

Review Article

Role of *Ābzān* (Sitz Bath) in Gynaecological Disorders: A Comprehensive Review with Scientific Evidence

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ABSTRACT

Ābzān (sitz bath or hydration therapy) is one of the important and widely practised methods of regiminal therapy used for local evacuation or diversion of morbid humours described for various diseases in Unani system of medicine. It is a type of bath in which hips and buttocks are immersed in water, either plain or medicated for therapeutic effects. Thus, it serves as an important and effective external mode of treatment. It has been successfully practised by Greeco-Arab physicians in the management of almost all types of gynaecological disorders like genital prolapse, leucorrhoea, pruritus vulvae, menstrual disorders, infertility, pelvic inflammatory diseases etc, but its efficacy has been proved in very few gynaecological diseases only. Hence, there is a need for systemic review to investigate the effectiveness of sitz bath in gynaecological disorders to generate scientific based evidence for the clinician as well as for common public. Based on the available literature, this review article suggests that the sitz bath has a scientific evidence-based effect in treating gynaecological diseases.

Keywords *Ilaj Bit Tadbīr*, Regiminal Therapy, *Ābzān*, Sitz Bath, Gynaecological Disorders

INTRODUCTION

Unani system of medicine has its unique observations and resultant methodologies for defining and treating various gynaecological diseases. It is based on the concept of equilibrium and balance of natural body humors, the imbalance in the quality and quantity of these humors leads to diseases, whereas restoration of this balance maintains the health of a person (Peerla, 2019). *Ilaj Bit Tadbīr* (Regiminal therapy) is defined as intervening and modulating the six essential factors of life to preserve and to restore health. Regiminal therapy is one of the main methods of treatment through which the altered temperament is normalized or morbid matter is either eliminated or resolved by some special techniques and hence restores the humoral equilibrium (Nayab, 2016). These are simple, and time-tested methods used to treat various disorders, and thus serve as a complete detoxification process if used both for preventive and therapeutic purposes (Peerla, 2019).

The introduction of sitz bath is credited to Vincent Priessnitz in the early 1800s, an Austrian farmer known as the "father of hydrotherapy." Its name is derived from the German verb "sitzen," meaning "to sit." A sitz bath is a type of bath in which only the hips and buttocks are immersed in luke warm water or with decoction prepared from herbs (Bahadorfar, 2014). *Ābzān* (sitz bath or hydration therapy) is one of the important, widely practised methods of regiminal therapy used for local evacuation or diversion of *akhlat-e radiya* (morbid humours) (Akhtari, & Mokaberinejad, 2017).

This regimen is frequently recommended by Unani

physicians in gynaecological disorders like genital prolapse, leucorrhoea, pruritus vulvae, menstrual disorders, infertility, pelvic inflammatory diseases, vaginal infections uterine cramps, healing of episiotomy wound, etc to enhance pelvic circulation, resolve inflammation, relieve pain and itching and promotes wound healing, and scientific studies has proved that sitz bath stimulates lymphatic system, increase circulation and remove toxins (Ahmed, 2011; Peerla, 2019; Sitz bath in gynaecology (www.encyclopedia.com)). However, there is a need for systematic review intends to investigate the effectiveness of sitz bath in gynaecological disorders to generate scientific based evidence for the clinician and patients. Present article focuses the role of sitz bath in various gynaecological disorders, highlighting it as one of the most effective and safest treatment in USM.

METHODOLOGY

Classical Unani text was extensively searched to compile the *nuskha's* of *Ābzān* (single or compound) for various gynaecological diseases. Then, online search was done through major scientific search engines such as Scopus, PubMed, Google Scholar and Science Direct with key words: *Ilaj Bit Tadbīr*, *Ābzān*, Sitz Bath, scientific evidence of efficacy and safety of sitz bath in various Gynaecological disorders.

UNANI CONCEPT

Definition

Ābzān (Sitz Bath) is basically a type of bath in which only buttock and hips are immersed in water, either plain or medicated (*Joshānda* or *Khaisānda*) for therapeutic purposes (Abu, 1988; Hasan, 2011; Kamaluddin, 2004). This therapy

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may help in disinfection of the affected organ by preventing the growth of infectious agents or by removing the morbid matter, together with strengthening and activating the organ in order to restore its health (Akhtari, & Mokaberinejad, 2017).

