

Cupping + GuaSha

Cupping involving creating a vacuum in a glass or plastic cup which is then placed onto the skin, pulling up some of the underlying tissue. These cups may be left in place, rapidly removed and replaced, or moved around an area after the application of some massage oil. The vacuum is created with a flame, or a pump device. It has been used in Chinese, Jewish and Middle Eastern traditions for over 2,000 years⁴.

GuaSha is a technique that involves “rubbing” or “scraping” an area of the body with a plastic tool after the application of suitable massage oil.

“Sha” 痧 is a Chinese term for local areas of poor blood circulation, which may be related to stiffness, pain and poor local circulation. It is also the name for the reddish dots (petachiae) which appear after a GuaSha or Cupping treatment.

These “Sha”, which may look (but not feel) like a bruise, rash, or discoloured area, will clear over 1-7 days after GuaSha, and after 3-14 days after cupping. I will show you a photo after the treatment so that you can see what it looks like.

Keep in mind cupping and GuaSha for the face uses much smaller cups therefore there should be no markings on your face after treatment.

GuaSha is thought to increase local microcirculation and reduce inflammation. Because these techniques imitate sweating, they are also used in Traditional Chinese Medicine for colds and fevers. These techniques are usually used alongside acupuncture or herbal medicine.

After a treatment, please ensure that the area is well covered, and not exposed to cold or wind (including showering and swimming) for several hours. It is also suggested that you drink plenty of water, and refrain from any unusual physical activity for 24 hours after a treatment.

Cupping and GuaSha may not be suitable for you if you have a bleeding disorder, are taking anti-coagulant drugs (such as warfarin or heparin), are pregnant, or are taking corticosteroids (such as prednisone). Please make sure that I am aware of any medications that you are currently taking, and current medical conditions, before receiving cupping or guaSha.

I have read and had explained to me the process, contraindications, and side-effects of Cupping and GuaSha, and consent to a course of treatment.

Signed: _____ Date: _____
