
A COMPREHENSIVE REVIEW OF ABZAN (SITZ BATH) FOR GYNAECOLOGICAL DISORDERS – AN ANCIENT HEALING ART IN MODERN ERA

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ABSTRACT

In Unani System of Medicine, *Abzan* (Sitz bath) is a common rehabilitative therapy used to treat Amraz-e-Niswan (gynaecological disorders). Based on the idea of humoral balance, Abzan entails submerging the pelvic area in water or medicated concoctions to enhance circulation, lessen inflammation, and make it easier for morbid humors to be evacuated. Its application in ailments like leucorrhoea, uterine prolapse, irregular menstruation, pelvic inflammatory illness, infertility, and puerperal problems was highlighted in the classical Unani literatures by Rhazes, Avicenna, and Jurjani. Abzan has distinct physiological impacts and therapeutic functions and is classified as Har (hot), Barid (cool), Motadil (neutral) and Murakkab (alternate). It maintains reproductive health, relieves symptoms, and enhances preventative gynaecology in a safe, non-invasive, and holistic manner. Reviewing its therapeutic effectiveness, this research emphasizes its ongoing significance in integrative women's healthcare. Further standardized research is warranted to validate its therapeutic protocols and establish its role within modern evidence based gynaecological care.

KEYWORDS: Abzan, Sitz Bath, Amraz-e-Niswan, Unani Medicine, Regimental Therapy.

INTRODUCTION

Women in India, despite progressing as equal stakeholders in society, continue to face significant gynaecological problems influenced by cultural, social, and hygienic factors, with studies showing over 20% affected (Beulah 2018).

The Unani system of medicine has traditionally used a comprehensive approach to treat gynaecological diseases because of its unique concepts and therapies. This system's foundation is the principle of humoral balance, which holds that health is preserved by re-establishing the equilibrium between humors and that sickness results from disruptions in their amount or quality (Peerla, 2020). Ilaj Bit Tadbeer (regimental therapy) is a prominent therapeutic approach. It involves regulating the six fundamental aspects of life in order to restore humoral balance, normalize temperament, and get rid of morbid stuff (Nayab, 2016). These techniques are straightforward, tried-and-true, and efficient for both therapeutic and preventative goals. They frequently serve as a thorough detoxification procedure (Peerla, 2020).

In this context, *Ābzān*, or sitz bath, is a significant rehabilitative therapeutic modality. The sitz bath, which involves submerging the hips and buttocks in lukewarm water or herbal concoctions, was first used by Vincent Priessnitz in the early 1800s and is derived from the German word *sitzen*, which means "to sit" (Bahadorfar, 2014). It is used in Unani practice to divert *akhlat-e radiya* (morbid humors) or for local evacuation (Akhtari & Mokaberinejad, 2017). In clinical settings, Unani doctors commonly recommend sitz baths for healing wounds following episiotomy, genital prolapse, leucorrhoea, pruritus vulvae, irregular menstruation, infertility, pelvic inflammatory disease, vaginal infections, and uterine cramping. In addition to promoting healing, it improves pelvic circulation, lowers inflammation, and eases discomfort and itching. Furthermore, recent research indicates that sitz baths promote lymphatic activity, enhance circulation, and facilitate the elimination of toxins (Ahmed, 2011; Peerla, 2020).

MATERIALS AND METHODS

This review was conducted as a narrative literature analysis to assess the therapeutic role of *Ābzān* (sitz bath) in gynaecological disorders within the Unani system of medicine. Classical Unani texts, including *Al-Qanoon fit Tib*, *Al-Hawi fil Tib*, *Zakheera Khawarzam Shahi*, *Kamil-us-Sana*, and *Kitab al-Mukhtarat fil Tib*, were reviewed to obtain information on the concept, indications, procedures, formulations, and contraindications of Abzan therapy.

Contemporary literature was searched in PubMed, Google Scholar, Scopus, ResearchGate, and the AYUSH Research Portal using relevant keywords. Eligible English-language clinical and review studies were included. Data were extracted and qualitatively synthesized to correlate classical Unani principles with modern clinical evidence. Ethical approval was not required as only published literature was used.

