

# Modern cupping and fascia

**Bruce Bentley presents a new explanatory framework and treatment vista for cupping by using flexible and easy-to-manoeuvre silicone vessels to remodel discordant fascia. The practical focus will be on treating chronic hip pain and restricted mobility.**

## Cupping and fascial rehabilitation

When asked some thirty years ago what tissues I thought were directly engaged in the cupping process I'd reply to the effect, "Judging from what we can see and feel, the various layers of the skin and the fat beneath are drawn inside the cup and a positive tension is exerted on the superficial fascia". As a physiological flow-on I'd add, "We can presume that the suction effect and elevation of these tissues by vacuum facilitates an increased local blood supply, which in turn supports an enhanced metabolic uptake of oxygen and feed of nutrients to those parts. It also relaxes and reduces pain brought on by congestion and tightness by lifting and separating constricted tissue fibres and reverses the negative inward dynamic of contracture".

In a recent interview, Melbourne osteopath and lecturer Corey Dyer explained that with no other mechanism to assist healing, solely releasing and aligning the fascial fibres would be effective for two to three days. However, if an increased blood flow is brought to the

capillary rich fascia, inundating the minute vessels, as we can assume happens with cupping, especially when aided by the increased warmth produced by pre-soaking the silicone cups in hot water, then this active combination of stimuli could alter and correct the tissues in a remarkably effective and long lasting way.

Stefan Becker, a Brisbane chiropractor, also had this to say: "If the muscles are chronically tight in an area, the muscle contraction could restrict blood vessels, slowing down blood flow which could thicken the blood through platelet activity. Cupping could draw stagnant blood and toxins through the muscle to restore blood flow in these areas of chronic myospasm. The act of cupping would also bring phagocytic activity to the area thus 'cleaning it up'". This goes in part to explain the production of "cupping marks", which are certainly not "bruises" and by definition caused by trauma. These positive changes have also led Kit Laughlin, founder of Stretch Therapy, to believe that no other therapy has the ability to rectify the fascia like cupping, and one quote from the Rolfers, Schultz and Feitis (1996: ix) sums it up nicely: "Connective tissue is alive in the sense that it responds to stimulus". The influence of vacuum created by cupping does exert a series of unique and therapeutic stimuli.

## Case Study

Six years ago I treated Peter, a powerfully built man in his mid-30s, who presented with debilitating chronic hip pain and instability. Until his retirement two years earlier, he had been an elite player in the Great Britain national rugby league team "The Lions" for 12 years. Unfortunately however, despite having received the best that sports medicine had to offer, injuries throughout his career had taken a heavy toll and his hips were in a bad way. He even explained that now he was scared to walk in the park for fear that his hips would "give way" and he would be unable to get up. His main symptoms were throughout his right hip and to a lesser extent within his left. I set to work using flexible cups to see what changes and improvements might be possible.



# release throughout the hips

## Palpatory diagnosis

Palpation to Peter's right hip in the prone position, starting from the sacrum and moving laterally below the arc of the iliac crest revealed a series of thick indurated tissue that felt like my fingers were going over the gauges of a railway track. Further lateral, the entire region surrounding the greater trochanter was tight with a proliferation of matted and lumpy fascia. In the side-lying position, this same fascial disarray continued and lying supine all the tissue indicated similar disorder - taking into account that the palpable characteristics of tensor fascia latae are naturally lumpier than most other fascia surfaces. In the course of ten treatments, I concentrated three sessions on each of these three positions, with the tenth and final treatment focused on any issues remaining in his left hip. I will now briefly describe Peter's first treatment with him lying in a prone position.

## Treatment

My first action was to apply oil and slide a cup up and down both sides of the erector spinae muscles (part of the posterior line in "Anatomy Trains") from the shoulders leading down to the sacrum. Second, four stationary cups were applied to his left hip at the following locations:

1. the mid-point of the gluteus maximus (the *acu-point huantiao* GB30)
2. midway between the asis and the greater trochanter (*juliao* GB29)
3. above the apex of the iliac crest (extra point *yaoyan*)
4. above gluteus medius.

These four cups were left active for twenty minutes. From a modern neurophysiological perspective, these stationary cups not only benefit the local sites but also, via a "crossover" mechanism, transfer to the right side. Interestingly, two and a half thousand years ago the Chinese noted the same healing advantage.

