

The Biology of Combined Colon Clear and Blood-Let Out Cupping Therapy in Female Health

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Abstract

The study aimed to predict an etiologic pathology leading to some disease spread in females.

Pelvic congestion syndrome (PCS) in females is a condition that is difficult to diagnose; a specific diagnosis for the condition is often difficult, no diagnosis is made in 60% of patients. Chronic pelvic pain (CPP) is a common and disabling condition affecting women of childbearing age; PCS is a recognized cause of CPP. Pelvic congestion and pelvic inflammatory conditions constitute the underlying etiology in a significant proportion of patients with CPP. Treatment of PCS is above all medical, based upon decongestive and anti-inflammatory agents. Abnormal colonic *Helicobacter pylori* strains have been shown to be responsible for the worst case of pelvic congestion due to accumulation of profuse toxic amounts of ammonia in the colon. Both colon clear and cupping were considered to have an effective therapeutic role in female PCS due to elimination of the underlying etiologic pathological elements (congestive and inflammatory) from the pelvis. The impact on life and the spread beyond traditional medical rules during last three decades of endometriosis, ovarian cystic disease and endometriotic ovarian cysts were considerable and obvious.

50 sexually active female patients with different forms of pelvic clinical presentations had been included in this study. They were 10 patients with pelvic pain, 10 patients with scanty menstruation, 10 patients with primary infertility, 10 patients with endometriosis and 10 patients with ovarian cystic disease. Pelvic and trans-vaginal Doppler ultrasound examinations were done routinely for all patients to assess any local pelvic pathology. All patients had undergone colon clear followed by a blood-let out therapy from the upper and lower back. Revision therapy was decided according to response of patients. All patients with pelvic pain and scanty menstruation were cured after a primary session or revision of therapy with colon clear and cupping therapy. 7 patients with primary infertility got pregnant after 3 sessions of combined colon clear and cupping therapy. All patients with endometriosis and ovarian cystic disease were relieved from their symptoms while most of them (9 with endometriosis and 7 with ovarian cystic disease) have reported after 3 consecutive sessions of colon clear and cupping therapy that their gynecology physicians have confirmed that they demonstrated stop of their disease progress.

On conclusion, pelvic disease spread in females beyond traditional scientific rules could indicate the possibility of an existing missed underlying pathology. Screening of females with frank history of *H. pylori* dyspepsia may become a mandatory new health care requirement for early detection of female pelvic pathology.

Keywords: Colon clear; Cupping therapy; Endometriosis; *Helicobacter pylori*; Ovarian cystic disease

Introduction

Pelvic congestion syndrome (PCS) in females is a condition that is difficult to diagnose and causes distress to a significant number of women [1]. Pelvic congestion is the most commonly recognized consequence of pelvi-perineal venous insufficiency [2]. Chronic pelvic pain (CPP) is a common and disabling condition affecting women of childbearing age. A specific diagnosis for the condition is often difficult; no diagnosis is made in 60% of patients. CPP is a common cause of gynecologic referral. PCS which mostly occurs due to ovarian vein incompetence is a recognized cause of CPP [3,4].

Chronic pelvic congestion or fibrous congestion is linked with fibrous changes of the pelvic cellular tissues after more or less long lasting chronic congestion, low grade unrecognized sepsis, recurrent insult of pelvic cellular tissue due to repeated obstetric trauma or varicosities and incompetence of small pelvic veins [5-7]. The presence of varices of the pelvic veins has been shown to be the underlying etiology in a significant proportion of patients with CPP; the development of these varices is caused by a combination of endocrine and mechanical factors. In patients with PCS, the severity and specific character of chronic pain syndrome were dependent on the diameter of maximal dilation and site of varicose pelvic veins [3]. Endometriosis and ovarian cystic disease are female pelvic pathologies which are showing rising incidence during late decades [3-7]. The optimal

diagnostic approach for PCS-related pelvic pain remains unclear, and controlled trials comparing medical and interventional treatments are urgently needed. Diagnosis of PCS can be made by pelvic and trans-vaginal color Doppler ultrasound examination to demonstrate ovarian or pelvic varices with a diameter more than 5 mm denoting presence of a venous reflux [8-11].

Treatment of PCS is by avoiding to abuse with surgery, trying first medical treatment with antibiotic, anti-inflammatory and phlebotonic drugs and lastly preventive by improving obstetrical exercise as usually this syndrome succeeds a more or less traumatic delivery [5].

Aim

The study aimed to predict a missed underlying etiologic pathology behind some pelvic diseases spreading in females.

Design and Setting

A prospective study done in Balghsoon Clinics in the period between Jan 2011 and Jan 2013.

Patients and Methods

50 sexually active female patients with different forms of pelvic clinical presentations had been included in this study. They were 10 patients with pelvic pain, 10 patients with scanty menstruation, 10 patients with primary infertility, 10 patients with endometriosis and 10 patients with ovarian cystic disease. Pelvic and trans-vaginal Doppler ultrasound examinations were done routinely for all patients to assess any local pelvic pathology. All patients were tested for existence of colonic *H. pylori* strains using *H. pylori* fecal antigen test. All patients even those who were found negative for *H. pylori* fecal antigen test had undergone colon clear employing the senna leaves purge extract followed by a blood-let out cupping therapy on the upper and lower back. Confirmation of *H. pylori* eradication was done after colon clear using *H. pylori* fecal antigen test. Revision of therapy, both colon clear and cupping, the following month was decided according to the response of patients [12,13].

