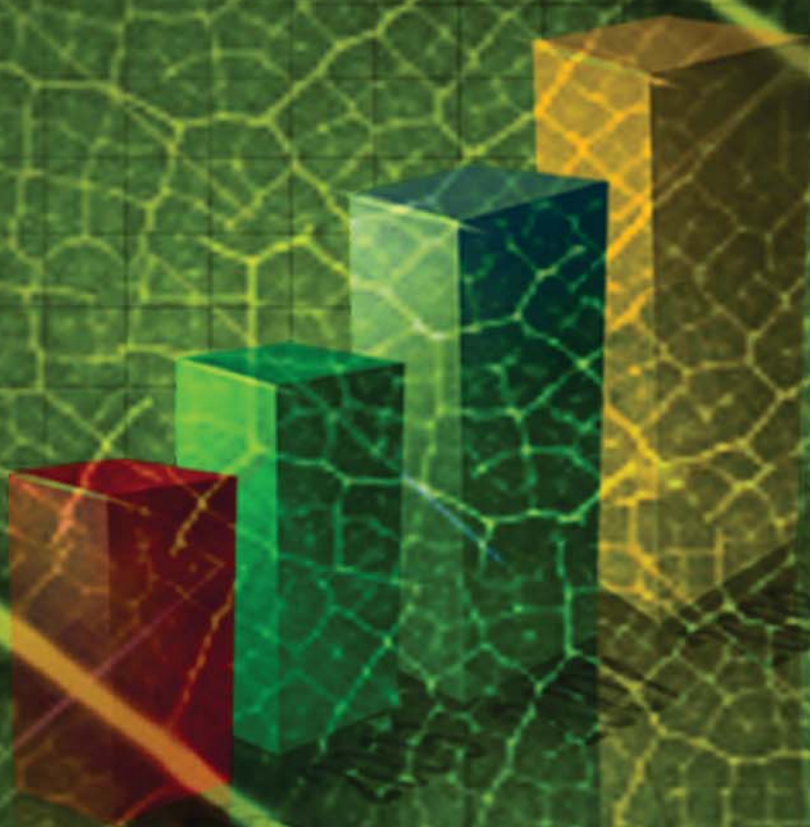


annual report 2009-2010



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE



Annual Report

2009-2010



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Ministry of Health & Family Welfare, Government of India
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1. OVERVIEW

1.1 OBJECTIVES OF THE COUNCIL

The Central Council for Research in Unani Medicine (CCRUM) is an autonomous organization under Department of AYUSH, Ministry of Health and Family Welfare, Government of India. The Council was established on 30 March 1978 under Societies Registration Act, 1860. However, it started functioning from 10 January 1979. The main objectives of the Council are as follows.

- Formulation of aims and patterns of research on scientific lines in Unani Medicine.
- To undertake research or any other programmes in Unani Medicine.
- Prosecution of and assistance in research and propagation of knowledge and experimental measures generally in connection with the causation, mode of spread and prevention of diseases.
- To initiate, aid, develop and coordinate scientific research on different aspects, fundamental and applied, of Unani Medicine, and to promote and assist institutions of research for the study of diseases, their prevention, causation and remedy.
- To finance enquiries and researches for the furtherance of objectives of the Council.
- To exchange information with other institutions, associations and societies interested in the objectives similar to those of the Council especially in the observation and study of diseases in the East in general, and in India in particular.
- To prepare, print, publish and exhibit any papers, posters, pamphlets, periodicals and books for furtherance of the objectives of the Council and to contribute to such literature.

1.2 SCHEME-WISE ACHIEVEMENTS

The Council continued its activities during the reporting period in the areas of survey and cultivation of medicinal plants research, drug standardization research, clinical research and literary research. The main emphasis during the reporting period was on consolidation of the work done in different research programmes.

Under the Survey and Cultivation of Medicinal Plants Research Programme, different forest areas including Hyderabad Forest Division, Atmakur, Nallamalla Rongerreddy District, Kurnool Khammam and Bhadrachalam (Andhra Pradesh); Bijnor Forest Division Najibabad; Nilgiri Forest Division, Balasore and Athgarh Forest Division, Cuttack (Orissa); Chamarajnagar

Wildlife Forest Division (Karnataka) and Pirpanjal & Sindh Forest Division (J&K) were explored. As a result of the survey tours conducted, 3183 specimens comprising 1055 species of medicinal plants were collected. Besides, 272 folk medicinal claims were also recorded from the tribal inhabitants. Experimental and large scale cultivation of some important medicinal plants also continued at different herb gardens of the Council.

