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Hijamah and pre-eclampsia: How does it affect women at risk?

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Abstract---The objective of this work is: Asses the expected advantage of hijamah on the event of preeclampsia at high-risk ladies. Patients and Methods: The quantity of prim- gravida ladies gathered was " 294" with gestational age went from 18-22 wks. .from (294) primigravida cases ,(25) ladies were distinguished as being at expanded hazard of pre-eclampsia by unusual Doppler wave structure 18–22 weeks in either uterine artery development (characterized as an obstruction record < 95th centile for growth or the presence of an early diastolic score), Another (25) ladies with history in the first pregnancy of pre-eclampsia, eclampsia or HELLP (Hemolysis, raised liver proteins, low platelets) . -Complete number of qualified members were, (50) cases. Design and procedure: Cases partitioned haphazardly into two gatherings every 25 cases one gathering submitted for hijamah, other gathering left as control. The essential result measure was the proportion PAI-1/PAI-2 and the auxiliary result tentatively as per rules of global society for the investigation of hypertension in pregnancy was event of pre-eclampsia. Results: Doppler screening was finished on, 294 demure gravidae with gestational age went from 18-22 wks.; just 42 ladies showed unusual Doppler concentrate so requested to come for rescanning at 24 wks.' development. 31 out of 42 patients (75%) have industrious unusual review. The remnants of the 42 ladies (25%) were removed from the review at 24 wks.' growth since they have typical uterine-vein filter. Improvement of gentle pre-eclampsia was measurably lower ($p < 0.5$) in the review than that in the

benchmark group. Be that as it may, advancement of cut off pre-eclampsia or superimposed pre-eclampsia was measurably inconsequential between the two gatherings. PAI-1 was essentially expanded in ladies created pre-eclampsia more than normotensive (167 ± 71.2 , 113.8 ± 35.6 ng/ml separately) with $P=0.03$ IN contrast PAI-2 was fundamentally diminished in ladies created pre-eclampsia under normotensive (105 ± 34.9 , 181.1 ± 67.9 ng/ml individually) with $P=0.018$. Conclusion: Treatment and counteraction preliminaries of pre-eclampsia have been frustrating to date. Nonetheless, this study has proposed causal connections between oxidative pressure and the improvement of pre-eclampsia show that might be a job for hijamah in the counteraction of pre-eclampsia. A high-risk populace can be effectively distinguished in view of uterine-supply route Doppler screening and pervious history of the illness.

Keywords---pre-eclampsia, women risk, Hijamah.

Introduction

Pre-eclampsia is a significant reason for maternal dreariness and mortality (de Swiet M, 2000) and represents 5 overlap expansion in perinatal mortality with iatrogenic rashness (Farag et al., 2004). Regardless of the significant expense to families and wellbeing administration assets, there is no viable administration procedure other than elective conveyance, and no helpful mediation has been demonstrated to forestall or defer the beginning of this infection (Sibai 1998).

Measuring treatment is a basic system wherein negative tension is administered topically using sucking cups. (dry measuring treatment) (AL-Shamma YM, Abdil Razzaq A., 2009). Many kinds of measuring treatment are depicted in the writing including dry measuring treatment, wet measuring treatment, restorative measuring treatment, moving measuring treatment and others (Chirali IZ., 1999). The main sort of wet measuring treatment is by all accounts Al-hijamah (technique for wet measuring treatment rehearsed in prophetic medication). As we will show here, not at all like most regular treatment modalities, wet measuring treatment is an excretory type of treatment not an early on one for example wet measuring treatment utilizes negative tension suctioning and skin pricking to open the skin hindrance and discharge a ridiculous combination of liquids with dissolvable squanders and causative obsessive substances (CPS). Second regrettable tension suctioning finishes the course of waste discharge. Sadly, clinical examination connected with measuring treatment doesn't cover its significance. Measuring treatment is rehearsed authoritatively in clinics in China (Cao H, etal .,2012) and is viewed as intimately acquainted in a few European nations (Michalsen A,etal. ,2009) and (Salomonsen LJ,etal. ,2011).

