



KĀBŪS: THE INCUBUS PHENOMENON IN UNANI MEDICINE—EVOLUTION, CONTEMPORARY INSIGHTS, AND EFFECTIVE THERAPEUTIC APPROACHES: A COMPREHENSIVE REVIEW

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Abstract:

Background: *Kābūs* (The incubus phenomenon) is a paroxysmal sleep-related disorder involving episodes of sleep paralysis and apparent wakefulness, accompanied by a sensed presence and a frightening feeling of visuotactile sensation of a person or entity exerting pressure on the thorax.

Aim: This paper aims to review existing literature on the incubus phenomenon and provide practical guidance on its diagnosis and management, with a focus on the perspectives and practices of Unani medicine.

Method: A comprehensive search was conducted in both contemporary databases and classical Unani texts to gather relevant information.

Results: The incubus phenomenon, though relatively unfamiliar, affects approximately 30% of the general population worldwide during their lifetime. Its prevalence is higher among students, psychiatric patients, and those with narcolepsy. It is believed to result from a disruption in REM sleep and subsequent perception intrusion. The condition rarely requires treatment because it is self-limiting and typically occurs only once in a lifetime; however, repeated occurrences may necessitate diagnostic testing and treatment. According to

Unani principles, it is attributed to imbalances in the *Akhlaṭ* (humors), leading to disruptions in sleep cycles and subsequent sensory intrusions. Management traditionally involves holistic approaches, including pharmacotherapy, regimenal therapies, and lifestyle modifications.

Conclusion: While the incubus phenomenon is generally benign, it can be intrusive. Recognition is crucial to avoid misdiagnosis with a psychotic disorder or any other type of severe mental disorders. Treatment strategies in Unani medicine emphasize in restoring the balance of *khilt* (humors) and addressing underlying causes to alleviate symptoms effectively.

Index Terms - *Kābūs*, incubus phenomenon, nightmare, REM sleep, *Akhlaṭ*, Unani Medicine.

1. INTRODUCTION

Incubus- Latin term for night hag or nightmare, historically referred to a supernatural entity—often depicted as a minor demon or fallen angel—believed to lie upon sleeping individuals, typically women, to sexually or aggressively harass them. In some cases, the entity appeared as a woman, known as a succubus. The belief in these beings as real, metaphysical entities dates back to ancient Greece and earlier civilizations.¹ In contemporary understanding, the incubus phenomenon is considered a type of parasomnia. These events involve intrusion of rapid eye movement (REM) sleep characteristics into wakefulness, manifesting as hallucinatory experiences. The aggressive nature of these sensations is thought to arise from a vigilance system that responds to perceived threats.²

Phenomenologically, the incubus phenomenon is characterized by a feeling of chest pressure accompanied by sleep paralysis and complex hallucinatory experiences. These experiences often involve a perceived entity pressing on the chest, engaging in aggressive or sexual acts. In many cases, individuals experience intense dread exacerbated by their inability to move or speak. While some may report being able to move their eyes, the normal paralysis of voluntary muscles during REM sleep prevents further movement. Additional symptoms can include a sensed presence, auditory, tactile, sexual, and olfactory hallucinations, as well as feelings of levitation, out-of-body experiences, and physiological symptoms such as tachycardia, hypertension, piloerection, a cold sweat, and the sensation of suffocation.³ These attacks typically last from seconds to minutes and end suddenly, leaving the individual in a state of terror and exhaustion. Risk factors for the incubus phenomenon include conditions such as narcolepsy and other sleep disorders⁴, irregular sleep patterns⁵, sleeping in a supine position which may involve airway obstruction and apnea⁶, post-traumatic stress disorder (PTSD)⁷, psychosis⁸, anxiety disorders⁹, exploding head syndrome, a history of sexual abuse¹⁰, stress, physical illness¹¹, and intoxication with alcohol¹² or amphetamines.¹³

1.1 RATIONALE

Although the incubus phenomenon has been documented since ancient times, it was not widely studied scientifically until relatively recently.¹⁴ The incubus phenomenon has never been included in major classifications such as the International Classification of Diseases (ICD-11)¹⁵ or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).¹⁶ The reported lifetime prevalence of the incubus phenomenon is 0.11% in the general population and 0.41% among at-risk groups, which include individuals diagnosed with narcolepsy, schizophrenia spectrum disorder, refugees, and students.¹⁷