Under the Drug Standardization Research Programme, pharmacopeial standards for 50 single drugs and Standard Operating Procedures (SOPs) for manufacture of 48 compound formulations were developed. Besides, quality control was enforced on 49 batches of research drugs prepared at the pharmacy of Central Research Institute of Unani Medicine (CRIUM), Hyderabad. Chemical investigations on Chiraita Talkh (*Swertia chiraita*) and Halela Siyah (*Terminalia chebula*) were carried out at Chemical Research Unit, Aligarh. Four new compounds including gentianadine, gentianine, lupeol, 1-hydroxy 2, 3, 4, 7-tetra methoxy xanthone were isolated from Chiraita Talkh (*Swertia chiraita*) and six new compounds including bhenic acid, 9-octadecenoic acid, linoleic acid, arachic acid, stearic acid, -sitosterol were isolated from Halela Siyah (*Terminalia chebula*). These compounds are of therapeutic value. Safety studies on the three drugs under clinical evaluation were also completed during the reporting period.

Under the Clinical Research Programme, pre-clinical studies as well as clinical studies continued on different diseases. Significant leads were achieved in the treatment of Waja-ul-Mafasil (Rheumatoid arthritis), Tahajjur-e-Mafasil (Osteo-arthritis), Iltehab-e-Kabid (Infective hepatitis), Iltehab-e-Tajaweef-e-Anf (Sinusitis) and Daus Sadaf (Psoriasis). Clinical studies on eight new formulations in Iltehab-e-Kabid (Infective hepatitis) and three in Daus Sadaf (Psoriasis) completed. Besides, forms of the drugs developed by the Council in different diseases were also modified, and the technology for their manufacture was transferred to the Council's pharmacy at CRIUM, Hyderabad.

Regimental therapy experimentation in musculoskeletal disorders also continued. The SOPs for Hajamat (Cupping) – a form of regimental therapy – were developed for their application in Rheumatoid arthritis/ Osteo-arthritis patients. Besides, experimental studies on the effect of leeching in essential hypertension, frostbite and varicose veins were also conducted.

Collaborative clinical studies continued on Bronchial asthma at Vallabh Bhai Patel Chest Institute, New Delhi, on Psoriasis at All India Institute of Medical Science, New Delhi and on Viral hepatitis and Duodenal ulcer at Deccan Medical College, Hyderabad. Significant leads have been achieved in the treatment of these diseases.

Twenty-one Extra-Mural Research (EMR) projects allotted to different universities continued during the reporting period. Based on the studies conducted in these projects, three provisional patents were filed, and two research papers were published in the reputed journals.

Research-oriented health care facilities continued at the Out-Patient Departments (OPDs) of 16 clinical centres of the Council. At these OPDs, the patients were treated with the kit medicines developed by the Council. Special OPDs for Reproductive and Child Health (RCH) and Geriatric care were also conducted. During the reporting period a total of 207321 new patients were registered in the General Out-Patient Department (GOPD) for treatment of common ailments at different centres of the Council, besides collecting the observational data on the therapeutic efficacy of the kit medicines.

Under the Mobile Clinical Research Programme that continued at 10 centres of the Council covering a total population of 486015 including 140000 belonging to Scheduled Castes and Scheduled Tribes in rural, tribal pockets and urban slums, medicare was provided to the people at their doorsteps. Under this programme, a total of 23965 new patients were registered. Of them, 16599 patients belonged to Scheduled Castes and Scheduled Tribes. Besides, health awareness programme also continued with a view to improving the health status of the population under coverage thereby reducing the morbidity rate.

Research on fundamental aspects of Unani Medicine also continued. Studies on susceptibility to lifestyle diseases in persons of different temperaments continued at CRIUM, Hyderabad. During the reporting period, 3851 subjects were studied.

Under the Literary Research Programme, Urdu translations of four important classical books continued. Besides, under the project of publication of out-of-print Unani books, nine classical books were edited and printed during the reporting period.

With a view to disseminating the research findings, 102 research papers based on the studies conducted in different research projects at the Council's centres were presented in different international and national seminars/conferences. Thirty-seven research papers were published in the reputed scientific journals.

Besides, publication of the Council's bi-monthly bulletin *CCRUM Newsletter*, quarterly Urdu journal *Jahan-e-Tib*, quarterly English journal *Hippocratic Journal of Unani Medicine*, Annual Report, technical books and publicity literature continued. During the reporting period, 32 publications were brought out. The Council also continued co-ordination in the Traditional Knowledge Digital Library (TKDL) (Unani) project. Work related to digitization of Unani manuscripts also continued during the reporting period.

