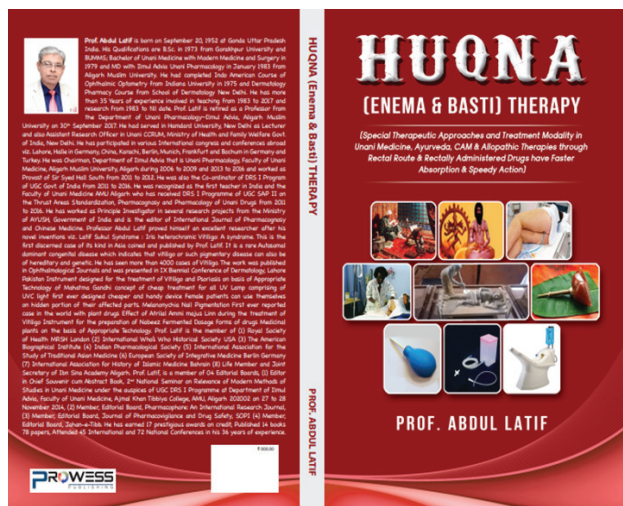


Brief Communication:

Book Review: HUQNA

Reviewer : Syed Ziaur Rahman

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research papers on varied topics of Unani Medicine. His recent book on “Enema and Hydrotherapy” which in Unani Medicine is known as “Huqna” and in Ayurveda as “Basti” is published by Prowess Publishing, Chennai, Tamil Nadu, India.

This book on Huqna, which is an old concept of delivering medicinal substances through lower part of gastro-intestinal tract that is rectum, provides an insight of all methods used in different systems of medicine, types of drugs, purpose, indications and contraindications. He highlighted two main systems of medicine where “Huqna” and “Basti Panchkarma”, are commonly used respectively in Unani and Ayurveda. These two pathies are particularly applying this methodology to deliver medicines for different diseases not only related to gastro-intestinal tract, but also for cardio-vascular, cerebro-vascular, and respiratory diseases. Modern medicine, which is known as Allopath, uses this mode of drug delivery only for few medicines, but culturally, recreationally, and religiously, this enema practice had been quite common in most of the European and Mediterranean countries.

As mentioned in the book of Dr. Latif, Egyptians were first recorded civilization to use technique of colon lavage, found in the Ebers Papyrus in c 1500 BC. Afterwards, Babylonian and Assyrian tablets were discovered having cuneiform inscriptions on the use of enemas in an around 600 BC. Hippocrates (c 400 BC) and later scientists such as Asclepiades (c 125 BC) recommended enema for intestinal worms and fevers. Celsus, 2nd century author of one of the first medical books, *de Medicina*, is credited as being one of the first to write about the use of enema

Title of the Book: Huqna (Enema & Basti) Therapy

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It’s my privilege to write a review on a very interesting and recent book written by Prof. Abdul Latif. Prof. Latif was a faculty member and former Chairman, Department of ILMUL ADVIA, AJMAL KHAN TIBBIYA COLLEGE, ALIGARH MUSLIM UNIVERSITY, ALIGARH, INDIA. He has written many books and published lots of

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extensively. The Roman physician Galen (c 129 AD), one of the most skilled physicians of his time, was also a proponent of the use of enemas. Historical references for colon hydrotherapy can even be found in such important religious text such as the 'Essene Gospels of Peace' where Jesus explains the importance of colonics. Aëtius of Amida, a Byzantine Greek physician of the sixth century, recommended enemas of pure water¹. It is reported that along the Ivory Coast the inhabitants administered the enemas by the use of a calabash filled with water, while in certain African tribes, a hollowed cow horn was utilized for the enema.

The first recorded apparatus was the enema syringe; however, there is debate as to who should be credited with first describing the enema syringe. Lieberman gives credit to Ibn Sina (980-1036 A.D.) as the first to describe the enema syringe, while Friedenwald indicates that honor should be given to Abul Qasim al-Zahrawi of Cordova (1013-1106) who also developed the ear syringe². The preferred and most readily available apparatus remained a tube made of bone, reed or metal connected to a sleeve or animal bladder called the "clyster purse". The bag was emptied by squeezing it between the two hands. During the middle ages, information on the enema continued to grow and the use of enema became popular vogue of the wealthy and even reached to the highest levels of the royalty. In 1480, Louis XI suffered an attack of apoplexy which was relieved by an enema, tendered under the direction of his physician, Angelo Catho. The king became such an ardent advocate of clysters, that he even had his pet dogs clysterized when he thought they required it. The 17th Century became known as the "age of the enema", or the "age of clysters". It was an acceptable practice in Parisian society to enjoy as many as three or four enemas a day, the belief being that an internal washing or "lavement" was essential to well-being. It is recorded that King Louis XIII had more than 200 enemas in one year. By this time, the clyster syringes came in several styles. The clyster syringes were made of copper or porcelain, and the wealthy had syringes made of pearl and silver. It was considered good form to own several syringes and some aristocrats, it is said, even owned large collections of such instruments. The clyster reached the ultimate height in the early years of the reign of