Benefits of Cupping This delicate treatment utilizes negative strain, rather than pressure of the muscles, in order to extract tissue stagnation and carry it to the skin level. Profound muscle 'hitches', snugness and irritation are tenderly feeling better as the tissue releases and is extended. The pores extend to release a portion of the squanders and poisons, the rest are flushed by the body's

circulatory and lymphatic frameworks. New renewed blood, oxygen, and supplements are brought to the area. Irritation, joint agony, firmness, and joint pain torment can ease. Blockage in tissue, including the lungs, is separated, and ousted. The resistant framework is reinforced. The sensory system is invigorated permitting a profound unwinding to travel through the body. Staining or stamps may at times happen thus from measuring treatment, particularly after a Detoxification Treatment. One of the most well-known and lamentable confusions is that the imprints are swelling. " Swelling" is brought about by influence injury with breakage of vessels and a surge of liquids to the harmed region. There is no effect injury or pressure in measuring treatment. These imprints are stagnation, dead cell garbage, and above all, poisons, being long of the body. This is the restoratively wanted impact, the more this is noticeable, the more prominent the degree of stagnation and harmfulness in the body. The staining will disperse from a couple of hours to up to about fourteen days, contingent upon the poisonousness in the body and after treatment care. As extra medicines happen, as a rule by the third or fourth treatment, no staining is probably going to happen by any means.

This study was fundamentally intended to survey the expected advantage of hijamah on placental and endothelial markers capability. Plasminogen activator inhibitor 1 (PAI-1) is blended transcendently by endothelial cells and is a marker of endothelial-cell enactment .PAI-1 focuses increment logically in the maternal plasma in typical pregnancy and, surprisingly, higher in pre-eclampsia (Halligan et al. ,1994) .PAI-2 is orchestrated by the placenta ; plasma fixations likewise increment continuously in ordinary pregnancy however decline with diminished placental capability (Halligan et al. ,1994) .The proportion of PAI-1 to PAI-2 abatement with diminished placental capability (Halligan et al. ,1994) .The proportion of PAI-1 to PAI-2 reductions in typical pregnancy as the placental mass increments , however is high in pre-eclampsia attributable to endothelial-cell enactment and placental deficiency .Reith and partners have proposed that the proportion might be helpful as a discriminator among ordinary and pre-eclampsia pregnancies (Reith et al. ,2003) . In the current review it will be utilized as a list of the illness cycle for this review. Our optional result measure was the event of pre-eclampsia.

Patients and Methods

Members: - The quantity of primigravida ladies gathered had a gestational age of "294". went 18 to 22 weeks. Every one of these patients submitted for Doppler concentrate interestingly, "42" patient appearance unusual Doppler concentrate so requested to come for rescanning at 24 wks. At " 24 " wks., " 38" pregnant women came and "4" patient drop Out. The outcome showing just " 31 " patient with persevering unusual Doppler concentrate so " 30% " of the 42 ladies with strange waveforms were removed at 24 weeks growth since they have ordinary uterine-supply route examine. Further (6) ladies pulled out from the preliminary following 24 weeks incubation :(2) moved their antenatal consideration to another area ;(3) didn't have any desire to proceed hijamah all through pregnancy; what's more(I) ladies didn't return for additional visits despite a few updates. One more gathering 28 pregnant ladies with history of pre-eclampsia in the past pregnancy. (3) ladies of them pulled out from the preliminary : (I) moved

their antenatal consideration to another area ; (1) didn't have any desire to proceed hijamah all through pregnancy ; what's more (1) ladies didn't return for additional visits in spite of a few updates .So from (294) primigravida cases , (25) ladies were recognized as if at expanded hazard by way of pre-eclampsia unusual Doppler effect structure in either uterine conduit at 18-22 weeks' development (characterized as an obstruction file < 95th centile for growth or an early diastolic condition score) .Uterine-supply route Doppler screening was finished by one onlooker .Another (25) ladies with history in the first pre-eclampsia and eclampsia during pregnancy or HELLP (Hemolysis, raised liver compounds, low platelets).All out number of qualified members were,(50) cases.