Historical Background of Abzan Therapy

The regimental hydrotherapy known as "Abzan therapy," or "Sitz Bath," has its roots in ancient cultures, when Greek physicians like Hippocrates and Galen emphasized the therapeutic benefits of bathing practices in medical treatment (Sharma et al., 2010). Therapies like *Abzan* have their roots in parallel traditions in India and Persia that highlighted the healing and purifying properties of water (Mahdavi et al., 2013; Mohebitabar et al., 2016). Greek, Persian, and Indian medical expertise were all incorporated into the Unani medical system during the Islamic Golden Age (8th–14th centuries CE), which provided a comprehensive foundation for restoring health (Rasheed & Rasheed, 2020). The development of Abzan therapy was greatly aided by eminent academics such as *Rhazes*, who promoted the clinical use of hydrotherapy in *Al-Hawi fi al-Tibb* (Hamed et al., 2015) and *Avicenna*, who expounded on the practice in *The Canon of Medicine* (Avicenna, 1999). Their efforts guaranteed Abzan's maintenance, improvement, and methodical use within the Unani tradition, highlighting its importance both historically and scientifically (WHO, 2013).

According to *Ali Ibn-e-Abbas Majoosi's* well-known book "*Kamil-us-Sana*," a lady should take a hot sitz bath (Abzan Har) when her due date approaches or she is experiencing labour pains (Majoosi, 2010).

According to *Ibn-e-Sina's* book "*Al-Qanoon fit Tib*," a lady should take *Abzan Haar* if she is experiencing *usr-e-wiladat* (Sina, 2007).

Types of Abzan

According to temperature of fluid, *Abzan* is divided into following four types. (Nayab, 2016)

1. *Abzan Haar* (Hot Sitz Bath): A sitz bath with water (105 to 115°F for 3-10 minutes), half an inch below the umbilicus, promotes vasodilation, boosts blood flow and metabolism, eases pain, relaxes muscles, softens exudates, and improves tissue flexibility by improving the availability of oxygen and nutrients needed for healing.

2. Abzan Barid (Cold Sitz Bath): A cold sitz bath (55–75°F, 30 sec–8 min, water below umbilicus) helps with acute injury, inflammation, oedema, and spasm, by reducing metabolic demand and minimizing hypoxic damage. It also produces vasoconstriction, lowers bleeding and metabolism and gives local anaesthesia.

3. Abzan Motadil (Neutral Sitz Bath): A neutral sitz bath (92–98°F, 15 min–2 hours) provides mild relaxation, mainly in diabetic neuropathy,

4. Abzan Murakkab (Alternate Hot and Cold Sitz Bath): A contrast sitz bath (105–115°F hot, 55–85°F cold, 3–5 cycles) promotes profound vasoconstriction, enhances drainage, and promotes healing. By removing morbid material and relieving oedema through a "pumping effect".

Procedure of *Ābzan*

Before a sitz bath, patients should get instructions about temperature, duration, and device use. (Sitz bath in gynaecology(www.encyclopedia.com))

- Set the bath to the recommended temperature and, if necessary, add herbs.
- The patient sits with their legs out and their hips and buttocks submerged.
- Make sure the patient is comfortable and private while receiving therapy.
- Follow the protocol's recommended duration.
- Pat dry perineal area gently; do not rub.
- After treatment, take a minimum of half an hour rest.

INDICATIONS OF *ĀBZAN* (SITZ BATH) FOR GYNECOLOGICAL DISORDERS

S. No.	Indication	Recommended Unani Drugs
1.	<i>Quruh al-Rahim</i> (Cervical erosion)	<i>Mazu</i> , <i>Shib Yamani</i> , <i>Khubs al-Hadeed</i> , <i>Juft Baloot</i> , and <i>Zaj</i> (Razi, 2001). Other drugs: <i>Saroo leaves</i> and <i>Habbul Aas</i> (Bughdadi, 2005).
2.	<i>Saylan al-Rahim</i> (Leucorrhea)	<i>Methi</i> , <i>Tukhme Katan</i> , <i>Tukhme Khatmi</i> , and <i>Birinjasaf</i> <i>Mazu</i> decoction or <i>roghan gul</i> in lukewarm water. <i>Mazu</i> , <i>Shib Yamani</i> , <i>Khubs al-Hadeed</i> , <i>Juft Baloot</i> , and <i>Zaj</i> are astringents (Razi, 2001).
3.	<i>Sartan al-Rahim</i> (Uterine Cancer)	<i>Barg Khatmi</i> , <i>Karnab</i> , <i>Banafsha</i> , <i>Tukhme Katan</i> , <i>Hulba</i> , <i>Khatmi</i> , <i>Khubbazi</i> (Razi, 2001); Khan, 2003). <i>Banafsha</i> , <i>Nilofer</i> , <i>Marzanjosh</i> , <i>Tamar Hindi</i> ,