Types of Sitz Bath (SB) (Table 1)

1. *Ābzān hār* (Hot Sitz Bath)
2. *Ābzān bārid* (Cold Sitz Bath)
3. *Ābzān mo'tadil* (Neutral Sitz Bath)
4. *Ābzān murakkab* (Alternate Hot and Cold Sitz Bath/contrast) (Hamdani, SKH., 2001)

Table 1. Description of different types of sitz bath (Nayab, 2016; Sitz bath in gynaecology (www.encyclopedia.com))

Pre-requisites for SB	Hot SB	Cold SB	Neutral SB	Contrast/Combined/Alternate SB
Water level	Half inch below the umbilicus	Half inch below the umbilicus	At umbilicus	Half inch below the umbilicus
Temperature	105-115°F	55-75°F	92-98°F	105-115°F for 2-5 mts then 55-85°F for 20-60 sec.
Duration	3-10 mts	30 sec-8 mts	15 mts -2 hrs	<ul style="list-style-type: none"> • Repeat for 3-5 cycles. • Always finish with cold SB. • A typical cycle would be 3 mts hot and 30 sec cold. • Temperature & duration can be altered according to patient's strength.
Physiologic effect	<ul style="list-style-type: none"> • Vasodilatation • Increased capillary permeability • Increased blood flow • Increased cellular metabolism. 	<ul style="list-style-type: none"> • Vasoconstriction • Decreased capillary refill • Decreased cellular metabolism • Local anaesthetic effects • Decreases bleeding & congestion • Slows bacterial growth 	-	<ul style="list-style-type: none"> • Increases venous and lymphatic flow • Causes deep tissue vasoconstriction.
Therapeutic Uses	<ul style="list-style-type: none"> • Decreases pain • Relaxes muscle • Increases blood flow • Softens exudates • Increases elasticity of connective tissues 	<ul style="list-style-type: none"> • Acute injury/trauma • Chronic pain • Muscle spasm • Inflammation, and • Edema 	-	<ul style="list-style-type: none"> • Minimising the influence of accumulated morbid material at the injured site while the healing process is taking place
Mechanism of action	<ul style="list-style-type: none"> • Increasing tissue temperature • Stimulates vasodilatation hence, increases tissue blood flow, which promotes healing by increasing the supply of nutrients and oxygen to injured site. 	<ul style="list-style-type: none"> • Activates sympathetic vasoconstrictive reflex • Prevents secondary hypoxic damage in injured tissues by reducing metabolism demand • Inhibition of a spinal cord reflex loop 	-	<ul style="list-style-type: none"> • "Pumping effect" due to the cycle of vasoconstriction and vasodilatation, therefore facilitating <i>Imala-e-Mavad</i> resulting in removal of the edematous conditions.

Procedure

Certain specific instructions should be given to the patients for Sitz bath, including the temperature of water and device to be used, such as

- Prepare Sitz bath and add herbs or extracts as preferred.
- Water should not be too hot or too cold to cause discomfort to the patients.
- Instruct the patient to remove the cloth and get into the tub, so that the hip and buttocks are immersed in the water; keep the legs to the side of the tub.

- Ensure that the patient is covered and does not get chilled or feel discomfort, especially during extended treatment.
- Instruct the patient to stay in water for recommended period.
- Instruct the patient to dry with a clean cotton towel and rest at least for 30 minutes.
- Instruct the patient not to rub or scrub the perineum, as this may cause pain and irritation. (Sitz bath in gynaecology (www.encyclopedia.com))

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It is useful to classify these gynaecological conditions into different conditions (Table 2).
basic categories, so as to use appropriate type of sitz bath in