Plan and system

Cases separated haphazardly into two gatherings every 25 cases one gathering submitted for hijamah strategy (wet measuring) like clockwork. Other gathering was control. Ladies with relentlessly unusual wave structures and those with a past history of pre-eclampsia were seen like clockwork through the remainder of pregnancy, these visits were extra to the routine antenatal consideration sorted out for these ladies. A record of the uterine course Doppler results was made in the antenatal notes, for all member in the examination study. At each visit, Venous blood was drawn from an un handcuffed arm into tubes containing trisodium citrate (proportion one to nine) , for estimation of PAI-1 and PAI-2, the cylinders were put promptly on ice, and centrifuged at 40c in no less than 3 hours of testing .Tests of the supernatant were taken out and put away at - 700c until examination . PAI-1 and PAI-2 antigen focuses were estimated by ELISA (given by Roche Diagnostics Ltd, Chime Path, Lewes, East Sussex, BN7 1LG, UK). The lower furthest reaches of identification were 0.5 ug/L (PAI-1) and 0.6 ug/L (PAI-2).The essential result measure was the proportion PAI-1/PAI-2 and the auxiliary result tentatively as per rules of worldwide society for the investigation of hypertension in pregnancy, Gestational hypertension was characterized as two accounts of diastolic circulatory strain of 90 mmHg or higher somewhere around 4 hours separated, and cut off gestational hypertension as two accounts of diastolic pulse of 110 mmHg or higher no less than 4 hours separated or one recording of diastolic pulse of no less than 120 mmHg . Proteinuria was characterized as discharge of 300 mg or more in 24 hours or two readings of 2+ or higher on dipstick examination of halfway or catheter pee examples in the event that no 24 hours assortment was accessible. Ladies were delegated already normotensive or with ongoing hypertensions before 20 weeks development. for already normotensive patient , pre-eclampsia was characterized as pregnancy-related hypertension with proteinuria ,for ladies with constant hypertension , superimposed pre-eclampsia was characterized by the new improvement of proteinuria., all ladies were designated to a result classification based on their circulatory strain before conveyance other unfavorable perinatal out comes were ; placental unexpectedness (the presence of retro placental cluster at conveyance and stomach torment , draining , or both preceding conveyance); unconstrained preterm conveyance (before 37 weeks incubation) ; intra uterine passing , and little for gestational age babies.

Hijamah technique: As a general rule are two sorts of measuring: dry measuring and draining or wet measuring (controlled dying) with wet measuring being more

normal. The English Measuring Society (BCS), an association advancing the training, educates both. When in doubt, wet measuring gives a more "healing treatment approach" to patient administration while dry measuring requests more to a "helpful and unwinding approach".

While the historical backdrop of Wet measuring (Al-Hijamah or restorative dying) may go back millennia, the first recorded utilizes are found in quite a while of the Islamic prophet Muhammad (Andrew Rippin and Jan Knappert, 1990). As indicated by Muhammad al-Bukhari, Muslim ibn al Hajjaj Nishapuri and Ahmad Ibn-Hanbal, Muhammad supported the Hijamah (measuring) treatment [Sunan Abu Dawood]. Various hadith support its suggestion and use by Muhammad. Thus, the act of measuring treatment has made do in Muslim nations. Today, wet measuring is a famous cure drilled in many pieces of the Muslim world [Ahmed El Wakil (2011)]. Wet measuring was carried out on the review subjects for 4 successive months as indicated by the Islamic convention. All members were approached to quick for something like 12 hours and pulse and a blood test were gotten before the inception of the system. Toward the finish of the meeting, one more estimation of pulse was acquired Half an hour later the end of wet measuring. A subsequent blood test was gotten from the members 48 hours after the fact, and they were all fasting for 12 hours. Similar techniques were continued in the second month of the review. On the other hand, gentle pull is made utilizing a cup and a siphon (or intensity pull) on the chose region and left for around three minutes. The cup is then eliminated, and little shallow skin entry points are made utilizing a measuring surgical blade. A subsequent pull is utilized to draw out a little amount of blood cautiously. The system was steered and created by Ullah et al 2005 and has been embraced by the English Measuring Society which means to advance, safeguard, and foster proficient principles in measuring treatment [British Measuring Society (2013)].

Statistics

The factual examination of information done by utilizing succeed program and spss program (measurable bundle of sociology) adaptation 10 on windows 98 on PC viable with IBM .first Part was expressive, in from of mean \pm SD and frequency& extent .second part was logical, for quantitative information (mean \pm SD) understudy t-test was utilized for contrasting between 2 gatherings .For quantitative information (middle and reach) or recurrence and extent chi-square test was utilized .P is critical if ≤ 0.05 at certainty span 95%.

