals with highly viscous blood or severe obesity, as these conditions may hinder proper evacuation. Furthermore, sexual intercourse after cupping and the consumption of eggs before or after the procedure are discouraged to prevent adverse effects and to support optimal recovery [25].

Regarding the date and timing of wet cupping, Ibn Sīnā recommended specific guidelines to optimize its therapeutic efficacy. He advised that *Hijāmāh* should be avoided during the initial and final days of the lunar month, as bodily fluids are relatively dormant during these phases. In contrast, the middle of the lunar month, when moonlight is at its peak, is considered the most suitable period for performing cupping, as it coincides with heightened humoral activity, thereby enhancing the procedure's benefits. Concerning the time of day, he suggested that the afternoon, between 2 and 3 p.m., is the most appropriate time for conducting *Hijāmāh* [25,27].

With respect to pre- and post-procedural guidelines, Ibn Sīnā provided detailed instructions to ensure both safety and efficacy of wet cupping. The incisions made during the procedure should be sufficiently deep, exceeding the thickness of the skin, to allow adequate evacuation of blood. In cases where swelling at the cupping site impedes the smooth removal of the cup—particularly during wet cupping on the breasts—fomentation with a warm, moist cloth or sponge should be applied around the area to reduce inflammation and facilitate cup removal. When oil is applied to the cupping site, the cups should be placed immediately to prevent absorption of oil through the skin pores. Post-procedure dietary care includes restricting food intake for about one hour to support the body's natural recovery. Regarding age considerations, wet cupping is permissible in children aged two years, but strictly contraindicated at six years. For individuals with a choleric temperament, specific post-procedural dietary measures—such as pomegranate, pomegranate juice (*Āb-i Anār*), chicory extract with sugar (*Āb-i Kasnī*), and lettuce with vinegar (*Kāhū*)—are advised to restore humoral balance and counteract excess heat and bile [26].

In contrast to 'Alī ibn al-'Abbās al-Majūsī, Ibn Sīnā identified only eight sites for wet cupping—namely *Gaddī*, *Akhdain*, *Qamhadah*, *Taht al-Zaqn*, *Qatan*, *Fakhdhain*, *Taht alRukbah*, and *Kabain*. While some of these sites were previously mentioned in earlier texts, Ibn Sīnā elaborated on their clinical relevance and introduced several unique observations. The nape of the neck (over the cervical vertebrae), considered equivalent to venesection of the Akhal vein, alleviates heaviness around the eyebrows and eyelids and enhances cognition in cases of mental dullness, though excessive cupping here may impair memory. The *Akhdain* (sides of the neck), equivalent to venesection of the cephalic vein, are beneficial for head tremors and disorders of the teeth, ears, eyes, throat, and nose. *Qamhadah* (occipital protuberance) and *Yafūkh* (anterior fontanelle) are recommended for vertigo and, according to some physicians, may delay aging; however, excessive cupping here may harm the brain and predispose to dementia or insanity. *Taht al-Zaqn* (below the chin) is useful for disorders of the teeth, face, and larynx, aiding detoxification of the head and jaws. *Qatan* (back) is advised for boils, carbuncles, acne, gout, haemorrhoids, elephantiasis, itching, and emphysema of the bladder or uterus. *Fakhdhain* (thighs) are divided into anterior and posterior aspects: the anterior is beneficial for orchitis and boils on the thighs or calves, while the posterior aids in treating boils on the upper hips,

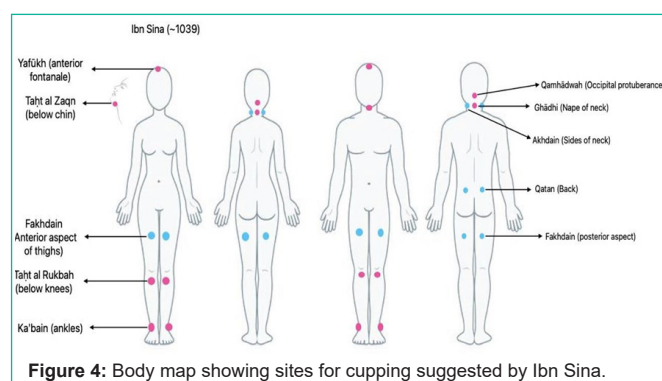


Figure 4: Body map showing sites for cupping suggested by Ibn Sina.