Table 2. Indications of *Ābzan* (Sitz bath) in Gynaecological Disorders in USM

S. No.	Indication	Unani drug / formulation	Preparation	References
1	<i>Quruh-al- Rahim</i> (cervical erosion)	• <i>Mazu, Juft Baloot, Khubs ul Hadeed, Shib Yamani, Zaj</i>	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water	(Razi, 2001)
		• <i>Hhabul aas, saroo</i> leaves	do	(Bughdadi, 2001)
2	<i>Saylan-al- Rahim</i> (Leucorrhea)	• <i>Methi, Tukhme Katan, Tukhme Khatmi, Birinjasaf</i>	do	(Razi, 2001)
		• <i>Roghan gul</i> , Luke warm water	<i>Ābzan</i> with mixture of <i>rogan gul</i> and luke warm water	(Razi, 2001)
		• <i>Mazu</i>	<i>Ābzan</i> with <i>mazu</i> decoction	(Razi, 2001)
		• <i>Mazu, Juft Baloot, Khubs ul Hadeed, Shib Yamani, Zaj</i>	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water	(Razi, 2001)
3	<i>Sartan-al- Rahim</i> (Uterine Cancer)	• <i>Methi, Khatmi, Khubbazi</i>	do	(Razi, 2001)
		• <i>Barg Khatmi, Karnab, Banafsha, Tukhme Katan</i>	do	(Khan, 2003)
		• <i>Banafsha, Nilofer, Marzanjosh, Hulba, Tamar Hindi, Karam Kalla, Khatmi, Khubbazi</i>	do	(Bughdadi, 2001)
4	<i>Waram-al-Rahim</i> (Metritis)	• <i>Methi, Tikhme Khayar, Tikhme Katan</i>	do	(Razi, 2001)
		• <i>Soya, Khatmi</i>	do	(Akbar, 2002)
		• <i>Nakhoona, Baboona, Hulba, Alsi, Karam Kalla</i>	do	(Hasan MQ, 2011)
		• <i>Bartang</i>	do	(Jurjani, 2010)
		• <i>Ab Sheereen, Roghan gul</i>	do	(Sina, 2010)
		• Astringent drugs	do	(Qamri, 2008)
		• <i>Katan, Baboona, Nakhoona, Karnab, Kali Tulse (Advia mulayyina)</i>	do	(Razi, 1991)
5	<i>Waja-ur-Rahim</i> (Uterine Pain)	• <i>Tukhme katan, Tikhme Tera Tezak, Tikhme Gazar, Tikhme Shaljam, Sudab, Lablab, Badiyan, Barg Karafs, Gandana, Karam Kalla, Piyaz, Roghan Zaitoon</i>	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water	(Kamaluddin, 2004)
		• <i>Barg Ghar</i>	do	(Razi, 2001)
		• <i>Waj</i>	do	(Razi, 2001)
		• <i>Qust</i>	do	(Razi, 2001)
		• <i>Soya</i>	do	(Razi, 2001)
6	<i>Mailan-al-Rahim</i> (Uterine inversion)	• <i>Hulba, Tikhme Katan, Marzanjosh, Podina, Babona, Aklilul Malik, Birinjsif, Khairi</i>	do	(Razi, 2001)
		• <i>Murattab advia -Kahoo, Kishmeez, Nilofer Sandal</i>	do	(Akbar, 2002)
7	<i>Bawaseer-al-rahim</i> (Uterine polyp)	• <i>Nakhoona, Baboona, Methi, Tikhme Alsi</i>	do	(Akbar, 2002), (Sina, 2010)
		• <i>Qabid Advia- Aqaqia, Gulnar, Aas, Nagarmotha</i>	do	(Bughdadi, 2001)
8	<i>Waram furj wa mahbil</i> (Vulvitis & Vaginitis)	• <i>Tukhme Hulba, Tikhme Khatmi, Gule Baboona, Mako Khushk</i>	do	(Hasan MQ, 2011)
9	<i>Nafakh-al- Rahim</i> (Physometra)	• <i>Sudab, Tukme Fanjkusht, Qantoryun, Birinjasaf, Podina, Marzanjosh, Aftimoon, Saleekha, Nankhwa, Izkhir</i>	do	(Khan, 2003), (Sina, 2010)
		• <i>Chirayta, Birinjasaf, Aklil ul Malik</i>	do	(Razi, 2001)
		• <i>Sudab, Shambhalu, Qantaryun, Zeera, Birinjasaf, Marzanjosh, Anisun, Podina Jangli, Tikhme Karafs, Ajwain, Saleekha</i>	do	(Jurjani, 2010)
10	<i>Istehaza</i> (AUB)	• <i>Aab Qumqum</i>	do	(Khan, 2003), (Qamri, 2008)
		• <i>Aas, Gule Surkh, Post Anar, Kharnob Nabti, Gulnar, Reehat ul Tees, Mazu Sabz, Footnaj</i>	do	(Sina, 2010)