Results

Using a Doppler screen was finished on, 294 primigravidae based on gestational age went from 18-22 wks.; just 42 ladies showed strange Doppler concentrate so requested should return for a second scan at 24 weeks growth. 31 out of 42 patients (75%) have industrious unusual review. The remnants of the 42 ladies (25%) were pulled out from the review at 24 wks' incubation since they have typical uterine-vein filter. Further 6 ladies were removed from the review, 2 on demand moved to have their antenatal consideration at another area, 3 would have rather not kept taking medicine all through pregnancy, and just a single lady didn't return for additional visits regardless of a few updates. The second

gathering of 28 pregnant ladies with history of pre-eclampsia, 3 of them were pulled out from the review, one lady on demand moved to have their antenatal consideration at another area, one would have rather not kept taking drug all through pregnancy, and one lady didn't return for additional visits in spite of a few updates. So complete quantities of qualified members were (50) cases.

Measuring treatments were carried out utilizing six focuses on the rear of every member and they were: a) two cups for the lower end of the neck cervical vertebrate (C7) and thoracic vertebrate (T2), b) two cups on every scapula and c) two cups horizontal to the lumbar vertebrate (L3). The destinations of measuring were distinguished on the rear of the members, and they were sanitized utilizing liquor swabs. The wet measuring methods endured 15 minutes for each member and the means were: Essential sucking: The cups were put on the assigned locales and a negative strain was made by manual pull utilizing the gave siphon the pack. The cups were left for a time of 5 minutes subsequent to guaranteeing their firm connection to the skin. Incision: The cups were taken out, and 10-12 shallow cuts were made on each assigned region of the skin utilizing clean careful edges. Bloodletting: In the wake of dousing the cups, they were supplanted back on the assigned region of the skin and negative strain was made as recently depicted. The cups were left on the skin till they were loaded up with blood from the narrow vessels. Removal: The cups were eliminated around following 3 minutes, and new cups were put on similar regions as recently referenced. The pre-owned cups were socked in betadine for disinfection. Bloodletting: The most common way of blood draining was rehashed for multiple times altogether. Clean and sanitize: The measuring regions were cleaned utilizing betadine followed by arrangement of clean dressing. Following the end of measuring treatment, every member was offered 125 ml of natural product squeeze and circulatory strain was recorded 30 minutes after the fact. Same techniques were followed for the hijamah bunch and during the 4 months span of the review (rehashed like clockwork). One more 5 ml blood tests were gathered from every member 48 hours following the end of measuring treatment and every one of the members were additionally fasting for 12 hours.

Legitimization in light of seriousness of the sickness, patient was experiencing second grade HTN quite a while, simply in first visit just cervical spine community and respective two cups were utilized and result was look at prior and then afterward, we can't place 7 or 8 cups in first visit on the grounds that might be high fall in BP out of nowhere or might be cerebral ischemia might prompt demise, in third visit its found patient BP was set as would be expected by applying 7 cups and patient likewise feel great being thus same example was applied till 4 months.



Picture 1. On 1st Visit



Picture 2. On 2nd Visit



Picture 3. On 3rd Visit



Picture 4. On 4th Visit

Clinical characteristics of control and study group

Mean age, body mass index, and blood pressure between study and control groups were statistically insignificant.

Table (1) Baseline characteristics of studied patient cases

Patient profile	Control group (N=25)		Hijama group (N=25)	
	Mean	SD	Mean	SD
Years of mean (SD) age	29.8	+/- 5.6	28.9	+/- 6.4
Index of body mass (SD) at mean	25.6	+/- 5.6	23.3	+/- 6.0
Mean (SD) bl. pressure (mmHg)				
Systolic	110	+/- 12	112	+/- 12
Diastolic	68	+/- 10	67	+/- 11
Smokers	1		0	

Student t-test is used.

Percentage incidence of preeclampsia among control and hijamah groups

Improvement of gentle pre-eclampsia was measurably lower ($p < 0.5$) in the hijamah compared to that in the benchmark group. Be that as it may, advancement of cut off pre-eclampsia or superimposed pre-eclampsia was measurably inconsequential between the two gatherings.