haemorrhoids, and anal fissures. *Taht al-Rukbah* (below the knees) is effective for sharp knee pain due to hot humours (*Akhlāt Hārrah*), as well as boils and chronic ulcers of the thighs and lower legs. Lastly, *Kabain* (ankles) are recommended for amenorrhea, sciatica, and gout—conditions not explicitly noted in earlier texts [25,26] (Figure 4).

Additional sites for cupping, as reported by al-Gilānī and cited by Ibn Sīnā, include the shoulders, where cupping on the right side is beneficial for liver disorders, while the left shoulder is recommended for spleen disorders and quartan fever. The *Naghīs* (located near the inferior border of the scapula, where the hands meet when the arms are extended through the axilla) serve dual therapeutic purposes—on the right side, it benefits spleen disorders, and on the left, liver disorders. Cupping on the wrists is advised for conditions such as scabies, pruritus, and fissures of the hands. Cupping performed on the ears, although not strictly classified as *hijāmāh*, involves gently massaging the earlobes followed by making superficial incisions in the skin, allowing a small amount of blood to flow. This technique is particularly effective in alleviating sensations of heaviness in the head. Additionally, the hips, anus, and breasts, though previously described in earlier medical texts, were reaffirmed by Ibn Sīnā and Gilanī for their continued therapeutic significance [25] (Figure 5). His work transformed cupping from a mechanical process into a rationalised therapy grounded in humoral philosophy.

Scholarly and technical advancements in *hijāmāh* practice

Al-Zahrāwī (Abulcasis) – The surgical systematiser: Abū al-Qāsim al-Zahrāwī (936–1036 CE), in *Kitāb al-Taṣrīf*, standardized *hijāmāh* as a surgical art. He classified it into wet and dry forms and described nine anatomical sites, correlating each with distinct therapeutic benefits. (Figure 6) Al-Zahrāwī's stepwise procedure, ranging from initial suction to scarification and post-care, represented the earliest detailed surgical methodology in Arabic medical literature. The

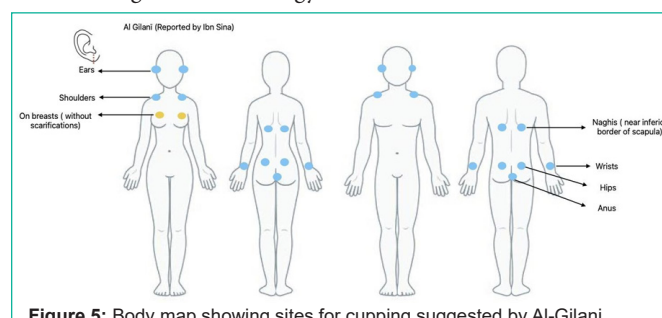


Figure 5: Body map showing sites for cupping suggested by Al-Gilani.

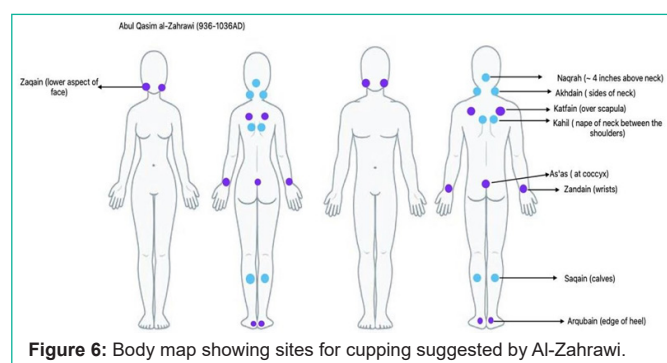


Figure 6: Body map showing sites for cupping suggested by Al-Zahrawi.

remarkable contribution he made was that, for the first time, he attempted to establish a standard operating procedure for wet cupping [28]. He provided a concise and structured five-step explanation of the cupping technique. First, an empty cup should be placed at the selected site and adjusted to achieve balance or moderate suction. Second, the cup is removed after a short duration to allow moderation of the humours.