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11	Ikhṭenaq-ur-Rahim (Hysteria)	• Abhal, Marzanjosh, Soya, Qaisoom	do	(Jurjani, 2010), (Razi, 2001)
		• Banafsha, Marzanjosh, Nakhoona, Satar Baboona, Birinjasaf	do	(Bughdadi, 2001)
12	Iḥtibās al-Ṭamṭh (Amenorrhoea/PCOD)	• Birinjasif	do	(Razi, 2001)
		• Baboona	do	(Razi, 2001)
		• Murr	do	(Razi, 2001)
		• Fashra	do	(Razi, 2001)
		• Footnaj, Sudab, Mushkatramshee,	do	(Akbar, A. A., YNM)
		• Jaoo Sheer, Qirdmana, Hilteet, Sakbeenaj	do	(Akbar, A. A., YNM)
		• Khatmi	do	(Razi, 2001)
		• Sudab, Abhal, Karafs, Karnab, Raziyanaj, Mushkatramashee	do	(Majoosii, 1991), (Sina, 2010)
		• Methi, marzanjosh, baboona, soya	do	(Jurjani, 2010)
		• Karafs, Karnab, Raziyanaj, Sudab, Birinjasaf, Abhal, Footnaj	do	(Majoosii, 1991)
		• Joshanda Advia Mulattifa- Podina, Shibbat, Marzanjosh, Suddab, Baboona, Nakhoona, Satar, Qirdmana, Kalonji, Heeng, Asarun, Doqu	do	(Jurjani, 2010), (Khan, 2003)
13	Kaṭhrat-i-Ṭamṭh (Menorrhagia)	• Gulna, Aas, Gule Surkh, Mazoo, Post Anar	do	(Akbar AA, YNM)
		• Aas	do	(Akbar AA, YNM)
		• Gulnar, Post Anar, Joz Sard, Juft Baloot, Mazu, Kharnob, Murad, Kundur, Qarz, Tarasees, Qishar	do	(Bughdadi, 2001)
14	Inzilaq-ur-Rahim (Uterine Prolapse)	• Gulnar, Post Anar, Joz Sard, Juft Baloot, Mazu, Kharnob, Murad, Kundur, Qarz, Tarasees, Qishar	do	(Bughdadi, 2001)
		• Aas	do	(Razi, 2001)
		• Aab Qumqum	do	(Razi, 2001)
		• Mastagi	do	(Razi, 2001)
		• Joz, Aas, Saru, Gulnar, Juft Baloot, Qashr, Roghan Gul	do	(Razi, 2001)
		• Barg Suddab	do	(Razi, 2001)
		• Saroo, Joz Saroo, Abhal	do	(Razi, 2001)
		• Izkhir, Aas, Gule Surkhab	do	(Razi, 2001), (Sina, 2010)
		• Qabid Advia- Aqaqia, Gulnar, Aas, Nagarmotha	do	(Bughdadi, 2001)
15	Salabat Rahim	• Barg Karnab Shami, Namak	do	(Razi, 2001)
		• Fardeen	do	(Razi, 2001)
16	Isterkha fame Rahim (cervical incompetence)	• Mazoo, Juft Baloot, Khubs ul Hadeed, Zaj, Shib Yamani,	do	(Razi, 2001)
17	Kharish-e-Miq'ad/ Kharish-e-rahim (Pruritus in Ano/ pruritus vulvae)	• Lukewarm Water	do	(Razi, 2001)
		• Post Khashkhash, Gulab, Gulnar	do	(Razi, 2001)
18	Dyspareunia	• Sharab, Advia Qabida, Roghan Zaitoon	do	(Sina, 2010)
19	Uqr (Infertility)	• Sudab, Abhal, Karafs, Karnab, Raziyanaj, Mushkatramashee	do	(Majoosii, 1991), (Sina, 2010)
		• Karafs, Karnab, Raziyanaj, Sudab, Birinjasaf, Abhal, Footnaj	do	(Majoosii, 1991)
		• Methi, Marzanjosh, Baboona, Soya	do	(Jurjani, 2010)
		• Shibbat, Podina, Marzanjosh, Suddab, Baboon aa, Nakhoona, Satar	do	(Khan, 2003)
		• Saad koofi, Sumbulut Teeb, Qust, Mazu, Aqaqiya	do	(Qamri, 2008)
		• Anjeer, Baboona, Hulba, Tukhme Alsi, Maghz Tukhme Qurtum	do	(Akbar AA, YNM)