Table (2) Percentage incidence of preeclampsia among control and hijamah groups

	Control group N = 25		hijamah group N =25		X value	P value
	N	%	N	%		
Mild preeclampsia	4	16%	1	4%	X ² =1.09	Ns
Severe preeclampsia	2	8%	1	4%	X ² =0.35	Ns
Total with preeclampsia	6	24%	2	8%	X ² =2.38	Ns

Table (3) Percentage incidence of gestational hypertension among control and hijamah groups

Occurrence of gestational hypertension among control group and hijamah groups was statistically insignificant.

	Control group N = 25		hijamah group N = 25		X value	P value
	N	%	N	%		
Normal blood pressure	15	60%	18	72%	X ² =0.8	(Ns)
Gestational hypertension	4	16%	5	20%	X ² =0.14	(Ns)
Preeclampsia	6	24%	2	8%	X ² =2.38	(Ns)

Table (4) Mean systolic blood pressure value during pregnancy (mmHg) among control and hijamah groups.

Mean systolic blood pressure value during pregnancy (mmHg) among control and hijamah groups was statistically insignificant.

		Normotensive Mean ±SD	Gestational hypertension Mean ± SD	Preeclampsia Mean ± SD
Systolic	Control group	120 ±12.5(n=15)	145 ±15.6(n=4)	156 ± 3.13(n=6)
	hijamah group	125 ±11.3(n=18)	150 ±14.6(n=5)	160 ±20.3(n=2)
	t-test	0.67	0.77	0.46
	P value	0.32	0.26	0.42

Table (5) Mean diastolic blood pressure value during pregnancy (mmHg) among control and hijamah groups.

Mean diastolic blood pressure value during pregnancy (mmHg) among control and hijamah groups was statistically insignificant.

		Normotensive Mean ±SD	Gestational hypertension Mean ± SD	Preeclampsia Mean ± SD
Diastolic	Control group	75 ±7.3(N=15)	100 ±10.2(N=6)	105 ±15.7(N=4)
	hijama group	80 ± 6.5(100 ± 9.6 (N=5)	110 ±13.7 (N=2)

		N=18)		
	t-test	0.98	0.12	0.63
	P value	0.12	0.96	0.27

Table (6). Mean PAI-1&2 worth among control and study gatherings (strange Doppler waveform cases): PAI-1 was fundamentally expanded in ladies created pre-eclampsia above and beyond normotensive (167 ± 71.2 , 113.8 ± 35.6 ng/ml separately) with $P=0.03$, conversely, PAI-2 was essentially diminished in ladies created pre-eclampsia under normotensive (105 ± 34.9 , 181.1 ± 67.9 ng/ml individually) with $P=0.018$.

	PAI-1	PAI-2
	Mean \pm SD	Mean \pm SD
Normotensive	113.8 ± 35.6 ng/ml	181.1 ± 67.9 ng/ml
Preeclampsia	167 ± 71.2 ng/ml	105.3 ± 34.9 ng/ml
t-test	2.31	2.57
P value	0.03*	0.018*

* Significant

Discussion

Al-hijamah is a minor careful excretory method that has clinical and logical bases in cleaning blood and interstitial spaces off of unsafe substances, toxic substances, and CPS. Both current medication and Unani medication demonstrated the helpful worth of wet measuring treatment (WCT) in treatment of sicknesses that are different in etiology and pathogenesis. WHO is welcome to reveal more insight upon medical advantages of Al-hijamah and to support its training in clinics? Applying measuring is the best answer for forestall and treat such cases, as measuring diminishes the degree of fat (fatty substance, cholesterol) in blood to typical one, disposes of hypertension and expands the blood move through heart tissue subsequent to cleaning the corridors and keeping them from atherosclerosis. Analysts overall are welcome to focus closer on foster more exploration in examining cures rehearsed in Unani medication to fix and alleviate human experiencing in numerous serious illnesses with horrendous anticipation.

Hypertensive issues of pregnancy (HDP) comprise the commonest clinical turmoil analyzed by obstetricians in clinical practice. It is all around perceived that HDP muddle 6-8% of pregnancies (ACOG, 1996). Pre-eclampsia is a significant reason for maternal grimness and mortality (De Swiet., 2003) and represent over 40% of iatrogenic untimely conveyances (Meis et al., 1998). In spite of the fact that there is obvious proof for placental brokenness and endothelial cell enactment in pre-eclampsia, interest has now gone to the potential variables intervening the collaboration between the two oxidative burdens has been proposed as giving a connection between strange placentation and maternal sign of pre-eclampsia (Roberts, Hubel, 2004). There is no broadly acknowledged test for the expectation of pre-eclampsia.