Third, some oil was spread over his right hip and either a medium or large sized cup was moved very, very slowly (at "snails-pace") above the fascia weave directly below the iliac crest, which was very indurated with wavelike



While stationary cups remain active on the opposite hip, the sliding cup is moved very slowly to remodel errant fascia.

elevations bunched tightly in bands approximately 1.5cm wide, while on either side of each of these tight elevations, approximately 2cm across, the fascia was loose and frayed. As I moved the cup across this dire discord, I had the experience of feeling the quivering release of the tissue conducted by the soft cup into my operating hand. I explained to Peter what was occurring, and as we were getting on well asked if he would be fine if I substituted the flexible cup for a glass cup for a short while. I wanted to feel if there was any sense of what was being conducted into my hand when using a hard-bodied cup. There was none.

Fourth, I concentrated on lifting and releasing the fascia around the greater trochanter and any other areas within range that required attention. An effort was made to press the lip of the vessel between the bone and the soft tissue to release adhesions between the muscle sheaths, as well as connections to the bone to facilitate a return to normal biomechanics. The soft tissue engaging the greater trochanter belongs to the pathway of the lateral fascial line in "Anatomy

Trains". Interestingly, also from an acupuncture perspective, this is the pathway of the gall bladder muscle channel (Macioco, 2012:287), and besides travelling along the sides of the body, has a wide divergent branch that runs to the sacrum influencing gluteus maximus, gluteus medius and spreads anteriorly to influence tensor fascia latae.

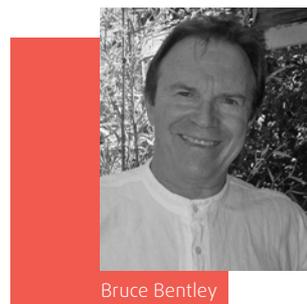
Fifth, the stationary cups were released from his left side, and a heated towel was used to warm and rid any residual oil from the right hip before massaging in an ample quantity of *Fascia Strengthening Liniment* (for information on this herbal formula refer to Bentley, 2013).

Finally, sliding cupping was performed again, again exquisitely slowly, down his posterior and lateral fascial pathways on the right leg to release and correct the abundance of indurated tissue along both margins.

After treatment, the entire region was re-examined and the change to the fascial web was dramatic. What was previously tight and irregular had become relaxed, evenly knitted and smooth. Peter got up from the table



Demonstrating how a silicone cup molds with the therapists hands and releases the underlying superficial fascia.



Bruce Bentley

*Bruce began cupping nearly forty years ago, and besides presenting the world's first cupping workshops, has felt privileged to research, teach and write about cupping ever since. Information about his Traditional and Modern Cupping Therapy workshops, together with a Shop Page plus other cupping essays can all be viewed at [www.healthtraditions.com.au](http://www.healthtraditions.com.au). He can be contacted on 03 9576 1787 or at [healthtri@inet.net.au](mailto:healthtri@inet.net.au) Bruce is presenting a Post Conference Workshop in Modern Cupping Therapy at the 2015 AAMT National Conference in Perth, WA.*

overjoyed and said his hips felt the best they had for a more than a decade. Progress mounted after each treatment without any hint of setback. I contacted Peter recently to ask if the result had maintained. He replied with a resounding "Yes". Since then, I have dealt with many hip problems and without exception have had excellent success. The reasoning is wonderfully simple and self-evident and based on feeling the difference before and after treatment.

Stefan Becker had this to say about corrugations or indurations in the hips: "Adhesions form and tighten and contract between folds of fascia. I can see this happening anywhere in the body. Collagen is laid down in any area where there is damage followed by resultant healing, so these areas of retracted fascia could form anywhere there has been damage. I see cupping exerting an influence on indurations at the surface, breaking down adhesions between the folds of fascia. The result: fascia and muscle sheaths are no longer contracted, which enables the muscles to pull evenly and cleanly".

### A final note

It is still relatively early days for this subject and practice, and we look forward to further research. What should encourage our confidence is the fact that we are dealing with phenomena of substance. We are engaging with the stuff of the natural world, therefore success will be forthcoming. In the meantime, the immediate practical benefits of this kind of treatment are in the hands of practitioners.

*This is a short version of an essay titled "Mending the Fascia with Modern Cupping" which first appeared in The Lantern.*

### References

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