

Why Blood-Let Out Cupping Therapy is a Highly Biological Clinical Procedure and Why the Modern Medicine Does Not Employ Its Biological Talents to Improve the Outcomes of Medical Therapy!

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Abstract

Aim: Demonstration of the high biological value of blood-let out (BLO) cupping therapy. **Review:** BLO cupping therapy is defined as withdrawal of blood trapped within the tissues together with the inflammatory toxic mediators which are believed to be functionally obliged to this blood via superficial skin scratching and suction for the purpose of cure and prophylaxis. A fundamental fact in cupping therapy that has been constantly documented is the source of the removed blood during cupping procedures which is the interstitial space not the circulation meaning that it is functionless as the blood functions inside the circulation; in turn cupping therapy should include no harm, it is mandatory even for a healthy individual and that the healthy benefit of cupping therapy is definite. The principal biological benefits of cupping are sero-clearance or clearance of circulation from its undesired elements with protection towards vascular events and withdrawal of the toxic mediators thus guarding against chronic illness; both sero-clearance and withdrawal of toxic mediators are challenges which could not be achieved via any clinical measure. The mechanism in cupping is basically mediated via histamine release due to skin scratching attracting the circulation towards the cupping area and nitric oxide liberation via a shear stress effect due to repeated suction leading both to a highly selective pooling of the whole circulation within a localized sector of the capillary bed over a limited interval. **Conclusion:** BLO cupping therapy is a clinical procedure with huge biological benefits that could assist the outcomes of medical therapy.

Keywords: blood-let out cupping therapy, cupping therapy, histamine release, nitric oxide, pooling of circulation, sero-clearance, skin scratching, skin suction, toxic mediators

Introduction

Definition: Blood-let out (BLO) cupping therapy is an ancient clinical procedure and in spite of its simplicity it includes huge biological benefits (Nasrat et al., 2015f; Nasrat et al., 2015c; Nasrat, 2017). It is defined as withdrawal of blood trapped within the tissues together with the inflammatory toxic mediators which are believed to be functionally obliged to this blood via superficial skin scratching and repeated suction for the purpose of cure and prophylaxis. The term “functionally obliged” signifies that these mediators which are acidic function to keep this trapped blood in liquid state whatever long it stays within the tissues like the citrates in the blood donation bag thus this trapped blood could be revealed out if cupping is ever done and unlike the blood within tissues of the muscles caused by trauma which if left could clot and get organized. The term “are believed” means that there is no single reference to support this obligatory relation between the trapped blood and these mediators except the behavior of the blood removed during the process of cupping therapy; that it never clots inside the body whatever it stays but it clots fast and strong when it is let-out same as the obligatory relation in hyperglycemia where fluids and electrolytes are lost with the excess blood glucose in urine as being osmotically obliged to it leading in turn to the metabolic sequels encountered in uncontrolled diabetes (Nasrat et al., 2015f; Nasrat, 2017).

Cupping therapy procedure in brief steps: The cupping procedure starts by placing suction cups on the required areas of the skin for 3-5 minutes. The value of these suction cups is attraction of the undesired elements from deep important structures in the body to some less important areas towards the skin. Cups are removed and tiny superficial scratchings are done on the skin then cups are re-applied and repeat suction is employed with accumulation of blood inside the cups in turn. The source of this let out blood is not from the circulation but from within the tissues as proved by the observational finding that the cupping procedure reaches a point where blood-letting out stops whatever the suction is going on meaning that it is derived from a limited space not from an open circulation otherwise let out of blood would never stop so long the suction goes on. Therefore; cleaning the cups from blood is done and repeat placing them with repeat suction until blood letting-out stops. The blood upon letting out is seen first liquid but it clots inside the cup faster and stronger than any other blood as being trapped blood that has left the circulation earlier before some long time not freshly leaving the circulation. After reaching stop of blood-letting out, waiting two hours, one night or one day then repeat suction without further scratching, there would be blood-letting out again, what is the source of this new blood that has accumulated in the tissues again!! No source of blood except the circulation as if the circulation is sacrificing some of its blood elements; why!! Because undesired old cells; actually microscopic examination reveals that it is all old red blood cells. This new blood freshly leaving the circulation to the tissues appears more liquid, apparently less dark and clots slower; that is the blood which is sacrificed by the circulation shortly after and in response to the cupping procedure thus it is the

blood that would be trapped within the tissues and is supposed to be withdrawn during the future cupping procedure (Nasrat, 2017).