In this study two strategies for evaluation were utilized to recognize high gamble pregnant people for creating pre-eclampsia, the first, primigravida and the

second, uterine course Doppler waveform examination gives a proxy marker of placental perfusion as concentrated by Ochi et al, (1998). At the point when the ordinary trophoblastic intrusion and alteration of twisting veins is intruded on, there is expanded impedance to stream inside the uterine courses and diminished placental perfusion. These neurotic cycle are key elements normal to the advancement of pre-eclampsia, and are thought when the opposition list (RI) neglects to diminish in the subsequent trimester, or with the presence of diastolic scoring in the uterine conduit waveform (Nicolaidis et al; 2002). Papageorgiou et al; 2001 led a multicenter partner investigation of roughly 8000 unselected singleton pregnancies to decide the utility of transvaginal variety Doppler evaluation of the uterine supply route in the expectation of resulting improvement of pre-eclampsia and/or IUGR. Respective scoring or a raised PI were viewed as unusual finding. The creators presumed that uterine course Doppler screening at 23 weeks is most educational in recognizing the more seriously impacted hatchlings and play a part in routine pregnancy care.

The objective of the review was to decide whether prophylactic hijamah could forestall proof of endothelial enactment, as estimated by PAI-1 a marker of endothelial initiation and placental brokenness, as estimated by PAI-2. furthermore and, surprisingly, more significant from clinical stance, the recurrence of pre-eclampsia among control and study cases. It has been led on 50 patients partitioned into two equivalent gatherings (control and study gatherings). PAI-1 is an essential inhibitor of tPA and other plasminogen activators in the blood, PAI - 1 cutoff points creation of plasmin and holds fibrinolysis under wraps (Huber, 2001). The proportion of PAI-1/PAI-2 ought to diminish in ordinary pregnancy as placental might increment. Nonetheless, it is high in pre-eclampsia because of expanded endothelial cell actuation and placental deficiency (Granger et al., 2001). In the ongoing review, the degree of PAI-1 antigens was essentially higher in pre-eclampsia than in ordinary pregnancy (167.7+/- 71.2 versus 113+/- 35.6 ng/ml; $p > 0.05$) conversely, PAI-2 was essentially lower in pre-eclampsia than in typical pregnancy (105.3+/- 34.9 versus 181 +/- 67.9 mg/ml; $p > 0.001$). This ongoing concentrate almost equivalent a similar consequence of Chappell study performed at 1999 showed improvement of 6 out 25(24%) ladies in the benchmark group contrasted and 2 out 25(8%) in concentrate on bunch. This decrease in pre-eclampsia was reflected by massive changes in the PAI - 1/PAI-2 proportion. The improvement in biochemical capability in this little review, could demonstrate a lot bigger multicentre study to examine the result. The proportion of PAI-1 to PAI-2 was taken on as the essential result measure since it reflects, both endothelial and placental capability. The consequence of this study demonstrate that there was a huge diminishing in pulse after Al-Hijamah which is doubtlessly because of a lessening in blood volume as per the accompanying condition: Mean circulatory strain (MBP) = cardiovascular result (CO) \times fringe vascular obstruction (PVR) (Guton Physiology textbook,2006) Since PVR is kept up with by a diminishing in blood stream (CO) and MBP, so the upside of Al-Hijamah is to bring down pulse which might have an extraordinary advantage in administration of hypertension(Guton Physiology textbook,2006).The pulse shows no huge changes because of Al-Hijamah because of support of inhibitory reactions of barro-receptor by the impact of brought down blood pressure(Yong-Suk Kim1,etal. ,2005). Hb% essentially increment because of the way that Al-Hijamah can dispose of access volume of plasma and to dispose of matured RBCs

