



STUDY TO EVALUATE THE EFFECT OF AABZAN THERAPY (SITZ BATH) OF UNANI FORMULATION IN CASES OF INSHIQAQ MAQ'AD HAAD (ACUTE ANAL FISSURE)

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ABSTRACT

Aabzan Therapy (sitz bath) is cheapest, simplest and non-invasive method of regimental therapy. In this kind of bath only hips are immersed in medicated water, level of water should not be above navel (umbilicus). This therapy is very common and is used to relief pain and discomfort of lower and upper limbs. Abu Bakr Mohammad Bin Zakariya Razi, writes in his book *Kitab-ul-Haawi* that to relief pain and to reduce inflammation of *Shiqaq Maq'ad*, the patient is advised to sit in the decoction (*joshanda*) of *beekh e khatmi*, *tukhm e katan*, *baboon* as sitz bath (*Aabzan*). *Aabzan* therapy dilates vessels, increases capillary permeability, increases blood flow, and stimulates nerve endings. It is indicated in Anal fissure, hemorrhoids, rectal prolapsed, uterine prolapsed, oligomenorrhoea, hysteria, dysentery, diarrhoea, cystitis, uterine cramps, vaginitis, IBS and proctitis.

The present study was an open label clinical study to evaluate the efficacy of sitz bath with unani formulation on the basis of standard parameters (subjective parameters) which are based on clinical assessment. The study was conducted on 30 patients and duration was 28 days, with total 05 visits to hospital (0-day, 7th day, 14th day, 21st day, 28th day,). The sitz bath was given with a dose of 40gm medicine (*beekh-e-khatmi*, *baboona*, *tukhm-e-katan*) in 5 liters of warm water.

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References: 25

Keywords: *Aabzan* therapy (sitz bath), fissure in ano (*insheqaq maq'ad*) decoction.

INTRODUCTION

Insheqaq Maq'ad haad (Acute Anal fissure) is an ulcer in the longitudinal axis of the lower anal canal. Commonly it occurs in the midline, posteriorly more common in males but can also occur in the midline anteriorly more common in females. 95% of anal fissure in men are posterior, 5% are anterior, 80% of anal fissure in females are posterior, 20% are anterior^(1,2,3,4). Classically acute anal fissures arise from the trauma caused by the straightened evacuation of a hard stool or less commonly from the repeated passage of diarrhea. The location in the posterior midline perhaps relates to the

exaggerated shearing forces acting at that site at defecation, combined with the less elastic endowed with an increased a density of longitudinal muscle extensions in that region of the anal circumference. Anterior anal fissure is much more common in women and may arise follow vaginal delivery. Perpetuation and chronicity may result from repeated trauma, anal hypertonicity and vascular insufficiency, either secondary to increased sphincter tone or because the posterior commissure is less well perfused than the remainder of the anal circumference^(5,99).

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Aabzan Therapy (sitz bath) is cheapest, simplest and non-invasive method of regimental therapy. In this kind of bath only hips are immersed in medicated water, level of water should not be above navel (umbilicus). This therapy is very common and is used to relief pain and discomfort of lower and upper limbs^{30,53,54,2,55}.

The types of *Aabzan* therapy are: *Aabzan haar*: Temperature of water should be between 95-105°F. *Aabzan barid*: Cold water is used in this type, to manage chronic pain due to trauma, injury and oedema. *Aabzan mo'tadil*: Temperature of water should be neutral; patient with diabetic neuropathy can use this type of *Aabzan* very safely. *Aabzan Murakab*: Is alternate hot and cold sitz bath, that is alternate cycle of *Har Abzan* for five minutes followed by *Barid Aabzan* one minutes, this type has soothing effect.^{57,26}

This therapy is very common and is used to relief pain and discomfort of lower and upper limbs^{30,53,54,2,55}. Abu Bakar Mohammad Bin ZakariyaRazi, writes in his book *Kitab-ul-Haawi* that to relief pain and to reduce inflammation of *Shiqaq Maq'ad*, the patient is advised to sit in the decoction

(*joshanda*) of *beekh e khatmi, tukhm e katan, baboona* as sitz bath (*Aabzan*).^{57,58,59} *Aabzan* therapy dilates vessels, increases capillary permeability, increases blood flow, and stimulates nerve endings. It is indicated in Anal fissure, hemorrhoids, rectal prolapsed, uterine prolapsed, oligomenorrhoea, hysteria, dysentery, diarrhoea, cystitis, uterine cramps, vaginitis, IBS and proctitis^{9,14,96}.