The following figure (Fig. 1) shows a deep thigh hematoma around 12 inches depth visualized by MRI (left), its response towards the suction on the skin (middle) and its near disappearance after skin scratching and repeat suction (right). It is worthy to pay the attention that this hematoma travelled across the thigh towards the skin suction in transverse direction meaning that it is not contained inside a blood vessels as the vessels in the thigh are longitudinal (Nasrat, 2017).

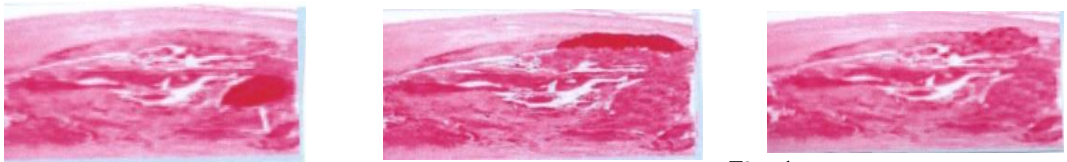


Fig. 1

The following figures demonstrate the tiny skin scratching in cupping therapy which should be around 1 mm. in length and around 0.1 mm. in depth (Fig. 2) and the sufficient blood which is let out from these tiny scratches (Fig. 3).



Fig. 2



Fig. 3

The following figures illustrate a cup filled with blood (Fig. 4) and a strong clot staying stable unsupported on the skin (Fig. 5).



Fig. 4



Fig. 5



Fig. 6



Fig. 7

The above figures (Fig. 6& 7) demonstrate that the cupping procedure reaches a step of NO blood-let out in spite of continued suction

The following figures (Fig. 8& 9) show clot inside a cup and the inflammatory mediators in the form of clear fluid on top and the other near the end of a cupping procedure where the inflammatory mediators appear as clear fluid drops.



Fig. 8



Fig. 9

Figure 10 shows the digital color view of the venous blood samples taken from patients with hepatitis C virus before and the morning after the cupping session that clearly illustrate the high biological value related to the cupping procedure in sero-clearance which is an integral health target (Nasrat, 2017).



Bfore



After

Fig. 10

These observational findings and illustration figures ar solid and constant facts in all cupping therapy procedures (Nasrat et al., 2015c; Nasrat, 2017).

A Fundamental fact in cupping therapy: A fundamental fact in cupping therapy that has been constantly documented in all cupping procedures is the source of the removed blood during cupping which is the interstitial space that is from within the tissues not the circulation meaning that the removed blood is functionless as the blood functions inside the circulation; in turn cupping therapy first should include no harm as the blood which is lost is useless, secondly it is mandatory even for a healthy individual as any normal individual would include trapped blood within his tissues particularly of the upper back thus if cupping is done for a healthy individual would reveal blood out therefore what is the purpose of leaving blood to accumulate within the tissues so long its normal existence is inside the circulation and thirdly the healthy benefit of cupping is definite due elimination of harmful useless material from the body (Nasrat, 2017).

The definite criteria indicating from where blood is let out during cupping therapy or the source of blood in BLO cupping therapy: The source of blood which is derived out during blood-letting out cupping therapy is definitely from within the tissues in the interstitial space and is not from the circulation even not from very tiny micro-capillaries under the skin as proved by solid constant observational/experimental findings in all cupping procedures.

These integral observational findings which are characteristic of cupping therapy are solid and constant in all cupping procedures, it could be emphasized and confirmed via some experimental clear facts.

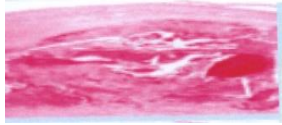
Blood-letting out in cupping therapy reaches a point where the let out of blood stops whatever the suction is meaning that it is derived from a limited space not from an open circulation or else blood-letting out would never stop so long the suction goes on even it is coming from tiny micro-capillaries (Fig. 6& 7).

After cleaning the cups from blood, re-applying them on the skin and revision of suction, the blood which is let out later is getting every time darker in color and faster in clotting inside the cup meaning that the blood is arranged in layers so that the blood that has left the circulation earlier is deeper and older hence it is darker and clots faster; the blood could exist in layers within the tissues not inside the circulation and this is definitely a good document.