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20	Kasrat isqat (Recurrent abortion)	• Masoor, Post Anar, Mazu, Aas	do	(Qamri, 2008)
		• Saad Koofi, Sumbulut Teeb, Qust, Mazu, Aqaqiya	do	(Qamri, 2008)
		• Aas	do	(Khan, 2003)
		• Sandal Safaid, Barg Neelofer, Aqaqiya, Tukhme Moorad, -each 10.5g	do	(Khan, 2003)
		• Gulnar 6g, Gul Surkh 100g		
		• Gul surkh -10g, Gulnar, Kaz Mazuj-25g, Barg Moorad-14g, Shib Yamani, Mazu, Post Anar-each 1.5g.	do	(Khan, 2003)
		• Adas, Gulnar, Post Anar, Anjeer Khushk, Halela, Sirka	do	(Akbar AA, YNM)
21	Rija (Pseudo pregnancy)	• Karnab, als	do	(Akbar AA, YNM)
		• Loghaziya	do	(Sina, 2010)
		• Gul khatmi, Gul Baboona, each 25g, Nakhoona, Mako Khushk, Marzanjosh, Badiyan, Tukhme Hulba, Tukhme Als, Barg Karnab, each 12g	Use filtered water for <i>Ābzan</i> after boiling all the medicine in 4 lit of water.	(Sina, 2010)
22	Ushr wiladat (Dystocia)	• Tukhme Hulba, Tukhme Khatmi, Gul Baboona, Mako Khushk -each 12g	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water.	(Hamdani, 2001)
		• Luke warm water	do	(Akbar AA, YNM), (Khan, 2003), (Sina, 2010)
		• Footmaj	Use filtered water for <i>Ābzan</i> after boiling footmaj in water with 1:10 ratio	(Sina, 2010)
		• Baboona, Shibbat, Marzanjosh, Nakhoona	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water	(Khan, 2003), (Akbar AA, YNM)
		• Nakhoona, Baboona, Hulba, Katan, Mako, Marzanjosh, Majeethh- each 30g.		
		• Banafsha, Barg Neem, Barg Karnab, Barg Shambhalu,, Barg Shibbat, Bastan Afroz, Khubbazi, each 70g.	do	(Khan, 2003)
		• Podina	Use filtered water for <i>Ābzan</i> after boiling 180g podina in water	(Razi, 2001)
		• Zard khairi ki kali	Use filtered water for <i>Ābzan</i> after boiling all the medicine in water	(Razi, 2001)
		• Baboona	do	(Razi, 2001)
		• Lahsan	do	(Razi, 2001)
23	IUD/ Retained placenta	• Birinjasaf	do	(Razi, 2001)
		• Baboona, sheeh, Birinjasif, Marzanjosh, Methi, Podina, Mushkatramashee, Zarawand, Artaneesha	do	(Razi, 2001)
24	Tanqia nifas (Puerperial sepsis)	• Qaisoom, Barg Tom, Birinjasaf	do	(Khan, 2003)
		• Mushkatramashee, Birinjasif, Agar Turki, Qust Talkh, Saleekha, Nankhaua, Footmaj, Marzanjosh, Tukhme Halyun, Hulba, Farasiyun, Ood, Balsan, Asarun	do	(Akbar AA, YNM)
24	Tanqia nifas (Puerperial sepsis)	• Khatmi	do	(Razi, 2001)
		• Baboona		(Razi, 2001)

Most of the gynaecological conditions are included in four basic categories, which are as follows:

- Spasmodic: dysmenorrhea, chronic pelvic inflammatory disease
- Inflammatory: acute PID, vaginitis with pruritis, endometriosis
- Congestive: uterine fibroids, vaginitis without pruritis, amenorrhea, PCOS
- Prolapse: prolapse, menometrorrhagia, enuresis

For Spasmodic conditions - hot sitz baths are recommended.