		<i>Hulba</i> , and <i>Karam Kalla</i> are some examples of combinations (Bughdadi, 2005).
4.	<i>Waram al-Raḥim</i> (Endometritis/Metritis)	<i>Methi</i> , <i>Tukhme Katan</i> , <i>Soy</i> , <i>Khatmi</i> , <i>Baboona</i> , <i>Hulba</i> , <i>Roghan Gul</i> , <i>Bartang</i> (Razi, 1991; Sina, 2010; Hasan MQ, 2011; Jurjani, 2010; Kamaluddin, 2004).
5.	<i>Waja' al-Raḥim</i> (Uterine pain)	<i>Barg Ghar</i> , <i>Waj</i> , <i>Qust</i> , <i>Soy</i> , <i>Hulba</i> , <i>Tukhme Katan</i> , <i>Marzanjosh</i> , <i>Podina</i> , <i>Babuna</i> , <i>Aklil al-Malik</i> (Razi, 2001).
6.	<i>Mailan al-Raḥim</i> (Uterine Inversion)	<i>Sandal</i> , <i>Nilofer</i> , <i>Kishneez</i> , <i>Kahoo</i> (Akbar, 2002).
7.	<i>Waram al-Farj wa al-Mahbil</i> (Vaginitis and Vulvitis)	<i>Gul Baboona</i> , <i>Mako Khushk</i> , <i>Tukhme Hulba</i> , and <i>Tukhme Khatmi's</i> decoction (Hasan MQ, 2011).
8.	<i>Istehaza</i> (Abnormal Uterine Bleeding/AUB)	<i>Kharnob Nabti</i> , <i>Mazu Sabz</i> , <i>Gul Surkh</i> , <i>Post Anar</i> , <i>Gulnar</i> , <i>Aab Qumqum</i> , and <i>Aas</i> (Razi, 2001; Sina, 2010; Qamri, 2008).
9.	<i>Ikhtenaq al-Raḥim</i> (Hysteria)	<i>Abhal</i> , <i>Marzanjosh</i> , <i>Soya</i> , <i>Banafsha</i> etc. (Jurjani, 2010; Razi, 2001; Bughdadi, 2005)
10.	<i>Iḥtibās al-Ṭamth</i> (Amenorrhea)	<i>Birinjasaf</i> , <i>Baboona</i> , <i>Murr</i> , <i>Fashra</i> , <i>Sudab</i> , <i>Mushkatramshee</i> etc. (Jurjani, 2010; Razi, 2001; Bughdadi, 2005)
11.	<i>Kathrat-i-Tamth</i> (Menorrhagia)	<i>Aas</i> , <i>Gul Surkh</i> , <i>Gulnar</i> , <i>Juft Baloot</i> , <i>Mazu</i> etc. (Akbar AA, YNM; Bughdadi, 2005)
12.	<i>Inzilaq al-Raḥim</i> (Uterine Prolapse)	<i>Gulnar</i> , <i>Aab Qumqum</i> , <i>Mastagi</i> , <i>Roghan Gul</i> , <i>Barg Sudab</i> etc. (Razi, 2001; Bughdadi, 2005; Sina, 2010)
13.	<i>Salabat al-Raḥim</i>	<i>Barg Karnab</i> , <i>Fardeen</i> , <i>Namak</i> etc. (Razi, 2001)
14.	<i>Isterkha fame Raḥim</i> (Cervical Incompetence)	<i>Mazu</i> , <i>Juft Baloot</i> , <i>Khubs al-Hadeed</i> , <i>Shib Yamani</i> , <i>Zaj</i> etc. (Razi, 2001)
15.	<i>Kharish al-Miq'ad / al-Raḥim</i> (Pruritus in ano / Pruritus Vulvae)	<i>Lukewarm water</i> , <i>Post Khashkhash</i> , <i>Gulab</i> , <i>Gulnar</i> . (Razi, 2001)
16.	Dyspareunia	<i>Sharab</i> , <i>Advia Qabida</i> , <i>Roghan Zaitoon</i> (Sina, 2010).
17.	<i>Uqr</i> (Infertility)	<i>Sudab</i> , <i>Karafs</i> , <i>Abhal</i> , <i>Raziyanaj</i> , <i>Mushkatramshee</i> , <i>Baboona</i> , <i>Hulba</i> etc. (Majoosii, 1991; Jurjani, 2010; Qamri, 2008)
18.	<i>Kasrat Isqāt</i> (Recurrent Abortion)	<i>Mazu</i> , <i>Aas</i> , <i>Aqaqia</i> , <i>Gul Surkh</i> , <i>Gulnar</i> , <i>Anjeer Khushk</i> , <i>Post Anar</i> etc. (Qamri, 2008; Khan, 2003)
19.	<i>Rijā</i> (Pseudo pregnancy)	<i>Loghaziya</i> , <i>Gul Khatmi</i> , <i>Gul Baboona</i> , <i>Nakhoona</i> , <i>Hulba</i> etc. (Sina, 2010; Hamdani, 2001)
20.	<i>Usr Wilādat</i> (Dystocia)	<i>Footnaj</i> , <i>Baboona</i> , <i>Podina</i> , <i>Lahsan</i> , <i>Birinjasaf</i> , <i>Shibbat</i> , <i>Marzanjosh</i> etc. (Razi, 2001; Khan,