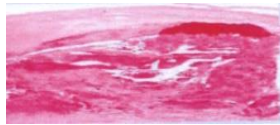
Some elderly people who are on anticoagulants for some cerebral or cardiac reason might need to undergo cupping therapy for any therapeutic purpose such as sprung of the back or a joint, those people do not need to interrupt their anticoagulants as these drugs are critical that should not be interrupted or delayed and furthermore these drugs run and function inside the circulation while the blood which is let out in cupping therapy comes from outside the circulation hence there would be no relation between them; that what actually is happening as the blood which is let out in those patients clots fast rather in 5 minutes and strong as if these anticoagulants are not there as the blood under anticoagulation should clot 3-4 times slower than the normal

blood i.e. in 21-33 minutes at least; this should be a definite decisive strong document about the source of blood in cupping therapy.

The following figure which is the previous figure 1 that shows a deep thigh hematoma visualized by MRI, picture (a); its response towards the suction on the skin, picture (b) and its almost disappearance after skin scratching and repeating suction, picture (c) also confirms the same finding about the source of blood from where it is being derived out in cupping therapy.



(a)



(b)



(c)

The blood which is let out during cupping therapy clots fast and stong in rather 3-5 minutes at first then in 1-3 minutes for the next deep layer then even in less than one minute for the next deeper layers and that is because this blood has left the circulation earlier unlike the fresh venous blood sample that clots in 7-11 minutes. These hard clots if left for a short while, they dissolve again as shown in figure 11 that is simply because these clots are composed of red blood cells only lacking the constituents of a proper clot which are red cells, platelets and fibrinogen, the latter two components are responsible for stability of the clot, getting thrombosed and contracted (Nasrat, 2017).



Fig. 11

The above figure (Fig. 11) shows a picture of a hard clot in place unsupported and dissolving (left) while the other picture on the right shows how blood clots fast, strong and dissolves

This striking observational finding together with the documented microscopic examination of the blood which is let out during cupping therapy being composed only of old red blood cells confirms the integral fact that the blood which is let out during cupping therapy is not derived from the circulation even not from tiny micro-capillaries under the skin otherwise it would be a mixture of the whole blood elements (Nasrat et al., 2015f; Nasrat, 2017).

The scientific theory in cupping therapy (mechanism of function in cupping therapy); the highly selective pooling of the whole circulation within a localized sector of the capillary bed over a limited interval: Figure 12 shows the side view of the biconcave normal red blood cells (in red) and the spherical old red cells (in blue).



Fig. 12

The following figure (Fig. 13) demonstrates an imaginary diagram of the micro-capillary arterio-venous junction.



Fig. 13

The following figure (Fig. 14) demonstrates an imaginary diagram for the micro-capillary arterio-venous junction at normal situations (left) and during micro-capillary dilatation (right).



Fig. 14

The biologic circulatory activity which takes place within a short while after the cupping procedure could be described as “A highly selective pooling of the whole circulation within a localized sector of the capillary bed over a limited interval”. The pooling of the circulation is related to the effect of histamine released due to skin scratching while falling of the undesired spherical red blood cells outside the circulation is due to the influence of the endothelial-derived nitric oxide liberated via the shear stress effect due to the act of repeated suction leading to micro-capillary dilatation. In normal situations, the biconcave healthy red cells circulate through the micro-capillary bed smoothly from the arterial to the venous side while the spherical unhealthy red cells have to get squeezed to the size of micro-capillaries in order to go through the narrow capillary bed under the influence of blood pressure. These cells recoil or regain their spherical shape after passing beyond the narrow vessels. In case of micro-capillary dilation, the matter is not much different for the healthy biconcave red cells whereas the unhealthy red cells getting squeezed to an ovoid oblong shape recoil and gain a blunt-shaped distal end while situated within the dilated micro-capillary arterio-venous potential junction hence getting stuck and restoring most of their spherical shape thus becoming unable to proceed through the venous side of the micro-capillaries and therefore are lost within the interstitial space constituting the blood of the future cupping session (Nasrat et al., 2015f; Nasrat et al., 2015c; Nasrat, 2017).

The following diagram (Fig. 15) demonstrates the imaginary flow of normal red blood cells within the capillary bed from the arterial to venous side.