Extension services including School Health Programme, Gender Component Plan for Women and activities in the North-Eastern Region also continued during the reporting period. Under School Health Programme, 19 schools falling under the adopted pockets were covered. In these schools, health check-ups of 5475 school children were conducted. Of them, 2263 children who were found suffering from common ailments were treated for their ailments with the kit medicines developed by the Council.

Under the Gender Component Plan, 120951 female patients were treated at different centres of the Council. With a view to enhancing health awareness, health education on preventive and promotive aspects of Unani Medicine and medicinal uses of plants growing in their vicinity were provided particularly to women and school children in the adopted pockets/schools through group meetings, health lectures using audio and video means.

The only centre of the Council in the North-Eastern Region, Regional Research Centre of Unani Medicine, Silchar (Assam) with an extension centre at Karimganj (Assam) continued to provide medicare through Unani Medicine, and treated 6389 patients during the reporting period.

Unani treatment-cum-Specialty Centre at Dr. Ram Manohar Lohia Hospital, New Delhi continued GOPD and Speciality clinic. During the reporting period 24098 patients were registered. The total clinical attendance was 52167.

The Council organized a Conference on Reproductive and Child Health and a Workshop on Fundamentals of Unani Medicine to disseminate the research findings among the practitioners and the scientists.

With a view to popularizing the system among the masses, the Council participated in international and national health exhibitions, health fairs, health camps and expositions. The Council's centres also actively participated in the national pulse polio programme.


Human resource developmental activities for the Council's researchers also continued. Seventy-two scientists of the Council were deputed to different re-orientation training programmes.

The Council participated in 11 Arogya fairs organized by the Department of AYUSH in different parts of the country.

The Council also contributed to promotion of the official language during the year. Under this activity the Council celebrated Hindi Fortnight in the month of September by organizing various Hindi contests for its employees at the headquarters and its centres in different parts of the country. The Council also organized Raj Bhasha Sammelan (Official Language Conference) in collaboration with All India Radio at Srinagar. Besides, the Council's staff also participated in a Raj Bhasha Sammelan held in Goa.

In the coming year, the Council intends to revise its methodology of research, especially for clinical research, in consonance with recent advancements in science and technology, and take up translation of Unani medical texts into English also.

New Delhi
3 March 2011



Prof. S. Shakir Jamil
Director General

2. MANAGEMENT

The management of the affairs of the Council is entrusted to a Governing Body (GB) consisting of official and non-official members.

2.1 GOVERNING BODY (GB)

The Governing Body of the Council was reconstituted on 2 March 2009 for a period of three years. Following was the constitution of the Governing Body (GB) of the Council during the reporting period.

President:

Union Minister of Health & Family Welfare

Executive Vice-President:

Union Minister of State for Health & Family Welfare

Vice-President:

Prof. (Hakim) Syed Khaleefathullah, Chennai (Tamil Nadu)

Official Members:

- Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India or their nominee not below the rank of Joint Secretary
- Additional Secretary & Financial Advisor, Ministry of Health and Family Welfare, Government of India
- Joint Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India

Non-Official Members:

- Prof. (Hakim) B.S. Usmani, Mumbai (Maharashtra)
- Hakim Sirajuddin Ahmad, Meerut (Uttar Pradesh)
- Hakim Shakeel Ahmad Tamanna, New Delhi
- Prof. (Dr.) M.S.Y. Khan, New Delhi
- Dr. O.P. Agarwal, New Delhi
- Dr. Palpu Pushpangadan, Lucknow (Uttar Pradesh)
- Prof. (Dr.) C.N. Deivanayagam, Chennai (Tamil Nadu)
- Dean, Faculty of Unani Medicine, Aligarh Muslim University, Aligarh

- Director, National Institute of Unani Medicine, Bengaluru (Karnataka)

Member-Secretary:

- Director General, Central Council for Research in Unani Medicine (CCRUM),
- During the reporting period no meeting of the Governing Body could be held.

2.2 STANDING FINANCE COMMITTEE (SFC)

The composition of the Council's Standing Finance Committee (SFC) was as follows.