		2003)
21.	Retention of Placenta/IUD	<i>Qaisoom, Mushkatramshee, Qust Talkh, Tukhme Halyun, Asarun</i> etc. (Akbar AA, YNM; Khan, 2003)
22.	<i>Tanqiya Nifās</i> (Puerperal Sepsis)	<i>Khatmi, Baboona</i> (Razi, 2001).

Four general categories can be used to classify gynaecological disorders: congestive (fibroids, vaginitis without pruritus, amenorrhea, PCOS), inflammatory (acute PID, vaginitis with pruritus, endometriosis), spasmodic (dysmenorrhea, chronic PID), and prolapse-related (uterine/genital prolapse, menometrorrhagia, enuresis). Astringent sitz baths are used for prolapse, neutral to hot salt baths for inflammatory illnesses, hot sitz baths for spasmodic disorders, and salt and sulfur baths for congestive ailments. In terms of temperature, neutral sitz baths, which can last up to two hours, offer long-lasting therapeutic benefits, cold sitz baths are helpful for excessive menstrual bleeding, and contrast sitz baths are helpful for oligomenorrhea/amenorrhea. (Sitz bath in gynaecology(www.encyclopedia.com))

Complications

A number of issues might arise from using sitz baths improperly. Skin stiffness, itching, and in extreme situations, frostbite—a condition marked by bluish-white hardened skin, can result from prolonged exposure to cold temperatures (below 59°F/15°C). Particularly for those with compromised thermal perception, excessively hot showers can cause burns or skin irritation. In certain situations, sitz baths may cause palpitations, headaches, and hypotension as a result of systemic vasodilation, or they may worsen local bleeding because of increased circulation. (Sitz bath in gynaecology (www.encyclopedia.com))

Contraindications

The only absolute contraindication for it is weakness; other contraindications include acute PID, acute fever, acute skin infections, acute skin rashes, open wounds, pressure sores, and acute profuse bleeding. (Nayab, 2016, Peerla, 2020)

SUMMARY OF SCIENTIFIC STUDIES ON ĀBZAN (SITZ BATH) IN GYNAECOLOGICAL DISORDERS

Study / Year	Condition Studied	Research Drug Intervention /	Design / Sample Size / Duration	Assessment Tool(s)	Key Findings / Results
Naim (2017)	Utero-	<i>Mazu</i>	Randomized	PFDIQ,	Test drug

