

EFFECT OF WET CUPPING THERAPY ON VIRULENT CELLULITIS SECONDARY TO HONEY BEE STING – A CASE REPORT

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Abstract

Cellulitis is clinical condition that is caused by the inflammation of sub-cutaneous tissue. Conventional treatment of cellulitis is based on the use of antimicrobials. Treatment by Cupping is one of the oldest ways of healing for more than 5000 years; now reemerging in this modern age and is being practice in many countries such as USA, UK, Germany and China.

This is the first reported case in which, twice a healthy subject was stung by honeybee and was effectively treated by cupping therapy. In the first attack of honeybee sting, a virulent cellulitis developed on the ventral surface of the right forearm. The subject was treated with antimicrobials with no response. Later as an adjunctive treatment, cupping therapy was applied at the site of cellulitis with remarkable and immediate clinical recovery. Interestingly, 45 days later, same individual was again stung by honeybee on the planter surface of the right big toe and on this occasion immediately cupping was applied; that gave quick relief and no inflammation developed. Cupping therapy may be an effective measure in the treatment of honey bee sting induced cellulitis.

Keywords: Cupping therapy, Cellulitis, Honeybee, Inflammation, Complementary and Alternative Medicine

INTRODUCTION

Cellulitis is an inflammation of sub-cutaneous tissue (Ellis 2000; Swartz and Pasternack 2005), that is usually secondary to multiple bacteria's, such as Staphylococcus and Streptococcus species (Bisno and Stevens 1996; Donahue and Schwartz G 1998; Howe and Jones 2004). Usually the causative organism enters through the broken skin. Usually the cellulitis is diagnosed on clinical basis and treatment is focused on the use of antimicrobials (Ellis 2000; Swartz and Pasternack 2005; Stevens 2005; Moran 2006). Despite following all standard treatment protocols, the reported mortality and morbidity of cellulitis is still high (Carratal *et al.*, 2003).

Treatment by Cupping is one of the oldest ways of healing for more than 5000 years. Presently it is getting re-attention in many parts of the globe such as Asia, America and Europe (Kemper *et al.*, 2000 Sherman *et al.*, 2001; L'udtkea *et al.*, 2006). Cupping treatment has been successfully used as an efficient method of treatment in wide array of ailments such as arthritis, migraine, anxiety (Hennawy, 2004; Kaleem *et al.*, 2007). By description, cupping therapy is a process of drawing blood from the cutane of the individual by creating a partial vacuum above the scarificated mark (L'udtkea *et al.*, 2006).

CASE PRESENTATION

Honeybee on the forearm area stung a 38-year-old male. Six hours after the sting, the patient was seen by his family physician. At the site of the sting, mild induration (5 mm), encircled by an erythematic patch was seen. A clinical diagnosis of early Cellulitis was made. The patient was empirically, given an antimicrobial (Lincomycin-oral 600mg/twice a day). In next 6 hours, the lesion was noted to progress and oral Lincomycin was changed to injectable form. Three hours later, flush of erythema was further increased to 5 inches towards the cubital fossa and 1-1/2 inches towards the wrist joint. At this time, it was considered, that probably Lincomycin is not a right choice, so it was replaced by Augmentin 1g (oral) B.D and Metronidazole 500 mg (oral) TID. Over the next 8 hours, despite this treatment the lesion continued to be deepened and spread. The skin of the whole forearm became violently red and hot. Looking at unresponsive behavior of the disease, Ciprofloxacin 500mg TID (oral) was also added in the treatment regimen. From beginning, the patient was also receiving Celecoxibe 100mg BD as an anti-inflammatory agent.

Looking at the worsening clinical condition of the patient, he was referred to a senior medical consultant, well

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