with impeded O₂ carriage limit. Platelets count fundamentally increment because of draining brought about by Al-Hijamah which is probably a piece of homeostasis process. WBC count, N% and M% fundamentally brought down and L% essentially expanded with no huge changes for E%. This multitude of changes in blood boundaries probably because of different system brought about by draining of Al-Hijamah. In the current review, hijamah application all through the final part of pregnancy ladies at expanded chance of pre-eclampsia significantly affected biochemical markers of the illness (plasminogen activator inhibitors - 1 and 2 (PAI - 1 and PAI - 2), and the occurrence of pre-eclampsia diminished in concentrate on bunch contrasted with control bunch {2 out 25 (8%) versus 6 out 25(24%)} with unimportant p esteem. CM has been proposed for the control/treatment of hypertension (Nahas R (2008)). A new meta-examination that incorporated a randomized controlled preliminary involving wet and dry measuring in the treatment of hypertension has detailed that utilizing measuring treatment is gainful in controlling and bringing down BP [Lee MS, et al., 2010]. Comparable outcomes were likewise revealed by one more concentrate on 15 solid men and the creators have shown a critical decline in the mean blood vessel pressure following wet measuring treatment (AL-Shamma YMH, Abdil Razzaq A., 2009). In the current review, utilization of measuring treatment brought about a critical reduction in the diastolic BP at 30 minutes subsequent to measuring. Hence, hijamah is a potential treatment that could be utilized as prophylactic as well as corresponding treatment for the counteraction and control of HTN. This ongoing review didn't straightforwardly address the instruments by which hijamah decline PAI-1/PAI-2 and diminish the gamble of pre-eclampsia. At last in this review, hijamah all through the final part of pregnancy in ladies at expanded hazard of pre-eclampsia meaningfully affected biochemical markers of the sickness.

Conclusion

Al-hijamah is a minor careful excretory method that has clinical and logical bases in cleaning blood and interstitial spaces off unsafe substances, toxic substances, and CPS. Both present day medication and prophetic medication demonstrated the useful worth of WCT in treatment of sicknesses that are different in etiology and pathogeneses. The Chinese are spearheading in working on measuring treatment in their clinics. We suggest rehearsing Al-hijamah authoritatively in emergency clinics for treating human illnesses for the extraordinary advantages of this promising line of treatment. WHO is welcome to reveal more insight upon medical advantages of Al-hijamah and to support its training in clinics? Services of wellbeing overall and in the country of the prophetic medication (Saudi Arabia) are welcome to permit and empower the act of Hijamah in emergency clinics formally in an unadulterated clinical environment close the way in face of unfit mal specialists. Services of wellbeing overall and in the country of prophetic medication (Saudi Arabia) are welcome to permit and energize the act of Al-hijamah formally in emergency clinics to help patients, ease torment and to diminish human anguish. Treatment and counteraction preliminaries of pre-eclampsia have been frustrating to date. Anyway, late examinations that have proposed causal connections between oxidative pressure and the improvement of pre-eclampsia show that might be a job for hijamah in the counteraction of pre-eclampsia. We finished up there for that a high-risk populace can be effectively

distinguished in view of uterine-supply route Doppler screening and previous history of the illness. This finding may be supportive in the plan of future preliminaries of preventive treatment despite the fact that there is potential for treatment to influence change of the uterine-vein Doppler waveform somewhere in the range of 20 and 24 wks of development, late commencement of treatment following 24 weeks growth has been an analysis of a few past preliminaries (Sibai 1998), on the grounds that pathophysiological processes are probably going to start numerous prior weeks clinical sign of pre-eclampsia.

Albeit the consequences of this preliminary might have significant ramifications for the future administration of pregnancy a multicenter clinical preliminary with enormous number of patients is required before any choices can be made about clinical administration: such a preliminary ought to incorporate examination of ideal timing of performing hijamah, and longer term follow up. Appraisal of hazard in light of uterine-vein Doppler screening may not be possible in all medical clinic settings. Any future multicenter preliminary ought to likewise consider the potential utilize money saving advantage of performing hijamah in every pregnant lady. A clinical preliminary ought to embrace testing the speculation that hijamah can diminish the gamble of pre-eclampsia, lessen maternal and fetal death rates, and increment birth weight.

such clinical preliminaries likewise ought to consolidate investigation of biomarker and different proportions of hazard factors and decide indicators and early pathophysiological changes of pre-eclampsia in generally safe and high-risk populaces. This review, albeit empowering, was minuscule and hence the adequacy and wellbeing of hijamah treatment for the baby require affirmation in bigger examinations. As a critical decrease in the extent of ladies with pre-eclampsia.