	vaginal prolapse	(<i>Quercus infectoria</i> L.)	Controlled Trial (RCT); n = 60; 8 weeks	PFIQ	was safe and effective in improving utero-vaginal prolapse symptoms.
Rahman (2018)	Utero-vaginal prolapse	<i>Mochras (Bombax malabaricum)</i> oral + <i>Habbul Aas (Myrtus communis)</i> as Ābzān	RCT; n = 40; 8 weeks	PFDIQ, PFIQ, POPQ	Improved quality of life (PFDIQ, PFIQ) but no significant improvement in degree of prolapse (POPQ).
Rushda (2019)	Leucorrhoea (<i>Sayalan al-Rahim</i>)	Aqueous extract of <i>Samar Babool (Vachellia nilotica)</i>	Single-blind placebo-controlled RCT; n = 66; 10 days	VAS, Modified McCormack Pain Scale	Effective in relieving <i>Sayalan al-Rahim</i> (leucorrhoea).
Sarbaz (2019)	Episiotomy wound healing	Hydro-alcoholic extract of <i>Commiphora myrrha</i> (Myrrh gum)	Double-blind clinical trial; n = 60; 10 days	REEDA Scale	Wound healing rate significantly higher in myrrh-treated group.
Kapoor (2018)	Episiotomy wound healing	Medicated vs. non-medicated sitz bath	Quasi-experimental study; n = 40; 10 days	REEDA Scale	Medicated sitz bath group showed faster wound healing.
George (2013)	Episiotomy wound healing	Non-medicated sitz bath	Quasi-experimental study; n = 50; 5 days	REEDA Scale	Non-medicated sitz bath was less effective than medicated sitz bath.
LaFoy (1989)	Post-episiotomy pain / postpartum perineal pain	Warm vs. cold sitz bath	Repeated-measure experimental design; n = 20; 24 hours	VAS	No significant difference found between warm and cold sitz bath.
Ramler (1986)	Post-episiotomy pain	Warm vs. cold sitz bath	Experimental study; n = 40	Pain Scale	Cold sitz bath significantly more

					effective in relieving perineal pain.
Akhtari (2017)	Polycystic Ovary Syndrome (PCOS)	<i>Raha</i> capsule + Ābzan with <i>Malva sylvestris</i> , <i>Rosa damascena</i> , <i>Matricaria chamomilla</i> , <i>Althea officinalis</i> extracts	Case report; 6 months	Clinical assessment	Effective in relieving signs and symptoms of PCOS.
Akhtari & Mokaberinejad (2017)	Fallopian tube obstruction	<i>Mohalel</i> syrup + warm Ābzan containing <i>Malva sylvestris</i> , <i>Rosa damascena</i> , <i>Althea officinalis</i> , <i>Matricaria chamomilla</i> , <i>Stachys Schtschegleevi</i>	Case report; 4 months	HSG imaging	Gradual clearance of infectious material and improved tubal patency.
Amandeep (2015)	Episiotomy pain and wound healing	Plain water sitz bath	Quasi-experimental study; n = 60; 3 days	Clinical assessment	Significant reduction in episiotomy pain after sitz bath therapy.
Anitha (2018)	Episiotomy wound healing	Lavender oil application vs. sitz bath	Time-series design; n = 20; 3 days	REEDA Scale	Lavender oil more effective in reducing pain and enhancing healing.
Ragania (2016)	Episiotomy pain and wound healing	Povidone-iodine sitz bath vs. lavender oil sitz bath	Comparative study; n = 60; 5 days	REEDA Scale	Lavender oil sitz bath more effective in pain reduction and healing.

RESULTS AND DISCUSSION

This review highlights Ābzān (sitz bath) as a safe, effective, and versatile regimental therapy for various gynaecological disorders, supported by both classical Unani literature and contemporary studies. Classical scholars including Razi, Ibn Sina, Jurjani, and Majoosi advocated its use in inflammatory, congestive, spasmodic, and prolapse-related conditions with temperature-specific applications. Modern clinical evidence demonstrates significant benefits in uterovaginal prolapse, leucorrhoea, episiotomy wound healing, and postpartum perineal pain, particularly with medicated sitz baths using *Quercus infectoria*, *Commiphora myrrha*, and *Vachellia nilotica*. The observed effects—pain relief, reduced inflammation and discharge, and enhanced tissue healing—correlate with improved pelvic circulation and Unani principles of *tanqiya-e-mawad* and *ta'dil-e-mizaj*. Hot and contrast baths were more effective in spasmodic and congestive conditions, while cold and neutral baths benefited inflammatory and bleeding disorders. Despite promising outcomes, heterogeneity of studies and lack of standardized protocols warrant further high-quality research to establish evidence-based clinical guidelines.

