



Review Article

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A REVIEW OF SUKUB (DOUCHE) AS A REGIMENAL THERAPY IN UNANI MEDICINE

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Abstract

Background: Sukub (Douche) is an important regimenal therapy (Ilaj bil Tadbeer) in Unani medicine, involving the controlled pouring of medicated liquids over the body or affected parts. It is used for its anti-inflammatory, analgesic, and detoxifying effects.

Objective: To review the classical concept, methodology, procedure, indications, and contraindications of Sukub in Unani medicine and highlight its clinical relevance.

Methods: A narrative review was conducted using classical Unani literature and contemporary scientific studies.

Results: Sukub exerts therapeutic effects through thermal, mechanical, and pharmacological mechanisms supported by hydrotherapy-based evidence.

Conclusion: Sukub is a safe and effective regimenal therapy; however, further scientific validation is needed.

Keywords: Sukub, Unani medicine, Ilaj bil Tadbeer, Hydrotherapy.

Introduction

Unani medicine is a holistic system based on the concept of humoral balance (Akhlat) and temperament (Mizaj). Health is maintained by equilibrium among the four humors, while disease results from imbalance (4,5). Ilaj bil Tadbeer (regimenal therapy) plays a vital role in restoring this balance through non-pharmacological interventions (6).

Sukub (Douche) is a classical regimenal therapy described by eminent Unani physicians such as Ibn Sina and Al-Razi (1,2). It involves pouring a continuous stream of water or medicated decoction over the body or a specific part from a certain height. The therapy acts through Tanqiya (evacuation of morbid matter) and Imala (diversion of humors), thereby relieving disease (1,3).

The therapeutic efficacy of Sukub depends on temperature, duration, type of liquid, and patient temperament. Warm Sukub is used for chronic inflammatory conditions, while cold Sukub is indicated in acute conditions (6).

Modern parallels can be drawn with hydrotherapy techniques used in physiotherapy and rehabilitation medicine (10,16). However, systematic scientific documentation of Sukub remains limited.

Materials and Methods

This narrative review is based on classical and contemporary literature.

Data Sources

Classical Unani texts including *Al-Qanoon fi'l-Tibb*, *Kitab al-Hawi*, and *Kamil al-Sana'a al-Tibbiyya* were reviewed (1–3). Modern Unani textbooks and CCRUM publications were also consulted (4–6).

Materials Used

- Water (hot, lukewarm, cold)
- Herbal decoctions such as:
 - *Rosa damascena* (14)
 - *Matricaria chamomilla* (13)
 - *Viola odorata* (15)
- Apparatus for controlled pouring

Procedure of Sukub

Pre-Therapeutic Measures

- Assessment of Mizaj and disease condition (4,6)

- Confirmation of indication
- Preparation of medicated decoction
- Proper positioning and environment setup

Therapeutic Procedure

- Continuous pouring of medicated liquid from a specific height
- Maintenance of temperature:
 - Warm: chronic pain, inflammation
 - Cold: acute inflammatory conditions
- Duration: 10–30 minutes
- Monitoring patient comfort and response

Thermal and mechanical effects improve circulation and reduce inflammation (12,16).

Post-Therapeutic Measures

- Drying of the treated area
- Rest for 15–30 minutes
- Avoidance of cold exposure
- Monitoring for adverse effects

Indications

Sukub is indicated in:

- Inflammatory disorders (1,6)
- Musculoskeletal conditions such as arthritis (10,11)
- Headache and migraine
- Insomnia and stress (16)
- Edema and localized swelling
- Neurological disorders

Contraindications

Sukub should be avoided in:

- Severe debility
- Acute febrile conditions
- Cardiovascular instability
- Hypersensitivity to temperature
- Open wounds (unless indicated)
- Pregnancy (specific cases)

Discussion

Sukub is a multifactorial therapy combining thermal, mechanical, and pharmacological effects. Hydrotherapy studies show significant benefits in pain reduction and improved quality of life in musculoskeletal disorders (10,11). Thermal effects such as vasodilation and muscle relaxation are well documented (12).

Herbal components enhance efficacy. *Matricaria chamomilla* has anti-inflammatory effects (13), *Rosa damascena* shows antioxidant and sedative properties (14), and *Viola odorata* exhibits soothing and anti-inflammatory actions (15).

Hydrotherapy also influences the autonomic nervous system, reducing stress and improving sleep (16). These findings support the traditional Unani rationale of Sukub.

However, direct clinical trials on Sukub are lacking. Future research should focus on randomized controlled trials and standardization of protocols.

Conclusion

Sukub is an effective regimenal therapy in Unani medicine with applications in inflammatory, musculoskeletal, and neurological conditions. Its integration into modern medicine requires scientific validation and standardization.

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