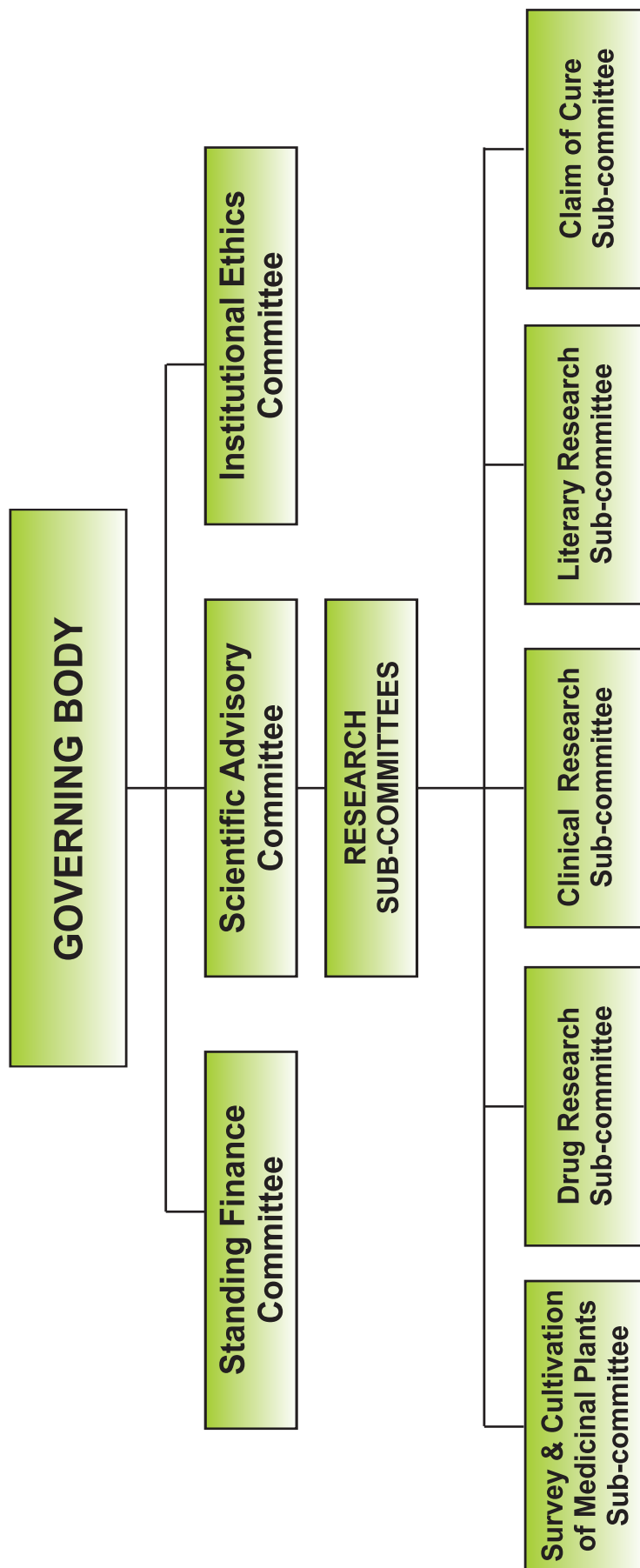
- Joint Secretary, Department of AYUSH : Chairman
Ministry of Health and Family Welfare
Government of India
- Additional Secretary & Financial Advisor : Member
Ministry of Health & Family Welfare
Government of India
- One Technical Member nominated by the President of the Governing Body
- Director General, CCRUM : Member-Secretary

2.3 INSTITUTIONAL ETHICS COMMITTEE (IEC)

During the reporting period the Institutional Ethics Committee (IEC) of the Council consisted of the following.

- Dr. C.M. Habibullah : Chairman
Head, Centre for Liver Diseases
Deccan Medical College & Hospital
Hyderabad
- Dr. Raj Bala Yadav : Member
Head, Department of Laboratory Medicine
Dr. Ram Manohar Lohia (RML) Hospital
New Delhi
- Prof. V.H. Talib : Member
Principal, Seema Dental College
Rishikesh (Uttarakhand)
- Hakim Jamil Ahmad : Member
Consultant, Majeedia Hospital
Jamia Hamdard, Hamdard Nagar
New Delhi
- Dr. K.S. Anand : Member
Head, Department of Neurology
Dr. RML Hospital
New Delhi

MANAGEMENT OF THE COUNCIL



- Prof. S.M. Afzal Qadri : Member
Dean, Faculty of Law
University of Kashmir, Srinagar
- Prof. Akhtarul Wasey : Member
Head, Department of Theology &
Dean, Faculty of Humanities and Social Sciences,
Jamia Millia Islamia
New Delhi
- Dr. S.N. Sharma : Member
General Manager, Sigel Laboratories
New Delhi
- Dr. Mohammed Khalid Siddiqui : Member-Secretary
Director General, CCRUM
New Delhi

2.4 SCIENTIFIC ADVISORY COMMITTEE (SAC)

The Scientific Advisory Committee (SAC) of the Council consists of:

- Five eminent Unani physicians one of them being the Chairman and four members
- A Chemist
- A Botanist
- A Pharmacologist
- An expert in Modern Medicine
- Director General, CCRUM as Member-Secretary

During the reporting period Scientific Advisory Committee was not in place.