Fig. 15

Figure 16 demonstrates the imaginary flow of the old spherical red cells in the capillary bed during normal situations where the cell gets compressed to an oblong shape then recoils and regains its spherical shape upon leaving the narrow vessels.

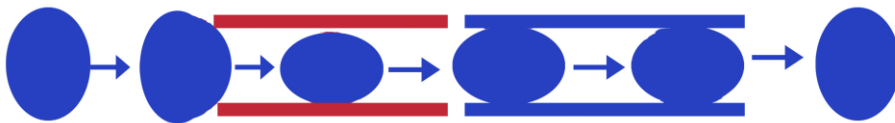


Fig. 16

The following diagram (Fig. 17) shows the imaginary flow of normal red blood cells in the capillary bed during a state of micro-capillary dilatation.



Fig. 17

The following figure (Fig. 18) demonstrates the imaginary flow of the old spherical red blood cells during micro-capillary dilatation where these cells recoil in the dilated arterio-venous junction and gain a blunt end therefore get stuck at the venous side.

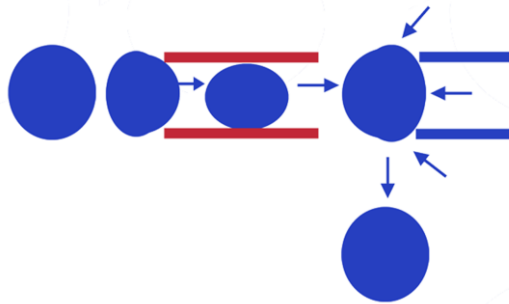


Fig. 18

Figure 19 demonstrates how the old spherical red blood cells could fall out of the circulation during micro-capillary dilatation shortly after the cupping procedure constituting the blood that accumulates and would be withdrawn out in the future cupping procedure.

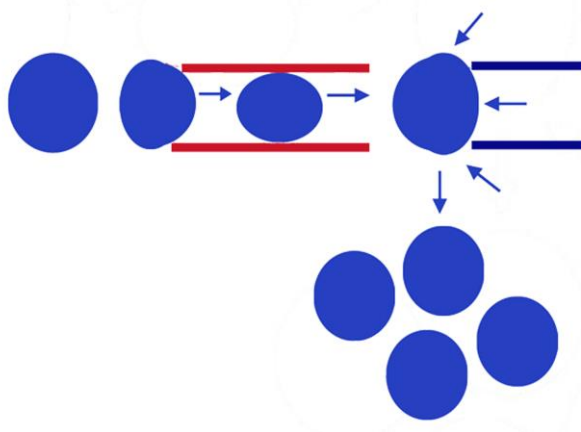


Fig. 19

Aim

This study aims at demonstration of the integral healthy biological benefits of cupping therapy that could not be achieved via several clinical measures; these benefits are worthy enough to be employed by the modern medicine in order to assist the results of medical therapy.

Review

The latest reports in literature illustrate some adequate research activities demonstrating the high biological value of cupping therapy in many medical challenges. The role of BLO cupping therapy has been frankly demonstrated in female pelvic congestion syndrome which is a medical challenge as most symptoms improved such as lower abdominal pain, dysmenorrhea, menstrual irregularities, dyspareunia and even the delay of gestation where many females got pregnant within three months after three successive cupping sessions (Nasrat et al., 2015f). Good therapeutic results were also achieved in male pelvic congestion syndrome as concerns fertility and the erectile function (Nasrat et al., 2016). The value of cupping therapy among patients with hepatitis where the cupping therapeutic talent of sero-clearance helps elimination of most of the viral load even to low undetectable levels in the morning following an evening session of cupping. Sero-clearance also improves the individual immunity, therefore; the aim and target of cupping in hepatitis is repeated sero-clearance with repeated lowering of the viral load thus avoiding complications and repeated augmentation of the individual immunity that could counteract the virus until reaching radical cure thus taming of the wild hepatitis B virus and eradication of hepatitis C virus were just possible and promising (Nasrat et al., 2015c; Nasrat et al., 2015g). Cupping therapy has shown dramatic immediate and complete relief of symptoms in angina and angina risk management after a single cupping session even in patients with recurrence of symptoms within three months from a successful cardiac catheter and stents, those patients were followed up for sufficient years without showing any recurrence of symptoms (Nasrat et al., 2015a). Dramatic immediate relief effects have been also shown with a single session of cupping therapy in cervical disc pathologies (Nasrat et al., 2015d). Cupping is the treatment of sclerosis due to elimination of the inflammatory tissue acidic mediators which are the reason of micro-capillary spasm, hence cupping therapy is an integral savior in diabetic leg critical ischemia (Nasrat et al., 2015e). Marked therapeutic effects were achieved in various skin pathologies like eczema, psoriasis and idiopathic dermatitis (Nasrat et al., 2015h). A significant cupping therapeutic answer has been given for the controversy of insulin cardio-protection among dysglycemic patients and that was due to the effect of elimination of the acidic metabolites via blood-letting out (Nasrat et al., 2015b). The effect of combined colon clear and cupping therapy in cease of disease progress among middle-aged female patients with endometriosis and ovarian cystic disease has been also interestingly emphasized (Nasrat, 2016).

