

CASE REPORT

Cupping Therapy and Lymphatic Drainage: A Case Study of Non-Surgical Management for Bilateral Varicocele

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ABSTRACT

An internal spermatic vein condition known as a varicocele is characterized by deformability and varicosity of the pampiniform plexus surrounding the testes. In the male population, the rapid spread of treatment-related cases from 5 to 20%, and it is frequently linked to fertility and a decline in male fertility. The patient was diagnosed with symptoms and indicators of dull discomfort and enlargement in the testicular region, and an ultrasound revealed a left-sided varicocele. Three times over the course of three months, selected locations underwent cupping therapy, and lymphatic drainage was conducted 35 times. The patient's left seminal vesicles had enhanced anastomotic blood circulation, and no narrow or adhesive sections were seen during the colour ultrasound. Pampiniform Plexi, which measure about 2.8mm Valsalva when upright, were also detected using ultrasound. Such is not definitive for varicocele. This study is the first to demonstrate that scrotal thermography evaluation-based varicoceles in individuals may be treated with cupping therapy and lymphatic drainage. The results of this study need to be confirmed by another research for them to be reliable.

Keywords: Al-Hijamah, Cupping Therapy, Infertility, Lymphatic, Massage, Varicocele.

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INTRODUCTION

A varicocele is a slow-growing vein that forms over time when blood does not flow via the veins as it should and starts to mount there.¹ The precise cause of a varicocele is unknown, and there are no known risk factors for its development. Spermatogenesis, testicular volume, common sperm parameters, semen function, ovulation, insertion, and embryo outcomes are all adversely affected by varicocele.² However, while the deleterious effects are clear, the pathophysiological features are still not completely understood. Also, with scrotal ultrasound, which will demonstrate up to 2 mm dilatation of the pampiniform plexus vessels, varicoceles can be verified after finding the sign of enlargement, including a mass.³

Males who received varicocele treatment appeared to have enhanced sterility, according to a 2012 Cochrane review.⁴ As of 2015, the proof for sclerotherapy is ambiguous. Although such operations are generally safe, there are certain risks, including artery injury, greater testicular atrophy, contusions, infection, enlargement, or a formation of fluid in the area, as well as abdominal pain, as with any operation. In this study,

we tried to employ our medical plan, which consists of lymphatic drainage and cupping therapy (Al-Hijamah).

CASE REPORT

A 25-year-old male visited our clinic in 2020 with complaints of a dull ache and swelling around his testicles. The patient had a varicocelectomy in 2016, and three years later, ultrasound revealed a left-side varicocele with right testes measuring 14 ccs and left testes measuring 12 ccs. As a result of the Valsalva standing, a bilateral varicocele is seen in the supine position and is graded as 4 (Figure 1). Return signals are manifested by the blood flow. Therefore, after providing him with the pertinent information, we encouraged him to consider cupping therapy and lymphatic drainage.

For three months, the patient underwent lymphatic drainage and cupping therapy. Cupping therapy was administered three times over three months, along with 35 lymphatic drainage sessions. Both traditional wet cupping and flash dry cupping were used. Flash or empty cupping is a quick application of dry cupping where the vacuum is transiently applied to the cup. The

chosen points (Region number) of cupping therapy were located for wet cupping as follows: About 14 cm above posterior hair line at the midpoint of an imaginary line connecting both auricles (point 32).⁵ On the seventh cervical vertebrae of the spine (point 1), immediately inferior to point 1 (point 55). On the midpoint of the sternum inferior to the spinous process of the 6th thoracic vertebrae (point 120). Two points on the kidney centre that are lateral to the lower border of the spinous process of the second lumbar (points 9 & 10). Lateral side of right and left knee joints (points RTN 4, RTN 5) (Rafeek Tib Nabawi), companion of prophetic medicine). Between the 4th and the 5th lumbar vertebrae (point 11). Two positions, superior and lateral to both sides of point 11 (points 12 & 13). By about 6cm, upper part of skin overlying the epigastrium in front of xiphisternum (point 133). There were two positions for flash cupping (points 141 & 142) that were located 4cm laterally to the left and right of the abdominal midline and 3cm inferiorly to the umbilicus. Through the utilization of local negative compression in the cups, which extends the muscle and nerve, increasing blood flow and generating auto-hemolysis, cupping therapy operates by causing alteration in local tissue constructs. For 35 sessions, lymphatic drainage was conducted for 20 minutes daily. For unconscious urination and sterility, 5 minutes were spent moving the umbilicus (belly button) towards the left chest, and 20 minutes were spent driving the lumbar vertebrae, a protruding bone under the back of the vertebral column, to the left and right area.