2.4.1 RESEARCH SUB-COMMITTEES

There are five Research Sub-committees of the Scientific Advisory Committee, namely Survey and Cultivation of Medicinal Plants Sub-committee, Drug Research Sub-committee, Clinical Research Sub-committee, Literary Research Sub-committee and Claim of Cure Sub-committee. However, during the reporting period these Research Sub-committees were not in place.

2.5 ORGANIZATIONAL SET-UP

The Council has a network of 22 centres functioning in different parts of the country. These include:

Centres	Numbers
CCRUM Headquarters, New Delhi	01
Central Research Institutes of Unani Medicine	02

Centres	Numbers
Regional Research Institutes of Unani Medicine	08
Regional Research Centres of Unani Medicine	02
Clinical Research Units	05
Literary Research Institute of Unani Medicine	01
Drug Standardization Research Institute	01
Drug Standardization Research Unit	01
Chemical Research Unit (Grant-in-aid)	01

The above centres are spread over different States. The following is the State-wise institutional network of the Council.

Andhra Pradesh

- Central Research Institute of Unani Medicine (CRIUM), Hyderabad

Assam

- Regional Research Centre of Unani Medicine (RRCUM), Silchar with an extension centre at Karimganj

Bihar

- Regional Research Institute of Unani Medicine (RRIUM), Patna

Delhi

- Regional Research Institute of Unani Medicine (RRIUM), New Delhi
- Literary Research Institute of Unani Medicine (LRIUM), New Delhi
- Drug Standardization Research Unit (DSRU), New Delhi
- Unani Medical Centre (extension centre of RRIUM, New Delhi), Dr. Ram Manohar Lohia Hospital, New Delhi