Third, the application is repeated until the skin at the site becomes red and raised, indicating sufficient reactivity. Fourth, scarifications should be made wide and deep enough, followed by moderate suction. If the evacuated blood appears viscous, scarifications should be repeated twice—first to remove the refined (*Laḥif*) blood and then to evacuate the thick, viscous blood; if sediment or residue is still observed, a third scarification may be performed. Finally, the cup is reapplied over the scarifications without using water or oil [28]. In individuals with thick skin, pore-opening and skin-softening oils should be applied at the site of cupping before starting the procedure. Suitable oils include *Roghan Khairi*, *Roghan Banafsha*, *Roghan Badam Shirin*, or *Roghan Kadu* during summer, and *Roghan Narghis*, *Roghan Soosan*, or *Roghan Baboona* during winter. Conversely, in patients with wide pores and firm muscles, pre-procedure oiling should be avoided; instead, cooling applications such as *Arq Ghulab*, cold water, *Āb-e-Makū*, or *Āb-e-Kadu* are preferred.

In addition to these site-specific measures, he also recommended several general precautions during the procedure: (i) the patient should not sleep immediately after cupping; (ii) if the patient's blood is suspected to be *Safrāwī* (rich in yellow bile), cooling agents (*Mubarridāt*) such as pomegranate, vinegar (*sirka*), chicory (*kasnī*), vetiver (*khās*), *sikanjabeen*, and *Arq Ghulab* should be administered before the procedure, along with rejuvenating foods (*Mufarrihāt*) such as mutton, *sikbājāt* (meat dishes prepared with vinegar), and grape-containing *ḥasramiyyāt*; (iii) increased fluid intake should be encouraged on the day of cupping; and (iv) in certain cases, blood-

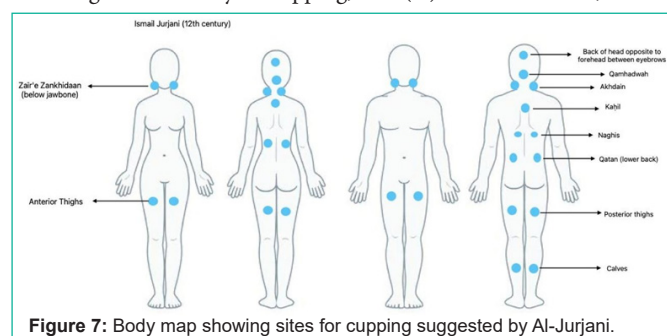


Figure 7: Body map showing sites for cupping suggested by Al-Jurjani.

thinning agents such as *Tiryāq Farūq*, *Dawā'-ul-Misk*, or *Ma 'jūn Shalisha* may be prescribed [28].

His emphasis on site selection, hygiene, and season-based application laid the groundwork for later clinical standardization.

Al-Jurjānī – Clinical refinement and safety regulation: Aḥmad al-Ḥasan al-Jurjānī (12th century CE), in *Zakhīrah Khwārazm Shāhī*, advanced the therapeutic specificity of cupping. He documented both benefits and contraindications, warning against cranial cupping due to risks of cognitive fatigue while endorsing *Akhdain* and *Kāhil* for hepatic and pulmonary disorders. His classification by patient age, constitution, and lunar phase shows remarkable clinical precision. He recommended avoiding cupping before puberty and after sixty years and preferred mid-lunar days (16th–17th) for optimal efficacy.

He placed particular emphasis on the harmful effects of each cupping site, outlining both therapeutic benefits and potential risks [2] (Figure 7).

Cupping on the posterior aspect of the head (Opposite the forehead between the eyebrows)

The benefits of cupping at this site include effective management of ocular disorders such as styes and blepharitis, relief of vertigo, and reduction of heaviness in the head. It may also help in preventing conditions such as leprosy, renal pain, and orchitis. However, precautions are necessary, as cupping here may adversely affect memory and cognitive functions. In cases of epiphora (excessive tearing), the benefits should be weighed against the risk of increased cerebral coldness. Extra care is required during scarification, since injury to nearby arteries can complicate haemostasis, and even controlled bleeding may impair memory and vision.