For congestive pelvic conditions like PCOD, infertility, uterine fibroids etc, salt sitz baths and sulphur sitz baths are recommended.

For inflammatory conditions like endometriosis, or vaginitis with discharge, neutral to hot salt baths are recommended.

For Genito Urinary Prolapse -sitz bath with astringent drug are recommended.

Sitz bath can be categorised as follows: contrast sitz baths when there is oligo/amenorrhoea and cold sitz baths when there is excessive menstrual flow. (Sitz bath in gynaecology

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(www.encyclopedia.com)

Length of treatment is determined by the type of sitz bath; cold sitz bath durations are shorter than hot or contrast; neutral

sitz baths can last up to 2 hours for complete effect.

List of retrieved scientific studies on *Ābzan* in gynaecological disorders are listed in Table 3.

Table 3. List of retrieved scientific studies on *Ābzan* in gynaecological disorders

Studies retrieved	Research drug	Research design/ sample size/ duration of treatment	Assessment tool	Result	References
Utero-vaginal prolapse	<i>Mazu (Quercus infectoria L)</i>	An RCT/ n=60/ 8 weeks	PFDIQ, PFIQ Test	Test drugs were safe and effective in improving the utero-vaginal prolapse.	(Naim, 2017)
	<i>Mochras (Bombax malabaricum) Oral+ Habbul Aas (Myrtus communis) as Abzan</i>	An RCT/ n=40/ 8 weeks	PFDIQ, PFIQ & POPQ system	Test drugs <i>mocharas</i> and <i>habbulaas</i> were effective in improving the quality of life of women assessed by PFDIQ and PFIQ but fail to improve the degrees of prolapse assessed by POPQ system.	(Rahman, 2018)
Leucorrhoea	Aqueous extract of <i>Samar Babool (Vachellia nilotica)</i>	Single blind placebo controlled RCT/ n=66/ 10days	VAS, Modified Mc Cormack pain scale	Test drug was effective in relieving <i>saylan-al-rahim</i> .	(Rushda, 2019)
Episiotomy wound	Hydro-Alcoholic Extract of Myrrh Gum (<i>Commiphora myrrha</i>)	Double blind clinical trial/ n=60 / 10 days	REEDA scale	Wound healing rate was higher in the group using myrrh plant.	(Sarbaz, 2019)
	Medicated and non-medicated sitz bath	A quasi experimental design/ n=40/10 days	REEDA scale	Episiotomy wound healing rate was faster in medicated group than non-medicated group	(Kapoor, 2018)
		A quasi – experimental Design/ n=50/ 5 days	REEDA Scale	Application of non-medicated sitzbath is not much effective as medicated sitzbath.	(George, 2013)
Post episiotomy Pain/ Postpartum Perineal Pain	Warm versus cold sitz bath	Repeated measure experimental design/ n= 20/ 24 hrs	VAS	Failed to demonstrate the difference between the two groups	(LaFoy, 1986)
	Warm versus cold sitz bath	An experimental study/ n=40	Pain scale	cold sitz baths were significantly more effective in relieving perineal pain	(Ramler, 1986)
PCOS	“Raha capsule” + sitz–bath with (<i>Malva sylvestris</i> , <i>Rosa damascene</i> , <i>Marticaria chamomilla</i> , <i>Althea officinalis</i> flower extracts)	Case report/ 6 months	Clinical assessment	Test drug was effective in relieving sign and symptoms of PCOS.	(Akhtari, 2017)
Fallopian tube obstruction	Mohalel syrup + warm cane (<i>Malva sylvestris</i> , rose (<i>Rosa damascene</i>), mallow (<i>Althea officinalis</i>), chamomile (<i>Marticaria chamomilla</i>)- each100g and hedge nettle (<i>Stachys schtschegleevii</i>)- 400 g	Case report/ 4 months	HSG	The fallopian tubes were gradually disinfected of the intruding infectious materials accumulating in the tube end.	(Akhtari & Mokaberinejad , 2017)
Episiotomy pain & wound healing	Plain water sitz bath	A quasi experimental study/ n=60/ 3days	Clinical assessment	Application of sitz bath therapy had significant reduction in episiotomy pain.	(Amandeep, 2015)
	Lavender oil application versus sitz bath	Time series Research design/ n=20/ 3days	REEDA Scale	Application of Lavender oil over episiotomy wound is significantly more effective in reducing episiotomy pain and enhancing episiotomy wound healing.	(Anitha, 2018)
	Povidone Iodine sitz bath versus Lavender oil sitzbath	A comparative study/ n=60/ 5 days	REEDA Scale	Lavender oil sitzbath was effective in reducing episiotomy pain and wound healing among postnatal mothers who had normal vaginal delivery.	(Ragania, 2016)