2. HISTORICAL AND CULTURAL ASPECTS

Historically, the incubus phenomenon has been known by various names in Western countries, including incubus, incubus experience, incubo, familiar, night hag, classical nightmare, *pnigalion*, and *pnigalium*.¹⁸ The higher reporting of the incubus phenomenon among non-Western European participants in the study

may be due to its continued cultural and religious significance in many non-Western countries. In contrast, belief in actual incubi and succubi faded in Western Europe during the Enlightenment and nearly disappeared by the 19th Century.¹⁹

3. NEUROPSYCHOLOGY

If familiarity with the incubus theme indeed increases the likelihood of experiencing the phenomenon, it suggests a role for catastrophic thoughts that emerge during physiological sleep paralysis phases. Individuals becoming aware of the normal state of sleep paralysis may interpret it as a precursor to a full-scale incubus attack, leading to panic that paradoxically amplifies its occurrence.²⁰

3.1 WAKING OR DREAMING?

The question of whether people are truly awake or asleep during an incubus attack has long been debated. Spectral EEG analyses indicate that during sleep paralysis, the EEG power spectrum resembles that of false awakenings when individuals believe they are awake and engaged in activities like walking to the bathroom or preparing breakfast, while they are actually still asleep in bed.²¹

4. OBJECTIVE

The objectives aim to provide a comprehensive review of the incubus phenomenon from a Unani medicine perspective, emphasizing its theoretical foundations, clinical implications, cultural contexts, effective management strategies, and a modern review of contemporary understandings and practices.

5. UNANI CONCEPT OF *KĀBŪS*

Synonyms: Al-Khāniq/ Al-Jāthūm wa'l Nīdlān/ Khānūq/ Dāghūt/Ifiyālṭis

In Unani medicine, nightmares are referred to as *Kābūs/Dāghūt*, while the sensation of choking or suffocation during sleep is called *Khānūq/Khayāq*, which corresponds to the medical terms Incubus and Nightmare, respectively.²²

The term "*Kābūs*" is derived from the Greek word "incubus," which means "suppressor" in its literal sense. The name was given because, in this condition, *Ghalīz Bukhārāt* (foul vapors) exert pressure on *Jawhar-i-Dimāgh* (vitals action of brain). According to some, this is because the patient often dreams of someone pressing them down. The term "*Dāghūt*" also means "one who presses down."²²

***Khāniq* or *Khānūq*:** This condition is named so because the patient feels as if someone is choking their throat.²²

Nightmares accompanied by a sensation of chest tightening; a morbid state where a person, while asleep, feels as if a heavy weight is pressing on their chest, rendering them unable to breathe, move, or speak, and causing them to wake up suddenly.^{22,23,24,25,26,27,28,29,30}

A 'zam Khan mentioned in his book *Iksīr-A 'zam* that *Kābūs* is a condition characterized by episodes during sleep, particularly when lying supine, where the individual feels an overwhelming pressure on the chest, leading to difficulty in breathing. During these episodes, the person may be unable to speak or move, and they will often wake abruptly when some movement becomes possible. The individual might also experience sensations of suffocation or choking. Additionally, they might experience a sensation that someone is attempting to engage in sexual activity with them. After the episode, there is often a profound sense of fatigue and weakness.²³

5.1 *Asbāb* (Causes)

The most important cause is *Du'f-i-Dimāgh* (weakness of brain), where accumulation of *Ghalīz Bukhārāt* (noxious vapors) or *Ghalīz* (thick) *Balghamī* (phlegmatic), *Sawdāwī* (melancholic), or *Damawī* (sanguine) vapors rise from the stomach that reach the brain during a state of rest. Additionally, sudden cold exposure to the head while sleeping, severe distress, anxiety, and intense mental or physical exertion can trigger this condition in individuals with weak minds. It may also occur transiently in individuals who consume excessive alcohol, eat unhealthy foods, or do not engage in regular physical exercise or bathing. *Du'f al-Mi'da* (gastric debility) and *Du'f-i-Dimāgh* are contributing factors to this condition.^{22,23,25,26,28}

5.2 *Alāmāt* (Symptoms):

The patient experiences intense, frightening dreams during sleep, particularly in the middle or late night. They may feel as if a heavy, monstrous, and grotesque figure or another frightening, weighty object is pressing down on their chest, causing a sensation of choking and difficulty in breathing. This overwhelming fear prevents them from speaking. The patient may perceive a ghost or supernatural entity attempting to cause them terror, prompting them to react with fear, either trying to escape or fend off the threat. They might find themselves in a deep, dark space or surrounded by a large, threatening crowd intent on attacking them. These disturbing dreams often have some connection to past experiences.