Cupping at qamhadāh (Below the occipital protuberance and above the first vertebra). The benefits and harms are similar to those described for the posterior aspect of the head, including potential neurological risks.

Cupping at akhdā'ain (Nape of the Neck)

This site is considered analogous to venesection of the basilic vein. Benefits include facilitation of the evacuation of morbid humours from the lungs, chest, and liver, aiding in detoxification and restoring humoral balance. According to Zakariyyā al-Rāzī, cupping at this site is particularly effective for alleviating gum pain, earache, uteritis, and throat pain, often proving more beneficial than venesection. Some physicians caution, however, that cupping here may induce tremors in susceptible individuals.

Cupping below Zankhadain (Below the jawbone)

Cupping in this region is considered comparable to venesection of the four veins located in the lips (*Chahār Rāg*). It is effective in relieving conditions such as mouth ulcers, gingival hyperplasia, and throat pain.

Cupping at kāhil (Between the shoulders)

This interscapular site is regarded as equivalent to the practice of *Haft Andām*. Benefits are similar to those mentioned by Zakariyyā al-Rāzī, while potential harms include adverse effects on the cardiac portion of the stomach (*Fām-i Mā'ida*), possibly causing discomfort

or complications. To mitigate such effects, it is recommended that the cup be positioned slightly lower than the exact site.

Cupping at *nakhis* (lateral to the spine, near the liver and spleen)

For disorders of the spleen and liver, cupping at *Nakhis* is particularly beneficial in cases of toxic poisoning, in alignment with the opinions of 'Alī ibn al-'Abbās al-Majūsī.

Cupping on the abdomen

Abdominal cupping is considered useful in conditions such as haemorrhoids, dysentery, proctitis, eruptions and pustules on the thighs, proctalgia, menorrhagia, abnormal heat of the kidneys, burning micturition, orchitis, vaginal irritation, pruritus of the back, gaseous accumulation in the urinary bladder, gout, and elephantiasis. While generally safe when performed for specific indications and at the appropriate time, improper use may weaken the kidneys.

Cupping on the thighs

Performed with the patient in a supine position and thighs close together, initial suction is applied several times before scarification on the outer aspect of the thighs. Benefits correspond to those mentioned by 'Alī ibn al-Majūsī and Ibn Sīnā.

Cupping at the left flank (Left lumbar region)

This site is effective in managing *Saudāwī Amrāz* (diseases associated with black bile), relieving splenic pain, and treating quartan fever.

Al-Jurjānī cautioned against performing wet cupping over swellings that have not yet matured, as premature evacuation may hinder the ripening of pathological matter and delay healing. Once redness or signs of maturity appear, the physician should rely on clinical judgment to decide the appropriate time for evacuation.

He also provided systematic guidelines for the frequency of scarifications. In anaemic or weak patients, scarification is performed once to prevent excessive depletion. When the initial blood appears thin or watery, or when stagnation indicates the need for further evacuation, scarification is performed twice. In cases where the blood is highly viscous or in conditions associated with excess black bile, scarification may be repeated thrice to ensure deeper and more effective detoxification [2].

On the other hand, Kouser Chand Poori (20th-century) in his book *Muajazul Qanoon*, has also classified cupping into two types only, and while mentioning almost all the benefits of wet cupping as others [29].

Physiological insight and modern parallels

Burhān al-Dīn Nafīsī (14th century CE) reaffirmed classical teachings while offering physiological clarity. In *Kulliyāt-e-Nafīsī*, he explained that the blood drawn by cupping is more refined (*raqqīq*) than venous blood, originating from capillary circulation (*hadhm 'uzwī*). His delineation of *Hijāmat al-Sāq* (lower limb) and *Hijāmat al-Fuqā* (nape) reinforced the dual therapeutic nature of cupping, that is, general evacuation and localised relief [1].