The patient reported having an obvious improvement in his testicular pain and swelling at the conclusion of each therapy period. After our therapeutic sessions, all his symptoms had subsided and vanished. After three months of treatment, the patient's left seminal vesicles had increased anastomotic blood flow rates, and there were sharp or thrombotic sections to be seen on color ultrasound (Figure 2). Pampiniform Plexi, which measure about 2.8mm Valsalva when upright, were also detected using ultrasound. Such does not refer to varicocele definitively. The patient was additionally contacted by mobile phone (1, 3, and 6 months) following the conclusion of the treatment cycle, and he indicated that all his initial symptoms had vanished and had not returned. The patient signed a consent form for his issue to be published (Reference Number: PTHIHC012020).

The patients complaints of testicular pain and aberrant seminal vesicle dilation and tortuosity were greatly reduced by cupping therapy and lymphatic drainage. Our prescription may have a therapeutic impact by

enhancing muscular relaxation and boosting local blood reperfusion to reestablish blood flow. It is necessary to conduct a randomized clinical trial with a long enough follow-up period because a single clinical assessment case has its limitations.

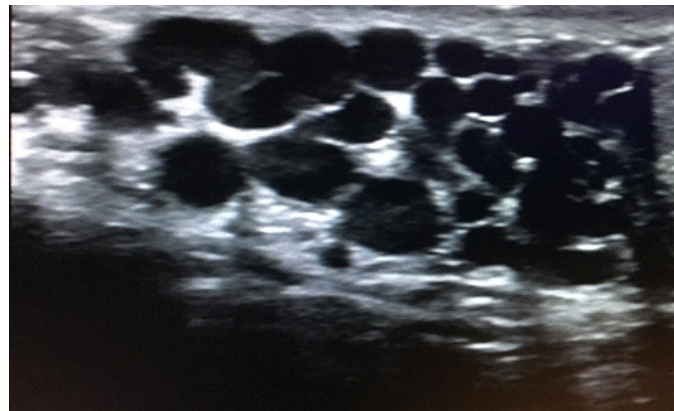


Figure 1. Ultrasound (Pre-treatments, varicocele grade 4)

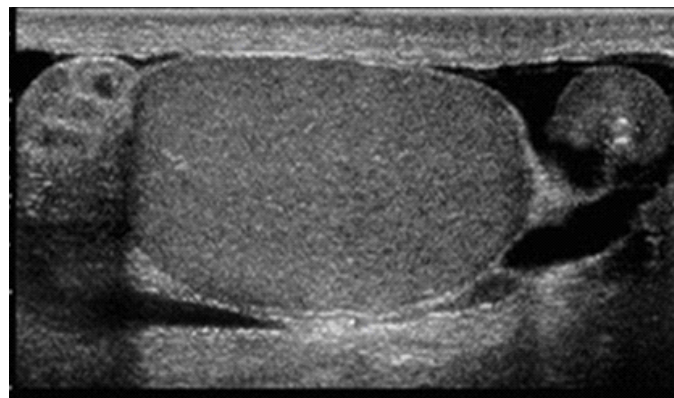


Figure 2. Ultrasound (Post-treatments, this is not definitive for varicocele)

DISCUSSION

Angiographic treatment of the outpouring of internal seminal vesicles is the leading option for surgical varicocele correction.⁶ Sclerosing agents, balloons, and stainless-steel coils are only a few of the methods used for venous blockage. Early studies on percutaneous embolization showed lower procedural success rates than varicocele repair, but efficiency scores have increased because of advancements in technique, technology, and thrombogenic materials.⁷ It is also crucial to keep in mind that, despite being non-operative, these operations can still be extremely challenging, take longer to complete, and result in a related convalescence to surgical varicocele procedure.⁸

High venous pressure may enhance the blood supply and microvasculature of the testis by decreasing the arterial stream, which is among the mechanism

generating varicocele.⁹ Based on the theories of lymphatic drainage and cupping therapy, an increment in muscle pressure leads to blood capillaries between muscle construct and impairs local blood metabolism and circulation, ultimately leading to venous occlusion.¹⁰ The seminal vesicle blood circulation may have been improved due to an enhancing local blood flow and increasing tissue metabolism.

For patients who want conservative care, cupping therapy and lymphatic drainage are simple to learn and use in the hospital. Furthermore, our method of treatment considerably reduced aberrant spermatic vein tortuosity and swelling as well as testicular discomfort. The local muscle stretching and increased local blood flow may have contributed to the therapeutic of our therapy regimen. The effectiveness and tolerability of cupping therapy and lymphatic drainage must be confirmed in additional randomized clinical trials with long enough flow-up periods because such is a single-issue clinical assessment.

CONCLUSION

This study is the first to demonstrate that scrotal thermography evaluation-based varicoceles in individuals may be treated with cupping therapy and lymphatic drainage. The patient's complaints of testicular pain and aberrant seminal vesicle dilation and tortuosity were greatly reduced by cupping therapy and lymphatic drainage. Cupping therapy (Al-Hijamah) and lymphatic drainage appear to constitute a cost-efficient therapeutic alternative.

PATIENT'S CONSENT: The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his clinical information to be reported in the journal. The patient understands that his name and initials will not be published.

CONFLICT OF INTEREST: The authors declared no conflict of interest.

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