During these episodes, the patient exhibits signs of agitation and distress, such as trying to flee or remove the perceived threat. They may mumble or startle awake with clenched fists, showing visible fear and distress, with their hair standing on end. This fear is intense but short-lived; the patient quickly regains awareness of their surroundings, though the lingering effects of fear, such as facial pallor, sweating, and trembling, may persist for some time. Additionally, there is often a digestive disturbance, sometimes linked to the dreams, such as a sensation of heaviness or discomfort in the stomach. Occasionally, the patient might feel as if a giant is creating a hole in their abdomen or that their stomach is collapsing.²²

5.3 DIAGNOSIS

The diagnosis of *Kābūs* is determined by the nature of predominant *Khilt* (humor), with the underlying cause determined by the specific symptoms associated with each type.^{22,23} If no specific signs of humor imbalances are present, it is important to inquire about the individual's sudden cold exposure before sleep.^{23,24,28}

5.3.1 Symptoms of *Kābūs Damawī* (Sanguineous Nightmare):

A morbid state caused by vapors arising from sanguine that reach the brain and are marked by characteristics of the sanguine predominance, such as redness of the face and eyes, imagination of red things, etc., combined with other characteristics of a nightmare.^{22,24,25,29}

5.3.2 Symptoms of *Kābūs Balghamī* (Phlegmatic Nightmare):

A morbid state caused by vapors arising from phlegm that reach the brain and are marked by characteristics of the phlegm predominance, such as excessive salivation, lethargy, imagination of white things, etc., combined with other characteristics of a nightmare.^{22,24,29}

5.3.3 Symptoms of *Kābūs Sawdāwī* (Melancholic Nightmare):

A morbid state caused by vapors arising from black bile that reach the brain and are marked by characteristics of the black bile predominance, such as excessive thinking, decreased sleep, sunken eyes, delusions, dark circles under the eyes, predominantly seeing black things in dreams, etc., combined with other characteristics of a nightmare.^{22,24,29}

5.3.4 Symptoms of *Kābūs Bārid* (Nightmare due to cold):

Kābūs due to external cold factors are marked by characteristic features of *Kābūs* along with a history of exposure of the head to cold during sleep.^{22,24,29}

6. PROGNOSIS

The condition is typically not dangerous. With consistent treatment, many patients recover fully. However, in some cases, it may be a precursor to more serious conditions such as *Şar'* (epilepsy), *Sakta* (unconsciousness), *Fālij* (paralysis), *Hummā Surkh* (sanguineous fever), *Dhāt al-Ri'a* (pneumonia), or mania,. In such cases, these conditions may develop afterwards.^{22,26}

7. UNANI MANAGEMENT

The key principles in the disease treatment are mentioned below.

7.1 *Uşūl-i-İlāj* (Principles of Treatment):

- Keep the patient free from worry and stress.²²
- Ensure the patient sleeps in a well-ventilated room, lying on their right side.²²
- Prevent constipation and indigestion.²²
- Serve the evening meal early, and allow the patient to sleep 3-4 hours afterward.²²
- Provide easily digestible and light food.²²
- Avoid foods that cause flatulence and prohibit drinking water between meals.^{22,28}
- Perform leg massages and strengthen the mind.^{22,28}
- In all types of *Kābūs*, it is important to strengthen the brain, balance the bodily humors, and use remedies to induce sneezing.^{23,28}
- Identify the predominant *Khilq* and use methods such as *Mundījāt* (concoctives) and *Mushilāt* (purgatives) for *Tanqiya Mawād* (evacuation of morbid matters) to remove the affected humor.²²
- It is also noted that the consumption of pistachio or *khardal* (*Brassica nigra*) might worsen the condition.^{23,28}

7.2 *İlāj* (Treatment)