Louis XIV (1638-1715) who, it is reported, had over 2,000 enemas during his career. The "Enema King" sometimes even held court functions and received visitors during the procedure. In the 17th century, Sir Edward Jukes developed two types of enema apparatus units that might have been the precursors for colon hydrotherapy equipment.³ By the late 19th Century and early 20th Century, with the advent of rubber, the enema or clyster slowly gave way to colon hydrotherapy equipment which improved the cleansing of the colon. But this was also the time that the use of Colon Hydrotherapy and of enemas began to lose favor among the medical community as laxatives and other drugs became commercially more available. 19th century Colon Hydrotherapy was rejuvenated in the United States by John Harvey Kellogg (1852-1943), a strong proponent of the enema in the treatment of many diseases. In 1898, Dr. de Langenhagen, of Plombieres, first introduced an apparatus and allowed the client to receive the procedure in a reclined position. Vincent Priessnitz (1799-1851) is credited with developing the use of enema and clyster into a systematic form of therapy. Ibn Sina Academy of Medieval Medicine and Sciences, a unique library and museum at Aligarh/India, possesses some rarities on medical heritage. One such item is an obsolete "box" made up of ceramic with a hole for rubber tubing, and used in enema for giving saline or soap water as a flow through gravity after tucking the same at some vertical height.

Colonic irrigation is viewed with considerable skepticism by the conventional medical community. Although proponents make claims of substantial health benefits, skeptics cite the lack of evidence for health benefits and emphasize the potential for adverse effects.⁴ To date, modern medicine, which is known as Allopath, uses the procedure of enema for delivery of medicines in some medical conditions. To cite few examples, hydrocortisone enema, mesalazine-SR enema, are given as dosage through rectum for the treatment of Ulcerative colitis and other Intestinal Bowel Disease. However, for treating constipation, orally available laxatives, are more commonly used rather than through enema (Hypertonic Laxatives) as practiced in the past. The hemorrhoid vein from rectum absorbs drugs and drains into the liver through portal vein, where it

gets metabolized before reaching to the systemic circulation. This first pass metabolism led the drug ineffective and failure of response, hence not used through rectum or as enema.

There have been many different apparatus types used throughout the years. At present, there are few different types of Colon Hydrotherapy devices registered with the FDA of both India and USA. Some are open systems and some are closed systems, which describe whether or not the effluent from the device is piped directly to sanitary waste disposal. All manufacturers of FDA registered equipment must use disposable speculums or rectal nozzles to ensure patient safety. Currently, any untoward adverse events reported by devices used in enema needs to be reported in the “Materiovigilance Programme of India” of the Government of India.⁵

In 1932, W. Kerr Russell wrote a book entitled “Colonic Irrigation”. This was the first documented use of the term “colonic irrigation”, which Dr. Russell used interchangeably with “colonic lavage”. Dr. Russell reports that in Spain, the method of using “clyster purse” for enema was called “playing the bagpipes”. Following Dr. Russell’s lead, more books are published on the subject: “Chronic Intestinal Toxemia and its Treatment” by Dr. James W.

Wiltzie in 1938 and “Scientific Intestinal Irrigation and Adjuvant Therapy” by Dr. E.G. Waddington in 1940. Dr. Waddington described the Honsaker Lavagatory as having “a graduated volume control for regulating the rate of flow into the patient’s rectum, and a directional control for diverting the fluid from the reservoir into the colon and from the colon into the toilet bowl”. Colon hydrotherapy was flourishing in the United States. The prestigious Beverly Boulevard in California was then known as “colonic row”. Most colon hydrotherapy equipment was removed from hospitals and nursing homes in favor of the colostomy, fleet enema and prescriptive laxatives. Whorton (2000) provides a detailed history of the concepts of constipation, inner hygiene and colon cleansing. He describes in eloquent detail the rationale behind regarding the colon as a “toxic sewer” responsible for disease in the 1800s.

After such a gap of decades, Prof. Abdul Latif once again wrote a book on this lost art of therapy by the name “Huqna Therapy” with more focus on its utility in Unani (*Ilaj bit Tadbir*) and Ayurveda system of medicine. I congratulate the author for such a bold step of reviving and renewing this topic. I hope the book would be taken very well by all practitioners of different systems of medicine.

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6. William Kerr Russell. *Colonic Irrigation*. E & S Livingstone, 1932, 191 pages. Prof. Syed Ziaur Rahman, Department of Pharmacology, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh 202002, India, Email: rahmansz@yahoo.com