Discussion and conclusion

The evolution of *Hijāmah* (cupping therapy) illustrates a fascinating journey from empirical healing in ancient civilisations to a rational, systematised intervention within Unani medicine. Early practices in Egypt, Mesopotamia, and China primarily focused on evacuating toxins and morbid humours. Over centuries, scholars such as Hippocrates, Galen, Ibn Sīnā, Al-Rāzī, Al-Majūsī, Al-Zahrāwī, and Al-Jurjānī refined *Hijāmah* into a precise therapeutic modality, integrating anatomical specificity, humoral theory, seasonal timing, and patient-centred considerations. Their detailed classifications, procedural guidelines, and emphasis on patient-specific considerations reflect a deep clinical understanding comparable to modern therapeutic protocols.

Within the Unani framework, *Hijāmah* is categorized under *Hilāj bi'l-Tadbīr* (regimental therapy) and functions as a mechanism for *Tanqiya* (evacuation) of *Mawād-e-Fāsida* (morbid matter). Through this mechanism, the therapy restores humoral equilibrium and supports the body's innate healing faculty (*Tabī'at*). Classical scholars developed detailed guidance on indications, contraindications, procedural methods, and post-therapeutic care, thereby transforming cupping from an empirical procedure into a theory-based medical intervention grounded in humoral physiology. In modern times, cupping therapy has gained increasing attention within integrative and complementary medicine, where biomedical research is investigating its physiological mechanisms, such as enhanced microcirculation, detoxification, immunomodulation, and anti-inflammatory effects. The concept of removing harmful substances from the body through suction is ancient and widely distributed across civilizations. Evidence from the Ebers Papyrus of Egypt (c.1500 BCE) documents the use of animal horns for blood extraction and drainage of purulent matter. Comparable techniques appeared independently in Mesopotamia, India, China, and Africa, where hollowed horns, bamboo, gourds, and seashells were used to create suction [13].

In Traditional Chinese Medicine, cupping (often called horn therapy) was first clearly recorded in the works of Ge Hong (281–341 CE), who described the use of animal horns to remove pus and blood. Earlier physician Hua Tuo emphasized acupuncture and moxibustion but did not describe cupping therapy, suggesting that the technique gained prominence later in Chinese medical practice [14]. Similarly, Indian Ayurvedic texts such as the *Sushruta Samhita* describe procedures resembling cupping (*Alabu Karma*), used for the removal of vitiated blood (*Duṣṭa Rakta*) [15].

These historical accounts demonstrate that cupping emerged as a universal therapeutic instinct, a primitive yet systematic method of evacuating pathological matter. Over time, this practice was refined and systematized within the Greco-Arab medical tradition, eventually becoming an integral component of Unani medicine. Greek physicians laid the intellectual foundation for cupping as a rational therapeutic method. Hippocrates (460–370 BCE) recommended cupping for musculoskeletal disorders, menstrual irregularities, and organ congestion. Galen (129–199 CE) further elaborated on its role in humoral imbalance and identified anatomical sites for evacuation of morbid humours.

During the Abbasid translation movement, Greek medical knowledge was translated into Arabic and integrated into Unani medicine. Scholars elaborated the procedure, linking it closely to humoral theory and clinical diagnosis.

Rabban al-Ṭabarī (9th century) described the equivalence of cupping sites with venesection points and highlighted their clinical applications [21]. For instance: Cupping on the anterior fontanelle corresponded to venesection of the cephalic vein, cupping at the neck paralleled venesection of the basilic vein, and cupping at the shoulders corresponded to the median cubital vein. He also described site-specific indications such as umbilical cupping for flatulence and anal cupping for fistula [21].

Al-Rāzī differentiated between wet and dry cupping and considered wet cupping safer than venesection. He identified five principal cupping sites, including the nape, interscapular region, chin, and lower limbs, each associated with specific therapeutic effects such as relief of headaches, vascular congestion, and reproductive disorders [22].

In Kāmil al-Ṣinā'ah, al-Majūsī classified cupping into wet, dry, and fire cupping, emphasizing seasonal considerations and procedural precision. He expanded the number of cupping sites to fifteen and explained the depth of scarification based on blood viscosity and therapeutic goals [23].