CONCLUSION

Ābzān (Sitz Bath) remains a significant therapeutic modality in the Unani system of medicine, reflecting a blend of ancient wisdom and modern scientific understanding. Based on the principles of humoral balance and restoring *mizaj* (temperament), it offers a safe, effective, and non-invasive approach for managing diverse gynaecological disorders. The therapy whether applied as hot, cold, neutral or alternate helps detoxify the pelvic region, enhance circulation, reduce inflammation and promote tissue healing. Both classical Unani literature and modern clinical studies validate its effectiveness in conditions such as uterine prolapse, leucorrhoea, dysmenorrhea, endometritis, infertility and post-episiotomy wound care. Medicated sitz baths prepared with herbal agents like *Quercus infectoria*, *Commiphora myrrha*, and *Vachellia nilotica* have demonstrated notable clinical benefits and accelerated recovery. With minimal risks and low cost, Ābzān stands as a valuable adjunct or alternative to conventional therapies, offering holistic, patient-centered care. Its integration into contemporary gynaecological practice supports preventive, curative, and rehabilitative health objectives. However, further well-designed clinical trials are essential to standardize herbal formulations, refine therapeutic protocols, and substantiate its efficacy within evidence-based and integrative healthcare frameworks.

REFERENCES

1. Ahmed JK. Ilaj Bil Tadbeer. (Deoband: Hira Computers), 2011, pp.181-82.
2. Akbar AAT. (Deoband: Faisal Publication). YNM, pp.581,585-88,592,596.
3. Akbar AM. Meezan-ut-Tib. Idara Kitabus shifa, New Delhi, 2002, pp.216-19.
4. Akhtari E, Mokaberinejad R & Tajadini H. Treatment of menstrual disorder, depression and sexual dysfunction in a 27-year-old woman with polycystic ovary syndrome based on Iranian traditional medicine (case report), 2017.
5. Akhtari E & Mokaberinejad R. Treatment of Fallopian Tubes Obstruction in an Infertile Woman using Iranian Traditional Medicine. Asian Journal of Clinical Case Reports for Traditional and Alternative Medicine, 2017;1(3-4);9-16.
6. Amandeep SN, Mamta KJ & Jindal P. Effect of Sitz Bath in Reduction of Episiotomy Pain and wound healing Among Postnatal Mothers. International Journal of Current Research, 2015;7(02); 12461-63.
7. Anitha P. A study to assess the effectiveness of Povidone-Iodine sitz bath versus Lavender oil sitz bath on episiotomy pain and wound healing among postnatal mothers admitted in tertiary care setting, Coimbatore (Doctoral dissertation, PSG College of Nursing, Coimbatore), 2018.
8. Avicenna. The Canon of Medicine (Vol. 2). Laleh, J. (Trans.). Tehran: Soroush Press, 1999.
9. Bahadorfar M. A study of hydrotherapy and its health benefits. International Journal of Research, 2014;1(8), 294-305.
10. Beaulah P. Prevalence of gynaecological problems and their effect on working women. Indian J Conti Nurs Educ. 2018;19:103-8. [Google Scholar]
11. Bughdadi IH. Kitab al Mukhtarat Fil Tib. Part VI. (New Delhi: CCRUM), 2005, pp.36, 38, 40, 44-50.
12. Hamdani SKH. Usool-e-tibb. Qaumi council barae farogh urdu zaban, New Delhi, 2001, pp.365.
13. Hamed, A., Moosazadeh, M., Hasanpoor, E., & Janani, L. Efficacy of Iranian Traditional Medicine in the Treatment of Episiotomy Pain: A Systematic Review. International Journal of Women's Health and Reproduction Sciences, 2015; 3(3): 134–140. <https://doi.org/10.15296/ijwhr.2015.33>
14. Hasan MQ. Jami-ul-Hikmat. Idara Kitabus shifa, New Delhi, 2011, pp.1107,1142.
15. Jurjani I. Zakheera Khawarzam Shahi (Urdu translation by Khan HH). Vol. 3rd. (New Delhi: Idara Kitabush Shifa), 2010, pp.630-32,646.