Advantages

There are some distinct advantages of using sitz bath as a primary modality. The sitz bath in particular is well-suited as home treatment with proper patient instruction. Not only it is excellent for therapeutic purpose, even the activity engages the patient in a unique way making her accountable for the progress of care. (Nayab, 2016; Peerla, 2019; Sitz bath in gynaecology (www.encyclopedia.com))

Contraindications

Weakness is the only absolute contraindication for it; other contra indications include acute profuse bleeding, open wounds, pressure sores, acute fever, acute skin infections, contagious skin rashes, acute PID. (Nayab, 2016, Peerla, 2019)

Complications

Numbness after *Ābzan bārid* when skin temperature decreases below 59°F, frostbite, burn, palpitation, bleeding. ² Patients can feel dizzy or experience rapid heartbeat due to vasodilatation. (Sitz bath in gynaecology (www.encyclopedia.com))

RESULT AND DISCUSSION

The use of *Ābzan* (sitz bath /hydrotherapy) is probably as old as mankind. Use of water in various forms and with different temperatures can produce diverse effects on different system of the body. Sitz bath is a novel, simple, non-invasive, and effective external mode of treatment described for various gynecological disorders in Unani system of medicine. The effect is probably to enhance the pelvic circulation and to reduce swelling of tissues, itch and soothe sore vaginal tissues and helps in episiotomy healing. Superficial cold application may cause physiologic reactions such as decrease in local metabolic function, local edema, nerve conduction velocity (NCV), muscle spasm, and increase in local anesthetic effects. Cold-SB but not warm-SB, significantly reduces edema during postepisiotomy period and perineal pain. (Moovenathan A and Nivethitha L, 2014) The main role of wet Abzan is moisture update, which is most widely used in the prevention and treatment of diseases associated with domination of the dry temperament. Hot Abzan, due to its effective role in stimulation of instinct heat and strengthening the body, can be considered alone, as one of the appropriate remedies in many conditions. (Vakilinia, 2019)

CONCLUSION

Studies has proved that sitz bath plays an important role in providing the thermal and mechanical effects and help in achieving the curative treatment. Unani physicians have mentioned extensive use of *Ābzan* in gynaecological disorders which seems to be very effective and safe for the patient, even studies provide the scientific based evidence in few gynaecological disorders. Further, randomized, controlled, clinical studies are recommended to authenticate the effectiveness of sitz bath on scientific basis in other gynecological disorders as mentioned in classical Unani text. Furthermore, the ideal method of sitz bath, optimal duration and how sitz bath improves various diseases needs to be clarified.

LIST OF ABBREVIATIONS

Do: same as above
PID: Pelvic Inflammatory Diseases
IUD: Intra Uterine Death
PCOS: Polycystic Ovarian Syndrome
RCT: Randomised Controlled Trial
VAS: Visual Analogue Scale
REEDA: Redness, Edema, Ecchymosis/Bruising, Discharge, Approximation
HSG: Hysterosalpingography
POP-Q: Pelvic Organ Prolapse Quantification System
PFDIQ: Pelvic Floor Distress Inventory Questionnaire
PFIQ: Pelvic Floor Distress Impact Questionnaire

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