Prophetic Medication Suggested WCT (Al-hijamah) Prophetic medication suggested WCT. Prophetic strategy for WCT (Al-hijamah) was as of late answered to convey preferred restorative advantages over the customary Chinese technique for WCT (El Sayed SM, et al., 2013). Prophet Mohammad (Muhammad) harmony arrive said: " In the event that there is an advantage in any of your treatment modalities, advantage will be in the edge cut in measuring treatment, a swallow of honey and searing, yet I could do without burning" [Al-Bukhari MI]. Utilizing the maxim "in the sharp edge cut in measuring treatment" signifies WCT not dry measuring treatment. WCT has an excretory capability in cleaning blood and tissues off dissolvable and caught CPS, while dry measuring treatment has no excretory capability. This might give the motivation behind why prophetic technique for WCT (Al-Hijamah) was much of the time involved by prophetic medication for treating various sorts of illnesses (Omar SA., 2009). Utilizing the saying "in the edge cut in measuring treatment" as a reason for fix sums up the excretory job of WCT and gives our consideration to the way that measuring treatment opens skin hindrance to improve skin excretory capability in concurrence with Taibah hypothesis. At this step referenced in the hadeeth (scarifying skin), negative pull pressure is sent from inside cups through skin cuts to make a strain slope across skin which causes held gathered liquids in the skin elevating (blended in with CPS), separated liquids (containing CPS and hurtful materials) and a blood to emerge through skin penetrates prompted by

"the cutting edge cut in measuring treatment". At this step referenced in the hadeeth (penetrating skin), negative pull pressure is sent from inside cups through skin entry points to stretch around vessels to make a strain slope across vessels to channel fine liquids loaded up with dissolvable go between and CPS. The prophetic term "sharp edge cut, shartatmihjam in Arabic language" is so exact medicinally and experimentally. Cutting edge cut implies scarifications of skin (longitudinal extremely shallow cuts around 0.1 mm top to bottom) not simply pin-point pricks, which affirms the objective of Al-hijamah that is actuating openings in skin boundary enough to discharge CPS. It very well may be closed from these prophetic colloquialisms that WCT is certainly not a simple draining or phlebotomy. In the event that measuring treatment focuses on just disposing of blood, it is more straightforward to harm a shallow vein to begin draining with no requirement for negative tension application.

Forensic point of view

Measuring is a conventional treatment strategy that has been utilized for millennia to reduce torment, reestablish craving and further develop processing, eliminate propensity to swoon or eliminate 'ill will' from the body. The attraction of the cup is made by fire or mechanical gadgets. This system might bring about roundabout erythema, petechiae, purpura, ecchymosis, consumes and might be confused with injury related ecchymosis or livor mortis.

At the point when the cup is applied, halfway limited negative tension produces pressure of the skin at the edge of the cup and interruption of the skin and fundamental tissue inside the inside of the cup. The profundity of interruption of the skin, fundamental fat and muscle is reliant upon how much bad tension utilized and the measurement of the cup that is utilized. The brought down tension inside the inside of the gadget causes a strain differential between the skin surface and fundamental veins, inspiring a practically prompt noticeable vasodilation of the shallow vessels delivering a limited hyperemia. In one review there was a five-crease expansion in vascular perfusion inside the area of vacuum. More extensive measurement cups or more prominent attractions was related with expanding perfusion. Expanded blood stream in the patients muscles might be one of the component measuring influences limited torment side effects.

Over the long run the expanded vascular strain in the vessels can cause burst of vessels with resultant petechiae, purpura or ecchymosis creating inside the region of the cup. Shaper in 1935 conjectured that a portion of the distinctions in appearance of the imprints in individual patients might be because of varieties in fine burst versus hairlike spillage by diapedesis, however there is no subsequent examination to decide whether this was at any point checked.

The consequence of the drawn out pull is extravascular blood inside the subcutaneous tissue which is like an injury, however without the going with non-vascular tissue harm because of injury . In 1924 Valmyre asserted that the profundity of the ecchymosis from measuring was from 1 to 4 cm. In his subsequent letter in the English Clinical Diary he expresses that this not set in stone via post-mortems on patients who had measuring performed before their demise. As referenced beforehand, similar to wounds, the resultant ecchymosis

from measuring treatment settle gradually over numerous days. Understanding into the physiological fountain that is animated by the presence of shallow extravascular blood in injuries might enlighten potential impacts of measuring treatment (Cesarone et al. ,2004).

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