7.2.1 In *Kābūs Damawī*

- **Faşd (Venesection):** Perform venesection of the *Qīfāl* (cephalic vein), *Akhal* (median cubital vein), and *Haft Andām* (median cephalic vein).^{22,24,29,30,31}
- **Hijāma (Cupping Therapy):** Perform cupping over calf muscle.^{22,24,29}
- **Diet:** Limit food intake.^{22,24,28,29,31}
- **Purgative preparation:** Give *Mushil* of *Maṭbūkh Fawākih* (decoction prepared from fruits) or *Halayla* (*Terminalia chebula*) or alternatively, use the following preparation: *Unnāb* (*Ziziphus vulgaris* Mill.) 5 pieces, *Gul-i-Banafsha* (*Voila odorata* L.) 7 grams, *Asal-us-Sus* (*Glycyrrhiza glabra* L.) 5 grams, *Gul-i-Surkh* (*Rosa damascene* Mill.) 7 grams, *Shahatrā* (*Fumaria officinalis* L.) 7 grams, *Mawīz-Munaqqa* (*Vitis vinifera* L.) 9 dried raisins, *Gul-i-Nilofar* (*Nymphaea alba* L.) 7 grams, *Gao'zabān* (*Borago officinalis* L.) 5 grams, *Aftimūn* (*Cuscuta reflexa* Roxb.) 5 grams, *Bekh-i-Kasni* (*Cichorium intybus*) 7 grams, *Sanā-i-maki* (*Cassia angustifolia* Vahl.) 7 grams. Soak these ingredients in warm water overnight. Then, boil and dissolve 36 grams each of *Maghz Falūs Khyār*

Shambar, and Gulkand. Add 6 ml of *Roghan-i-Badām* and give it to the patient. Continue with *Shīra Unnāb* and *Arq-i-Shahatarā* to help cool the body.²²

- **For Topical Use:** Apply *Ravghan-i-Gul* (rose oil) or *Sirka* (vinegar) to the scalp.²²

7.2.2 In *Kābūs Balghamī*

- **Concoction & Purgative preparation:** Use *Bādiyān* (*Foeniculum vulgare* Mill.), *Gul-i-Surkh* (*Rosa damascene* Mill.), *Mastagī* (*Pistacia lentiscus* L.), and Gulkand to aid in the concoction of *Balgham*. Follow with 7 grams of *Habb-i-Ayārij* for further evacuation and then use either 36 grams of *Itrifal Saghīr* or *Jawārish Kamūni*.²²
- Boil *tukhm-i-shibbat* (Seeds of *Anethum sowa* Kurz.) and *tukhm-i-turb* (Seeds of *Raphanus sativus*) in water, then add honey and induce vomiting. Afterward, use a phlegm purgative or *Habb-i-Ayārij*^{23,24}. For further evacuation, use regimes such as *Gharghara* (Gargle), *Ātūs* (Snuff), and *Sa’ūt* (Nasal drops).^{23,28,29}
- If the substance is very thick and viscous, administer *Habb-i-Quqāya*^{23,24} and *Ayārij-Loghādhiyā*.^{23,28}
- Gulkand with honey and *Gul-i-Surkh* decoction is also beneficial.^{23,28}
- **Gargle:** After evacuation, gargle with a decoction of *Ā’qar qarḥa* (*Anacyclus pyrethrum* L.), *Mawīzaj* (*Delphinium staphysagria*), and *Zūfā-i-Khushk* (*Hyssopus officinalis* L.), which is useful.^{23,28,31}
- **Sa’ūt:** Mix *Aab-i-suddāb* (*Ruta graveolens* L. water), *Aab-i-Marzanjosh* (*Origanum vulgare* L. water), and *Ravghan-i-badām talkh* (bitter almond oil), and administer about 1 gram as *Sa’ūt*.^{23,28}
- **Ātūs:** Grind kardal, *Uṣāra-i-suddāb* (extract of *Ruta graveolens* L.), *Uṣāra-i-bandāl*, *Shaham Hanzal* (*Citrullus colocynthis* L.), and *Kundush* (*Centipeda minima* L.) to a fine powder, mix with *Ravghan-i-badām talkh*, and drop three to four drops into the nose to induce sneezing. If this causes nasal inflammation, use *Ravghan-i-banafsha shīrīn* (oil of *Viola odorata* L.).^{23,28}
- *Jawārish Zanjabil* and *Jawārish Kamūni* are also highly beneficial for this condition.^{23,28}
- In diet, avoid hot foods, poultry meat, and foods that cause viscosity and bloating. Ensure regular exercise, and massage the head with *Ravghan-i-shibbat*.^{23,28}