Discussion

A good deal of scientific research activities dealing with the dramatic benefit of BLO cupping therapy has been reviewed in various medical conditions where all of them were true medical challenges and most of these research activities demonstrated almost complete medical cure (Nasrat et al., 2015f; Nasrat et al., 2015c; Nasrat et al., 2016; Nasrat et al., 2015g; Nasrat et al., 2015a; Nasrat et al., 2015d; Nasrat et al., 2015e; Nasrat et al., 2015h; Nasrat et al., 2015b; Nasrat, 2016). The biological benefit of BLO cupping therapy is being illustrated via the scientific theory of cupping therapy which is “The highly selective pooling of the whole circulation within a localized sector of the capillary bed over a limited interval” where the localized sector of the capillary bed constitutes the area of the cupping procedure and the limited interval represents the life time of the liberated nitric oxide during the cupping procedure which is the one to two hours following the cupping session (Nasrat et al., 2015f). Therefore comes the question; why the modern medicine does not employ the biological talents of BLO cupping therapy to assist improving the outcomes of medical therapy!!

The biological benefits of cupping therapy that concerns the modern medicine should include: 1. Activation of the local, general circulation and micro-capillary circulation due to histamine release because of skin scratching and the endothelial-derived nitric oxide liberation due to a shear stress effect caused by the act of repeated suction; 2. Sero-clearance or clearance of the circulation from its undesired old blood elements via a selective pooling of the circulation due to histamine release together with the localized micro-capillary dilatation caused by nitric oxide liberation; 3. Guarding against vascular accidents due to elimination of the old red blood elements preventing un-necessary hemoconcentration via the biology of sero-clearance; 4. Withdrawal of the inflammatory toxic tissue mediators with the blood which is let out as being obliged to it; 5. Correction of any existing micro-capillary compromise due to elimination of any accumulating inflammatory tissue mediators which are the reason of the micro-capillary spasm; 6. Protection towards complications of diabetes in the heart and leg or foot due to elimination the toxic metabolic mediators; 7. Guarding against chronic illness and cancer due to elimination of the acidic inflammatory mediators and cure of any existing micro-capillary compromise which are the main hidden reason behind chronic, major illness and cancer; 8. Augmentation of the individual immunity due to sero-clearance and improving the quality of oxygen and nutrients carrying capacity of red blood cells; and 9. Activation of the un-differentiated stem cells which is still a subject of continued research and under accurate re-determination (Nasrat 2017; Morishita, 1972).

The mechanism of function in cupping therapy to achieve its biological benefits is therefore dependant mainly and simply upon histamine release and nitric oxide liberation. For example, the mechanism of sero-clearance in cupping therapy is based on pooling of the circulation in a limited sector of a dilated micro-capillary bed due to

histamine release and nitric oxide liberation. The mechanism of cure of micro-capillary compromise and protection towards chronic illness and cancer is through elimination of the toxic tissue inflammatory mediators with the blood which is let out as being obliged to it. According to continued research studies on chronic illness and cancer between 1962 and 1966, it has been reported in 1968 that the main hidden reason behind chronic illness and cancer is the micro-capillary compromise because of accumulation of the toxic inflammatory mediators in tissues and circulation (Morishita, 1972). In cupping therapy, the toxic tissue mediators are eliminated during the cupping session being obliged to the blood which is let out while the toxic mediators in the circulation are expelled into the tissues with the undesired old red blood cells sacrificed from the circulation during the brief duration following the cupping session whereas both of them, the old blood and the mediators, are expected to be let out during the future cupping procedure. These mediators have been isolated during the cupping procedure, tested, and documented to be almost cytokines and chemokines (Nasrat, 2017). The following figure (Fig. 20) demonstrates a step near end of the cupping procedure where a few bright blood appears together with the toxic mediators that look as clear reddish spots (left) while in a next step also near end of the cupping procedure (right picture) the toxic mediators appear as clear fluid drops.