Results

90% of patients with different types of pelvic pain were found positive for *H. pylori* fecal antigen while all patients with endometriosis and ovarian cystic disease were found positive. All positive patients for colonic *H. pylori* strains were rendered negative after colon clear. All patients with pelvic pain and scanty menstruation were cured after a primary session or single revision of therapy with colon clear and cupping therapy. 7 patients with primary infertility got pregnant after 3 sessions of combined colon clear and cupping therapy. All patients with endometriosis and ovarian cystic disease were relieved from their symptoms while most of them (9 with endometriosis and 7 with ovarian cystic disease) have reported after 3 consecutive sessions of colon clear and cupping therapy that their gynecology physicians have confirmed that they demonstrated stop of their disease progress.

Ethical Considerations

An informed signed consent was taken from all patients, they were made aware about safety of the natural colon clear remedy and the procedure of cupping therapy; they were free to quit the study

whenever they like. The research proposal was approved and the study followed the rules of the Research Ethics Committee of Balghsoon Clinics in Jeddah, Saudi Arabia.

Discussion

As concerns therapeutic modalities, treatment of PCS is above all medical after elimination of any specific pelvic pathology. Treatment is based upon hormone therapy acting on venous receptors, venotonics which decrease the consequences of stasis, intermittent courses of anti-inflammatory agents and antibiotics when there is an inflammation secondary to local infection. Pharmacologic enhancement of venous tone could restore pelvic circulation and relieve pelvic symptomatology [6]. Ovarian vein embolization is a safe and effective therapeutic method for treatment of PCS. It is thought that surgical treatment should be considered in cases where embolization proves ineffective [14]. However, the long-term effect of embolization and surgery should be routinely re-assessed because of the plexiform nature of recurrent venous disorders [2].

The impact on life and the spread beyond traditional medical rules during last three decades of endometriosis, ovarian cystic disease and endometriotic ovarian cysts were clearly evident [8,9]. Endometriosis is a chronic gynecologic disorder with manifold symptoms and psychological effects stressing on lives of affected women. The prevalence of endometriosis is estimated to be up to 10% of women of reproductive age which is a considerable figure. As a result of its unclear etiology, only limited treatment options are available. The treatment and care of affected women is therefore a challenge for their physicians. There is a need for health care services to provide affected women with support in order to better cope with their disorder [15]. Benign ovarian or pelvic focal lesions whether these are cystic, inflammatory, vascular or metaplastic changes may occur at any age but they are most commonly observed in girls at puberty and in young women [16]. The relative frequency of ovarian pathology including tumor-like lesions and cysts that occur in young females up to age of 30 years differs considerably from that seen in older females [17]. Functional ovarian cysts and endometriosis have been treated by some investigators with oral contraceptive pills for non-contraceptive indications. It was strongly considered by them that these conditions are not of minor relevance; therefore, should deserve a special attention by health care providers and by media which should have the main responsibility in the diffusion of scientific information. Therefore; counseling and education are necessary to help make women well-oriented with health-care decisions, it is also crucial to increase awareness among general practitioners and gynaecologists [18].

The reason that the etiologic pathology of female pelvic pathology including ovarian cystic disease and endometriosis is mostly unclear ranging within the possibilities of hormonal reasons, inflammatory, congestive, recurrent low grade sepsis and repeated obstetric trauma; [2,15,18] a missed underlying pathology has been suggested to stand behind most of these pelvic conditions. This suggestion is supported by the fact that the pathology of these conditions is in progress and treatment results are not satisfactory although hormonal reasons of the these conditions are rather constant, anti-inflammatory measures and antibiotics are aggressive and effective, decongestives are still useful, cytotoxic drugs became more decisive while obstetric trauma is becoming minimal due development of better obstetric skills. As long as *Helicobacter pylori* has been found associated with many medical challenges having different influence in these challenges and as colonic

H. pylori strains were found essentially responsible for the worst conditions of pelvic congestion due to accumulation of profuse toxic amounts of ammonia unopposed or buffered by any acidity; *H. pylori* was considered as a possible underlying etiologic pathology in cases of female pelvic pathology in general and in ovarian cystic disease and endometriosis in particular; therefore, patients of this study were screened for existence of colonic *H. pylori* strains and eradication of these strains was done by employing the potent natural senna leaves purge [12,19]. Pelvic pathology has been widely studied in female sex; these studies have shown that pelvic congestion and venous stasis are responsible for the development of varices which account for the symptoms and sequels of most female pelvic pathologies. It has been also demonstrated that enhancement of venous tone could restore pelvic circulation and relieve pelvic pain [6]. Depending upon these

facts and as long term conventional therapy did not approach decisive or satisfactory promises in many patients; cupping therapy has been employed in cases of female pelvic pathology.

The expected role of blood-let out cupping therapy in female pelvic pathology is relieving venous stasis and restoration of the venous tone and circulation by withdrawal of the congested blood in the pelvis, together with elimination of any trapped pelvic inflammatory elements. The traditional blood-letting out therapy can be described as a sort of "functional modified multiple mini fasciotomy" it is functional modified as it does not include actual anatomical fasciotomy, but withdrawal of the trapped subfascial and subcutaneous interstitial elements is achieved under the effect of skin scratching and suction (Figure 1) [13,20].



Fig. 1.1



Fig. 1.2



Fig. 1.3

Figure 1: Deep thigh hematoma visualized by MRI (1.1), its response to suction on the skin (1.2), and its disappearance after skin scratching and repeat suction (1.3).

Conclusion

As long as combined colon clear and cupping therapy demonstrated stop of progress of endometriosis and ovarian cystic diseases, they could be good prophylactic measures towards these health problems among susceptible females. Screening young females with frank long history of *H. pylori* dyspepsia for existence of *H. pylori* and pelvic pathology might become a new health care predictor.

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