In al-'Umdah fī al-Jirāḥah, al-Masīḥī introduced an ethical and physiological perspective, distinguishing between necessary (*darūrī*) and elective (*ikhtiyārī*) cupping. He emphasized assisting the body's natural healing force (*Ṭabī'at*) and provided detailed prerequisites regarding patient age, physical condition, and timing of the procedure [24].

Ibn Sīnā provided the most systematic discussion of cupping in Al-Qānūn fī'l-Ṭibb [25,26]. He described: indications and contraindications, dietary and behavioural guidelines, optimal timing (mid-lunar month and afternoon hours), and specific anatomical sites and therapeutic applications [25]. His work transformed cupping into a standardized clinical therapy within humoral medicine.

Cupping instruments evolved significantly across historical periods. Early practitioners used animal horns, bamboo, and gourds, while the Greco-Arab era introduced bronze, ceramic, and glass cups [17]. During the medieval Islamic period, glass and brass cups combined with scarification became standard practice [18,19]. By the nineteenth and twentieth centuries, mechanical innovations such as vacuum pumps, rubber bulbs, and flame-induced suction devices improved procedural control and hygiene. Today, medical-grade plastic and silicone cups with manual or electronic suction valves are widely used, ensuring safety and standardisation while preserving traditional therapeutic principles [20].

Abū al-Qāsim al-Zahrāwī provided one of the earliest surgical protocols for cupping in Kitāb al-Taṣrif. He described a five-step procedure involving initial suction, repeated application, scarification, evacuation of blood, and post-procedure care. He also recommended oils for skin preparation and emphasized hydration, diet, and patient monitoring during treatment [28]. Al-Jurjānī further refined cupping therapy in Zakhirah Khwārazm Shāhi, detailing its therapeutic

benefits, contraindications, and potential risks. He emphasized patient-specific considerations such as age, constitution, and humoral imbalance, recommending avoidance before puberty and after sixty years [2].

Later scholars such as Burhān al-Dīn Nafīsī offered physiological insights, suggesting that the blood removed during cupping originates from capillary circulation and is more refined than venous blood. This explanation aligns with modern observations regarding microcirculation and local detoxification.

Historically, *Hijāmah* served dual preventive and curative roles, purifying the body, restoring humoral balance, and promoting vitality. Contemporary research suggests additional physiological benefits, including enhanced circulation, modulation of the immune system, pain relief, and facilitation of detoxification. These findings highlight the potential of *Hijāmah* as a complementary therapy in integrative healthcare, bridging classical wisdom with modern scientific inquiry.

To fully realise this potential, systematic clinical trials, biochemical analyses, and standardised procedural protocols are necessary. Such integration can validate traditional principles, expand therapeutic indications, and ensure safety and efficacy in contemporary practice. In essence, *Hijāmah* represents a timeless synthesis of ancient medical knowledge and modern scientific exploration, offering holistic benefits that continue to resonate across centuries.