7.2.3 In *Kābūs Sawdāwī*

- After using decoction of *Halayla*, evacuate with *Habb-i-Aftimūn* or *Habb-i-Lajward*, and later if needed, administer *Ma’ al-Jubn* or *Itrifal Shahatarā* (6 grams) with *Arq-i-Ustukhuddūs*.^{22,24,28,29}
- For *Taqwiyat-i-Dimāgh* (toning up of brain): Give *Khamīra Gao’zabān Ambri* (5 grams) to strengthen the brain.²²
- Taking 10.5 grams of *Badranjboya* (*Melissa officinalis* L.) mixed with honey is highly beneficial for this condition.^{23,28}
- Similarly, the use of *Ma’jūn Najah* and *Arq Halayla Murakkab* are also very beneficial.^{23,28}

7.2.4 In *Kābūs Bārid*

- If *Kābūs* is a result of exposure to cold in the head, use warm and *Qābiḍ* (astringent) oils such as *Ravghan-i-Mastagī*, *Ravghan-i-Izkhar*, *Ravghan-i-suddāb*, or *Ravghan-i-Qust*. Apply these warm oils to the head.^{23,24,28,29}
- Inhale warm fragrances and apply *Muḥammir Dimād* (rubefacient paste), such as *Khardal*, *Bura armani* (*Bole armenia*) and *Jund-i-bedastar* (*Castoreum*), mixed with *Sirka*.^{23,24,26,28}

- In cases where children exhibit symptoms resembling *Kābūs*, it is recommended to use *Jund-i-bedastar* for inhalation.^{23,28}

7.3 TREATMENT PROTOCOL

- **Morning:** Administer 5 to 7 grams of *Dawā' al Misk Mo'tadil* with 150 ml of *Arq-i-Gao'zabān*.
- **Evening:** Use 5 grams of *Khāmira Abresham Hakīm Arshad wala* with 75 ml each of *Arq-i-Gao'zabān* and *Arq-i-Bādiyān*.
- **Night:** At bedtime, administer one sheet of *Murabba Halayla* wrapped in *Arq-i-Mundi* (12 ml).²²

7.4 MAJŪN: EFFECTIVE FOR ALL TYPES OF KĀBŪS

Ingredients: *Halayla* 1 gram, *Amla* (*Emblica officinalis* Gaertn.) 1 gram, *Asal-us-Sus* (*Glycyrrhiza glabra* L.) 1 gram, *Mastagī* (*Pistacia lentiscus* L.) 3 grams, *Dār Chīni* (*Cinnamom verum*) 3 grams, *Turbud* (*Operculina turpethum* L.) 7 grams, *Zanjabīl* (*Zingiber officinale*) 14 grams, *Gul-i-Surkh* 5 grams, Grind and sieve all the ingredients, then thoroughly mix them with three times their weight in pure honey. Store and administer 10 grams daily.²²

7.5 DIET

Chapāti (unleavened flatbread), goat broth (*bakri ka shorba*), roasted lentils, either *Arhar* (pigeon pea) or *Mūng* (green gram), roasted meat of chicken, partridge, mutton, or mint chutney.²²

7.6 AVOID

Exposure to strong winds, high altitudes, very cold or very hot foods, brinjal, pumpkin, rice, turnip, guava, lentils (particularly urad dal), potatoes, excessive masturbation and frequent sexual activity.²²

8. DISCUSSION

Kābūs (incubus phenomenon) in Unani medicine describes a condition where individuals experience distressing symptoms during sleep, such as a sensation of heaviness on the chest, immobility, and disturbing dreams. Traditionally, Unani medicine attributes these disturbances to imbalances in the body's humors—particularly an excess of *Dam* (blood), *Balgham* (phlegm), and *Sawdā* (black bile), as well as external cold factors. Treatment focuses on restoring humoral balance through dietary modifications, pharmacotherapy, and regimenal therapies. Recommended practices include consuming light, digestible foods, using calming herbs like saffron and cardamom, and engaging in stress-relieving activities. Additionally, Unani medicine employs *Dalk* (massage), *Faṣd* (venesection), *Hijāma* (cupping therapy), *Gharghara* (gargle), *'Atūs* (snuff), and *Sa'ūt* (nasal drops) to alleviate symptoms.

Modern research into sleep disorders and stress can complement these traditional approaches, offering a holistic view that integrates Unani principles with contemporary medical insights.

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CONFLICT OF INTEREST

No conflict of interest declared.

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