Jammu & Kashmir

- Regional Research Institute of Unani Medicine (RRIUM), Srinagar

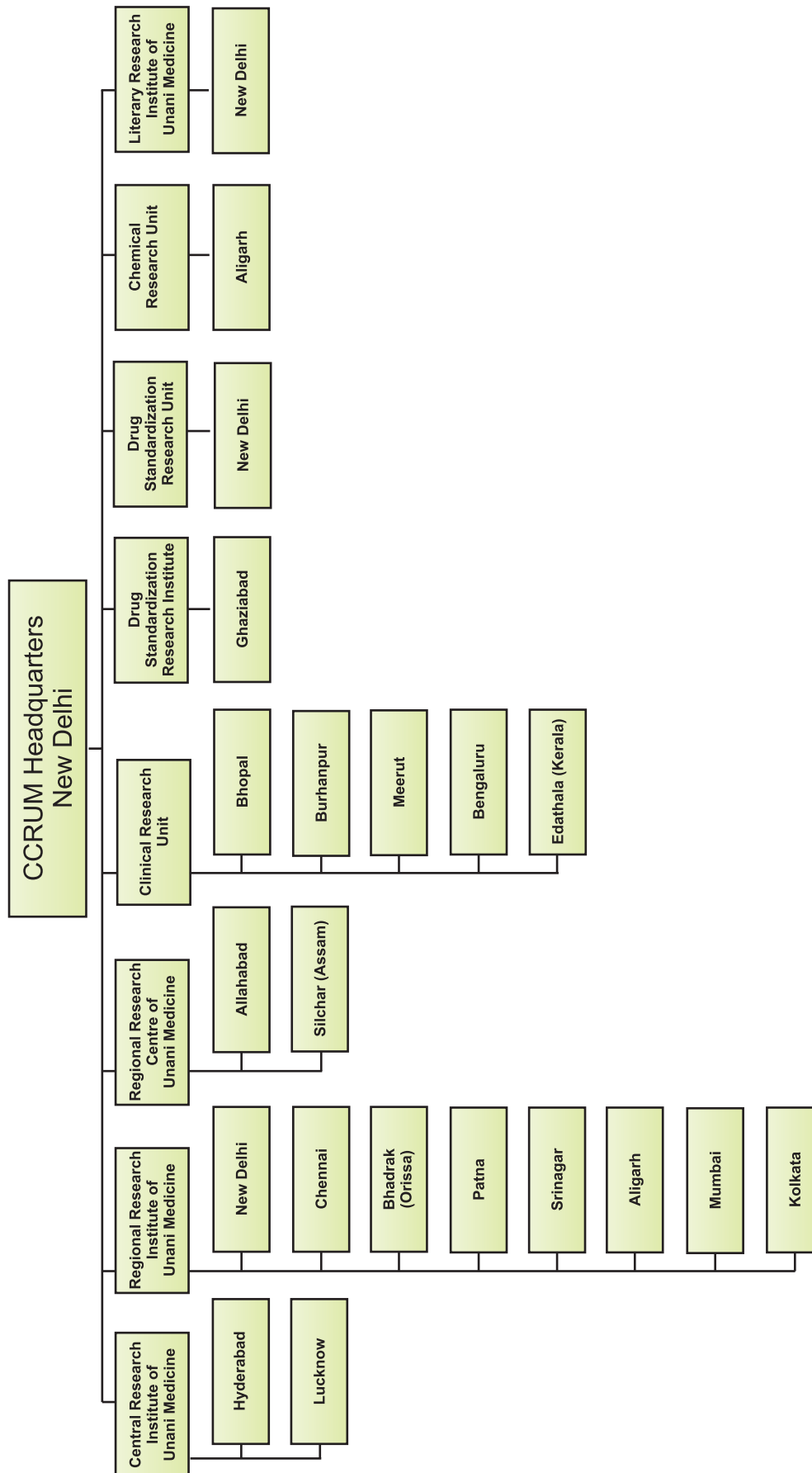
Kerala

- Clinical Research Unit (CRU), Edathala (Alwaye)

Karnataka









- Clinical Research Unit (CRU), Bengaluru

ORGANIZATIONAL SET-UP OF THE COUNCIL



Institutional Network of CCRUM



-  CCRUM Headquarters
-  Central Research Institute of Unani Medicine
-  Regional Research Institute of Unani Medicine
-  Regional Research Centre of Unani Medicine
-  Clinical Research Unit
-  Drug Standardization Research Institute
-  Drug Standardization Research Unit
-  Literary Research Institute of Unani Medicine
-  Chemical Research Unit

Madhya Pradesh

- Clinical Research Unit (CRU), Bhopal
- Clinical Research Unit (CRU), Burhanpur

Maharashtra

- Regional Research Institute of Unani Medicine (RRIUM), Mumbai

Orissa

- Regional Research Institute of Unani Medicine (RRIUM), Bhadrak

Tamil Nadu

- Regional Research Institute of Unani Medicine (RRIUM), Chennai

Uttar Pradesh

- Central Research Institute of Unani Medicine (CRIUM), Lucknow
- Regional Research Institute of Unani Medicine (RRIUM), Aligarh
- Drug Standardization Research Institute (DSRI), Ghaziabad
- Regional Research Centre of Unani Medicine (RRCUM), Allahabad
- Clinical Research Unit (CRU), Meerut
- Chemical Research Unit (Grant-in-aid), Aligarh

West Bengal

- Regional Research Institute of Unani Medicine (RRIUM), Kolkata

2.6 BUDGET (ACTUAL EXPENDITURE)

The centre-wise actual expenditure of the Council was as follows.

(Rs. in thousands)

	Non-Plan	Plan	G. Total
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	72217	27607	99824
CRIUM, Lucknow	36305	7634	43939
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	18174	5191	23365
RRIUM, Patna	16013	7562	23575
RRIUM, Chennai	34439	47244	81683
RRIUM, Aligarh	26841	3235	30076
RRIUM, Srinagar	21150	25695	46845
RRIUM, Mumbai	15048	2457	17505
RRIUM, Kolkata	0	6881	6881
RRIUM, New Delhi	23258	16410	39668
Regional Research Centre of Unani Medicine (RRCUM), Allahabad	9282	6704	15986
Clinical Research Unit (CRU), Bengaluru	3286	513	3799
CRU, Karimganj	0	9830	9830
CRU, Meerut	0	2262	2262
CRU, Kerala	1308	2548	3856
CRU, Burhanpur	3078	547	3625
CRU, Bhopal	0	3254	3254
Drug Standardization Research Unit (DSRU), New Delhi	5249	1370	6619
Drug Standardization Research Institute (DSRI), Ghaziabad	11949	4260	16209
Literary Research Institute of Unani Medicine (LRIUM), New Delhi	9015	559	9574
CCRUM Headquarters, New Delhi	43945	72323	116268

(Rs. in thousands)