Figure 20

The natural instincts of the physiological behavior of blood during BLO cupping therapy are quite interesting. 1. As the blood has been trapped within the tissues in layers so that the oldest is deepest and therefore it is darker and faster in clotting when it is let out. It is worthy to mention that it has been observed that the blood respects its cue during letting out and does not mix with blood of other layers otherwise the blood which is let out would be rather similar in color and speed of clotting during the whole cupping procedure which is not the case at all; 2. The blood which is let out during the cupping procedures responds to suction and its response to suction is a property of the blood itself not a property of suction meaning that the blood goes towards the suction not the suction which is pulling it towards the cup as proved by the observational finding that performing cupping with scratching around an abscess where there is accumulation of pus, exudate and blood among the abscess; it was found that what is let out is only blood. Incision of the abscess shows drainage of pus, exudate and blood confirming existence of the three materials, placing the cup

over the abscess incision and doing repeated suction reveals only blood indicating that the blood goes to the suction by its own natural instinct towards the suction not the suction which is pulling it otherwise all three materials should come to the suction cup; 3. Blood-letting out from the body is a natural or physiological instinct of the blood trapped within the tissues as demonstrated by the observational finding upon doing the cupping therapy some distance from a limb hematoma and while the blood is starting to be letting out in the cup, a tourniquet is applied between the cup and the hematoma, this elicited severe pain either at the site of the cup or the hematoma, pain disappears with release of the tourniquet and returns with re-applying it; and 4. BLO cupping therapy is entitled for a biological function as concerns tissue health support as observed in a cupping therapy procedure for a patient with critical leg ischemia with impending gangrene and amputation was considered where blood-letting out was starting to go slower then stopped, when the cup is removed blood started to slope passively without suction, the slope of blood got fixed in place once the cup and suction were re-applied and so on, that is the blood slopes passively without suction and stops instantly with re-suction, no explanation was concluded for this strange behavior of the blood except after incision of the skin with appearance of the muscles dark and unviable, therefore; cupping could function for health of the tissues but if the the tissues are not viable hence cupping has got no reason (Nasrat, 2017; Nasrat et al., 2015e).

Is BLO cupping therapy empirical! BLO cupping therapy could never be empirical but it is integral and fundamental as documented by the physiological instincts of the natural behavior of blood during cupping therapy procedures. As emphasized, the trapped blood within the tissues responds to the suction and the response of blood to suction is a property of the blood itself not a property of the suction, therefore; the tiny skin scratching in cupping procedures are better effective in suction than skin cuts or weldone scratches exactly similar to the impossibility of trying to swallow a drink from top of a bottle while it is easy via a narrow straw. In addition to the physiological instincts of the behavior of blood during cupping procedures, the fundamental facts in cupping therapy particularly the source of blood which is derived during cupping that it is from within the tissues in the interstitial space not from the circulation; whoever decides to deconstruct the biological building of cupping therapy should first devalidate this integral fact namely the source of blood which is let out during cupping therapy or from where the blood in cupping therapy is derived out!! (Nasrat, 2017).

It is necessary to confirm that the process of sero-clearance is a biological event which is part of the normal human physiology where the old red cells are destroyed in the blood sinusoids of spleen and liver for the purpose of re-circulation to build up new proteins and hemoglobin while the old undesired useless red cells are eliminated in the upper back, that is the blood which would be withdrawn out if cupping therapy is ever done. This normal physiological process of sero-clearance taking place inside the human body is slow and occurs over long periods while sero-clearance in cupping

therapy is a huge biological process that completes clearance of the whole circulation from all of its undesired red blood cell elements in just two hours or at most over a night. Hence, the upper back is the area of the body which is capable and entitled to accommodate the unhealthy blood elements expelled from the circulation via a slow incomplete biological process over long periods and therefore; the upper back is the essential area of the body for cupping therapy and prophylaxis while the the interstitial space is the intelligent yard where BLO cupping therapy exerts its biological talents (Nasrat et al., 2015c; Nasrat, 2017).