References

1. Allamah Burhanuddin Nafees. Kulliyat Nafeesi. Vols. 1-2. New Delhi: Idarah Kitabu Shifa. 1934: 23-28,57,85,268,281,514-516.
2. Sharfuddin Ismail Jurjani. Zakheera Kharzam Shahi. New Delhi: Idarah Kitabu Shifa. 2010; 3: 221-225.
3. Muslim ibn al-Hajjaj. Sahih Muslim. Book of Medicine. 2025. Available from: <https://sunnah.com/muslim>
4. Al-Bukhari MII. Sahih al-Bukhari. Book 76, Hadith 5680. 2025. Available from: <https://sunnah.com/bukhari:5680>
5. Abu Dawud S. Sunan Abu Dawud. Book 28, Hadith 3857. 2025. Available from: <https://sunnah.com/abudawud:3857>
6. Ibn Majah M. Sunan Ibn Majah. Book 31, Hadith 3476. 2025. Available from: <https://sunnah.com/ibnmajah:3476>
7. Al-Bukhari MII. Sahih al-Bukhari. Book 76, Hadith 5680. 2025. Available from: <https://sunnah.com/bukhari:5680>
8. Abu Dawud S. Sunan Abi Dawud. Book 29, Hadith 3861. 2025. Available from: <https://sunnah.com/abudawud:3861>
9. Tirmidhi M. Jami' at-Tirmidhi. Hadith 2051. 2025. Available from: <https://sunnah.com/tirmidhi:2051>
10. Ibn Majah M. Sunan Ibn Majah. Book 31, Hadith 3487. 2025. Available from: <https://sunnah.com/ibnmajah:3487>
11. Bin Kurdian NK, Hasanah AN, Pamungkas AYF. Al-i'jaz al-'ilmi fi al-hadith: case studies of cupping therapy in modern medical research. Commun Humanit Soc Sci. 2024; 4: 72-79.
12. Ahmed A, Qazi S, Mustafai AM. Historical review of the ancient method of treatment, "Cup Therapy," and its legal status. Al Khadim Res J Islam Cult Civil. 2021; 2: 150-156. Available from: <https://arjicc.com/index.php/arjicc/article/view/42>
13. Qureshi NA, Ali GI, Abushanab TS, El-Olemy AT, Alqaed MS, El-Subai IS, et al. History of cupping (Hijama): a narrative review of literature. J Integr Med. 2017; 15: 172-181.

14. Park YK. History of Cupping Therapy. 2025. Available from: <https://drparkcupping.com/history-ofcupping-therapy/>
15. Madhuri S, Jadhav V. To study the effect of cupping therapy (Alabu Karma and Prachchhana Karma in Shrung) in the management of low back pain (acute and chronic). *World J Pharm Res.* 2017; 6: 488-490.
16. Jalinoos. *Kitab Fil Mizaj*. Rehman HSZ, translator. Aligarh: International Printing Press. 2008: 125-127.
17. Andrews EW. *Encyclopedia of Complementary Health Practice*. New York: Springer Publishing.; 2002: 120-121.
18. Kröger J. *Nishapur: Glass of the Early Islamic Period*. New York: The Metropolitan Museum of Art. 1995: 187-242.
19. Milne JS. *Surgical Instruments in Greek and Roman Times*. Oxford: Clarendon Press. 1907: 98-100.
20. Davis A, Appel T. *Bloodletting Instruments in the National Museum of History and Technology*. Washington: Smithsonian Institution Press. 1979.
21. Abu ul Hassan Ali ibn Sahl Raban Tabri. *Firdous ul-Hikmat*. New Delhi: Idarah Kitabul Shifa. 2010: 308.
22. Abu Bakr Muhammad Bin Zakarya Razi. *Kitab al-Hawi*. New Delhi: CCRUM. 2008; 1: 88-93.
23. Ibn Abbas Majoosi. *Kamil us Sana*. Kantoori GHS, translator. 2010 ed. 2010; 3: 531-534.
24. Ameenu Dawlah Ibn ul Kaf Maseehi. *Kitabul Umdah Fil Jarahat*. New Delhi: CCRUM. 2000; 1: 194-195.
25. Sheikh al Rayees Abu al-Husain Abdallah IS. *Kulliyat Qanoon*. New Delhi: Idarah Kitab ul-Shifa. 2015; 1: 45,46,53-55,240.
26. Al-Sheikh ul-Rayees Abu Ali Al-Husain Bin Abdullah Ibn Sina. *Al-Qanoon Fit Tib*. Kisoori HGM, translator. New Delhi: Idarah Kitab al-Shifa. 2012: 1: 120-1066.
27. Avicenna (Abu Ali al-Husayn ibn Abd Allah ibn Sina). *The Canon of Medicine*. Bakhtiar L, adapter. Gruner OC, Shah MH, translators. 22nd ed. 1999; 1: 202-215.
28. Hakeem Abul Qasim Zahrawi. *Jarahat-e-Zahrawi*. Kanpur: Hindustani Press, Chaman Ganj. 1947: 182-186.
29. Kousar Chandpori. *Muajazul Qanoon*. New Delhi: CCRUM. 1998: 170-171.