	Non-Plan	Plan	G. Total
Other Charges at Headquarters			
Pension Liabilities	24000	0	24000
Council's contribution to New Pension Scheme	3542	749	4291
Deposit Link Insurance Scheme	60	0	60
GPF/CPF Council Contribution and interest	5766	140	5906
Advances to Government Servants	2643	2	2645
HBA	1246	0	1246
CGHS Contribution	0	521	521
Publication Charges	0	650	650
Leave Salary & Pension Contribution	32	0	32
Audit Fee	0	67	67
Imprest Advances	0	0	0
Grant-in-Aid CRU, Aligarh	0	0	0
Seminar/Workshops	8714	11275	19989
Short-term Research Inquiry	0	3867	3867
Building funds	0	37920	37920
Vehicles	0	6324	6324
Health Camps	0	10593	10593
Exhibition	0	291	291
Immediate relief to family of the deceased	0	0	0
Medical Advance	0	0	0
Arogya (North East)	0	12188	12188
International Conference	0	525	525
CRISM Expenditure	0	0	0
Manuscript Expenditure	0	3917	3917
Unani Pharmacopiea Expenditure	0	1285	1285
Total	396560	344400	740960

3. TECHNICAL REPORT

3.1 CENTRE-WISE ACTIVITIES

Centre	Activities
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	<ul style="list-style-type: none"> • Clinical Research Programme • Research on Fundamentals/basic principles of Unani Medicine • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Research Programme
Central Research Institute of Unani Medicine (CRIUM), Lucknow	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Literary Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Chennai	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Survey and Cultivation of Medicinal Plants Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Patna	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme

Centre	Activities
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	<ul style="list-style-type: none"> • Clinical Research Programme • Pharmacological Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme
Regional Research Institute of Unani Medicine (RRIUM), Srinagar	<ul style="list-style-type: none"> • Clinical Research Programme • Pharmacological Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	<ul style="list-style-type: none"> • Clinical Research Programme • Experimental Validation of Regimental Therapies • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme
Regional Research Centre of Unani Medicine (RRCUM), Allahabad	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme

Centre	Activities
Regional Research Centre of Unani Medicine (RRCUM), Silchar with extension Centre at Karimganj	<ul style="list-style-type: none"> • Clinical validation of efficacy of kit medicines • General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bengaluru	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Meerut	<ul style="list-style-type: none"> • General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bhopal	<ul style="list-style-type: none"> • Clinical Research Programme
Clinical Research Unit (CRU), Burhanpur	<ul style="list-style-type: none"> • Clinical Research Programme • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme
Clinical Research Unit (CRU), Edathala	<ul style="list-style-type: none"> • General Out patient Department (GOPD) Programme
Drug Standardisation Research Unit (DSRU), New Delhi	<ul style="list-style-type: none"> • Drug Standardization Research Programme
Drug Standardisation Research Institute (DSRI), Ghaziabad	<ul style="list-style-type: none"> • Drug Standardization Research Programme
Literary Research Institute of Unani Medicine (LRIUM), New Delhi	<ul style="list-style-type: none"> • Literary Research Programme
Chemical Research Unit (CRU) (Grant-in-aid), Aligarh	<ul style="list-style-type: none"> • Chemical Investigations of Unani Medicinal Plants

3.2 SURVEY AND CULTIVATION OF MEDICINAL PLANTS RESEARCH PROGRAMME

The Council has undertaken a programme of extensive surveys of medicinal plants in different parts of the country, primarily with a view to collecting and identifying medicinal plants and recording basic data on ethno-pharmacological uses of plants to provide lead material for the discovery of new drugs of natural origin. The broad objectives of the programme are:

- To survey, collect and identify medicinal plants in different forest zones of the country;
- To study, distribution, availability, ethno-pharmacological uses of and threats to medicinal plants;

- To undertake experimental and field-scale cultivation of cultivate medicinal plants;
- To maintain a herbarium and an exhibition of medicinal plants and raw drugs for demonstration purposes;
- To maintain a demonstrable herb garden;
- To organize farmers' meets to impart awareness, and provide training on cultivation of medicinal plants;
- To document folk knowledge on medicinal uses of plants;
- To collect samples of genuine drugs from the forests for pharmacopoeial standard work;
- To develop nursery of medicinal plants for demonstration purpose with a view to popularizing them among masses.

This programme is being carried out at following research centres of the Council:

- Central Research Institute of Unani Medicine, Hyderabad.
- Regional Research Institute of Unani Medicine, Aligarh.
- Regional Research Institute of Unani Medicine, Bhadrak.
- Regional Research Institute of Unani Medicine, Chennai.
- Regional Research Institute of Unani Medicine, Srinagar.