Summary

This study introduced cupping therapy in brief details strating with the definition of cupping therapy, the cupping procedure in delicate scientific steps, the fundamental facts in cupping therapy and the scientific theory in cupping therapy or mechanism of function of cupping therapy. Reviw of the scientific research activities by the author of this study in BLO cupping therapy with successful results among several medical challenges was emphasized aiming to attract the interest of modern medicine to employ these beneficial results in medical practice. Discussion of the biological benefits of cupping therapy was also illustrated with the purpose of getting the attention of modern medicine towards these benefits. The hypothetical events that encounter the red blood cells within a localized sector of the capillary bed of the cupping area as concerns the scientific theory of cupping included in this study is further emphasized and powered by a moving slide show illustration.

Acknowledgement

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Conflict of interest

No conflict of interest is existing.

Conclusion

BLO cupping therapy is a clinical procedure with huge biological benefits that could assist the outcomes of medical therapy.

References

- [1] Morishita, K. (1972). The hidden truth behind cancer. San Francisco, George Oshawa Macrobiotic Foundation.
- [2] Nasrat, A. M., El-Sayed, S. M., & Nasrat, S. A. (2015). Role of blood-let out cupping therapy in angina and angina risk management. *Gen Med*, 3, 3. doi.org/10.4172/2327-5146.1000191
- [3] Nasrat, A. M., Nasrat, R. M., & Nasrat, M. M. (2015). A therapeutic answer for the controversy of insulin cardio-protection among dysglycemic patients. *Gen Med*, 3, 6. doi: 10.4172/2327-5146.1000216

- [4] Nasrat, A. M., Nasrat, R. M., & Nasrat, M. M. (2015). Hepatitis C virus; its eradication from the serum is just possible. *Gen Med*, S1, 003. doi: 10.4172/2327-5146.1000S1-003
- [5] Nasrat, A. M., Nasrat, R. M., & Nasrat, M. M. (2015). New approach for the hidden reasons behind cervical disc pathology during late decades. *Gen Med*, 3, 6. doi.org/10.4172/2327-5146.1000214
- [6] Nasrat, A. M., Nasrat, S. A. M., Nasrat, R. M., & Nasrat, M. M. (2015). Diabetic leg critical ischemia; early clinical detection and therapeutic cupping prophylaxis. *Gen Med*, 3, 4. doi.org/10.4172/2327-5146.1000201
- [7] Nasrat, A. M., Nasrat, S. A. M., Nasrat, R. M., & Nasrat, M. M. (2015). Role of blood-let out cupping therapy in female pelvic congestion syndrome. *Gen Med*, S1, 003. doi:10.4172/2327-5146.1000S1-003
- [8] Nasrat, A. M., Nasrat, S. A. M., Nasrat, R. M., & Nasrat, M. M. (2015, Jul). Role of blood-let out cupping therapy in taming the wild hepatitis B virus. *Int J Recent Sci Res*, 6 (7), 5049-5051.
- [9] Nasrat, A. M., Nasrat, S. A. M., Nasrat, R. M., & Nasrat, M. M. (2015). Therapeutic effect of combined colon clear and cupping therapy on idiopathic skin pathology. *Gen Med*, 3, 5. doi: 10.4172/2327-5146.1000209
- [10] Nasrat, A. M. (2016). Endometriosis and ovarian cystic disease; why so linked as if born simultaneous!! *Gen Med*, 4 (1), 1000221. doi:10.4172/2327-5146.1000221
- [11] Nasrat, A. M., El-Sayed, S. M., Shabaka, A. A., & Nasrat, M. M. (2016). Male pelvic congestion; obscure reasons for an obvious phenomenon among the young. *Gen Med*, 4 (2), 1000236. doi:10.4172/2327-5146.1000S1-003
- [12] Nasrat, A. M. (2017). The scientific theory in cupping therapy; the highly selective pooling of the whole circulation within a localized sector of the capillary bed over a limited interval. *Am J Med Med Sci*, 7 (7), 302-307. doi: 10.5923/j.ajmms.20170707.03