16. Kamaluddin H. Basic Principles of Regimental Therapy of Unani Medicine. 2004, pp.60-61.
17. Kapoor J. A comparative study to assess the effectiveness of medicated and non-medicated sitz bath on episiotomy wound healing among postnatal mothers at govt Smgs maternity hospital Jammu JK. International Journal of Pregnancy and Child Birth, 2018; 4(4).
18. Khan MA. Al Akseer (Urdu translation by Kabeeruddin M). Vol. 1. 1st Delhi: Aijaz Publishing House, 2003, pp.788,793,805,812-13.
19. LaFoy J & Geden EA. Postepisiotomy pain: warm versus cold sitz bath. Journal of Obstetric, Gynaecologic, & Neonatal Nursing, 1989;18(5); 399-403.
20. Mahdavi, A., Esmaeil, Z., & Zangeneh, M. The Effect of Episiotomy Sitz Bath on Episiotomy Healing in Primiparous Women. Journal of Holistic Nursing and Midwifery, 2013; 23(1): 58-63.
21. Majoosi AIA. Kamil-Us-Sana'a (Urdu translation by Hkm. Ghulam Hussain Kantoori). (New Delhi: Idara Kitab-Us-Shifa), 2010, pp.535,538.
22. Mohebitabar, S., Shirazi, M., Bioos, S., Rahimi, R., Malekshahi, F., & Nejatbakhsh, F. Therapeutic Efficacy of Sitz Bath in Anal Fissure: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Complementary Therapies in Medicine, 2016; 25:116–121. <https://doi.org/10.1016/j.ctim.2016.02.001>
23. Naim M. Efficacy of Mazu in Uterovaginal Prolapse and its outcome. MS Unani [Dissertation]. Bangalore: Rajiv Gandhi University of Health Sciences, Karnataka, 2017.
24. Nayab M. Ābzān (Sitz bath) – An effective mode of treatment in 'Ilāj bit Tadbīr (Regimenal Therapy). The Pharma Innovation, 2016;5(12, Part A):45.
25. Peerla N. Hammam-i-Bukhari (Turkish bath): A promising regimenal mode of Unani treatment. Journal of Complementary and Integrative Medicine, 2020;17(3).
26. Qamri AMH. Ghana Mana. (New Delhi: CCRUM), 2008, pp.392,406,409,414.
27. Ragania D. Effectiveness of povidone iodine sitzbath versus lavender oil sitzbath on episiotomy pain and woundhealingamong postnatal mothersundergone normal vaginal delivery (Doctoral dissertation, Annammal College of Nursing, Kuzhithurai), 2016.
28. Rahman FNA & Shameem I. Effect of mocharas (Bombax malabaricum) and habbulaas (Myrtus communis) in uterovaginal prolapse: randomized open clinical trial.

29. Ramler D & Roberts J. A comparison of cold and warm sitz baths for relief of postpartum perineal pain. *Journal of Obstetric, Gynaecologic, & Neonatal Nursing*, 1986;15(6);471-474.
30. Rasheed, N., & Rasheed, A. Historical and Current Perspective on the Unani System of Medicine. In *Lifestyle and Wellness in Unani Medicine*, 2020; 1–19. Springer. https://doi.org/10.1007/978-3-030-35059-4_1
31. Razi Z. *Al-Hawi-Fil-Tib* (Urdu Translation). (New Delhi: CCRUM Publication), 2001, pp.15–172.
32. Razi, Z., & Zakaria, M. B. *Kitabul Mansoori*. New Delhi: Ministry of Health and Family Welfare, Govt. of India, 1991, p.388.
33. Rushda S. Effect of Abzan of Samar Babool In Saylan alRahim- A Randomised Controlled Study: MS Unani [Dissertation]. Bangalore: Rajiv Gandhi University of Health Sciences, Karnataka, 2019.
34. Sarbaz Z, Yazdanpanahi Z, Hosseinkhani A, Nazari F & Akbarzadeh M. The effect of sitz bath of hydro-alcoholic extract of myrrh gum on episiotomy wound healing in nulliparous women. *Journal of family & reproductive health*, 2019;13(2); 89.
35. Sharma, H., Chandola, H. M., Singh, G., Basisht, G., & Charak, S. Sitz Bath: A Technique to Improve Quality of Life in Perianal Diseases. *AYU*, 2010; 31(4): 439–441. <https://doi.org/10.4103/0974-8520.82034>
36. Sina I. *Al Qanoon Fil Tib* (Urdu trans. by Kantoori GH). New Delhi: Ejaz Publication House, 2010, pp.1084-86, 1091, 1093, 1098.
37. Sina I. *Al-Qanoon fit Tib*. New Delhi: Ejaz Publication House; 2007. 1086 p.
38. Sitz bath in gynaecology (www.encyclopedia.com accessed on 19/6/2020.)
39. World Health Organization (WHO). Traditional Medicine: Definitions. <https://www.who.int/medicines/areas/traditional/definitions/en/>, 2013.