Materials and Methods

The present study was an open label clinical study to evaluate the efficacy of sitz bath with Unani formulation. Approval from the institutional ethical committee has been obtained before starting the study. In the present study 30 patients of *Insheqq maq'ad haad* (acute anal fissure) of 20 to 50 years of age and either gender were included. The duration of treatment was 28 days, with total 05 visits to hospital (0day, 7 day, 14day, 21" day, 28th day,). The sitz bath was given with a dose of 40 gm medicine (*beekh-e-khatmi, baboona, tukhm-e-katan*) in 5 liters of warm water.

Observations and Results

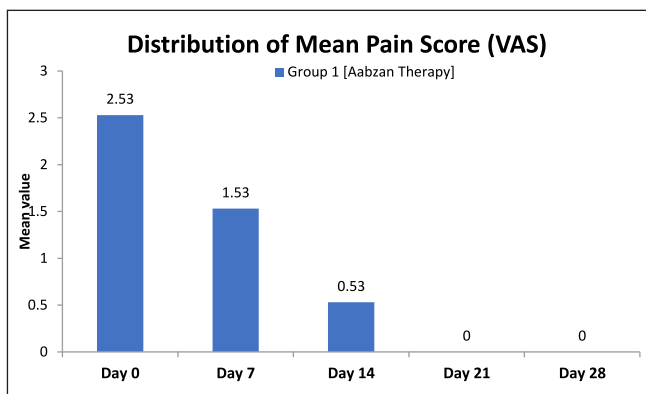


Figure 1: Distribution of mean pain score (VAS).

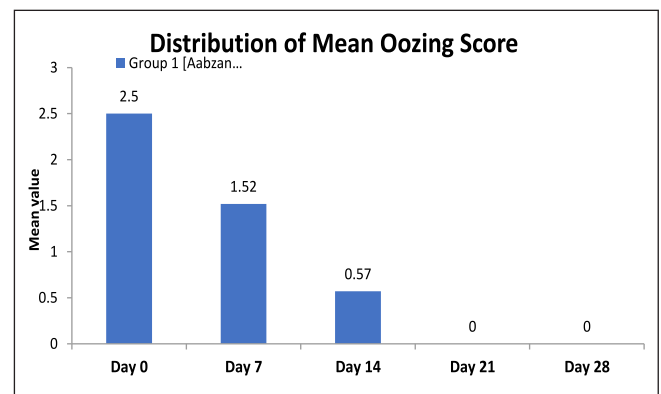


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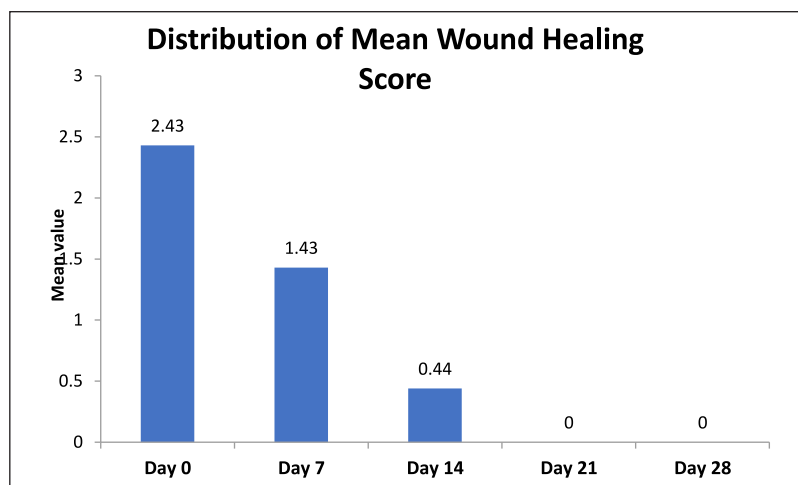


Figure 1: Distribution of mean pain score (VAS).

Conclusion

The present study revealed the significant changes in parameters by the *Aabzan* therapy in treatment of *Insheqaq maq'ad* (fissure in ano). Scores of Pain, oozing of blood and wound healing reduced significantly. It is concluded that the *Aabzan* of Unani drugs (*Beekh-e-Khatmi, Baboona, Tukhm-e-Katan*) is effective in the treatment of *Insheqaq maq'ad haad* (acute anal fissure).

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