3.2.1 ETHNOPHARMACOLOGICAL SURVEYS

Under this programme, the Council undertook ethno-pharmacological surveys in different forest divisions/areas during the period under report. These included Hyderabad Forest Division, Atmakur, Nallamalla Rangededdy District, Kurnool Khammam and Bhadrachalam (Andhara Pradesh); Bijnor Forest Division, Najibabad; Nilgiri Forest Division, Balasore and Athgarh Forest Division, Cuttack (Orissa); Chamarajnagar Wildlife Forest Division (Karnataka) and Pirpanjal & Sindh forest Division (J&K). As a result of the survey tours conducted, 3183 specimens comprising 1055 species of medicinal plants were collected and identified.

3.2.2 HERBARIUM

Plant specimens collected from the study areas were mounted on herbarium sheets. During the reporting period 2992 such herbarium sheets were prepared and information pertaining to plant's botanical name, family, local name, Unani name (wherever available), date of collection, brief morphological features, medicinal/ other uses of plant were recorded on each herbarium sheet. Besides, 333 new index cards were compiled and 851 index cards were updated.

The survey team members during field studies collected 487 saplings of important medicinal species for plantation in the nurseries attached to the institutes.

The survey teams also collected fresh raw drugs weighing 432 kg and supplied to the pharmacy section of Central Research Institute of Unani Medicine, Hyderabad for preparation of Unani formulations.

3.2.3 FOLK CLAIMS

The survey team members, enquired from the local communities about traditional uses of plants. This information was systematized taxonomically, and efforts were made to develop a database for comparative analysis of the information recorded so far. As a result, 272 folk medicinal claims were recorded from the tribal inhabitants and other rural folks of the study areas. This information had been collected with a view to providing lead material for the discovery of new drugs of plant origin. Recently, the Council had taken up a programme to publish this information in the form of books providing details viz., botanical name and family, synonyms, local name, Unani name, habit and habitat, wild or cultivated, medicinal efficacy claimed and name of the tribe, locality, collection number, part(s) used, mode of application and biodynamic notes.

3.2.4 EXPERIMENTAL AND FIELD SCALE CULTIVATION OF MEDICINAL PLANTS

Under this activity, the Council has taken up cultivation of some important medicinal plants used in Unani Medicine. These include Babchi (*Psoralea corylifolia* Linn.), Irsa (*Iris ensata* Thunb), Atrilal (*Ammi majus* L.), Asgand (*Withania somnifera* Dunal), Gulnar farsi (*Punica granatum* Linn. abortive var.), Gurmarbuti (*Gymnema sylvestre* R Br.), Khulanjan (*Alpinia galanga* Willd.), Unsul (*Urgenia indica* Kunth.), Sudab (*Ruta graveolens* Linn.), Kutki (*Picrorhiza kurooa* Wall. ex Benth.) etc. As a result of field scale cultivation of drug plants, 311 kg of raw drugs was yielded.

3.2.5 FARMERS' MEETS

The Council's research centers organized farmers' meets on awareness training, cultivation and marketing of medicinal plants. During the period under report six such training programmes were organized at block level in different States. The blocks where the training programme were organized were: Shankerpally Mandal, Pouchampally Mandal (Andhra Pradesh), Iglas Block, Aligarh (Uttar Pradesh), Kadabathur Block, Perampakkam Village Kadampathur Block, (Tamil Nadu) and Soro Block in Balasore District (Orissa).

3.2.6 NURSERY OF MEDICINAL PLANTS

With a view to popularizing medicinal plants among masses, the Council has launched a programme of cultivating about 150 common species in its nurseries developed at Aligarh, Chennai, Hyderabad and Srinagar. Some of the important and interesting species being grown under this activity include: Anar (*Punica granatum* Linn.), Ajwain Desi (*Trachyspermum ammi* Linn.), Babchi (*Psoralea corylifolia* Linn.), Behidana (*Cydonia oblonga* Mill.), Bhangra (*Eclipta alba* Hussk), Mako (*Solanum nigrum* Linn.), Tambaku (*Nicotiana tabacum* Linn.), Kasni (*Cichorium intybus* Linn.), Qurtum (*Carthamus tinctorius* Linn.), Funduq (*Corylus avellana* Linn.), Sadabahar (*Vinca rosea* Linn.), Kasoos (*Cuscuta reflexa* roxb.), Muqil (*Commiphora mukul* (Hook ex Stocks) Engl.), Marorphali (*Helicteres isora* Linn.), Tulsi (*Ocimum sanctum* Linn.), Keora (*Pandanus tectorious* Soland. ex Parkinson.), Waj (*Acorus calamus* Linn.), Turbud (*Ipomoea turpethum* R. Br.), Karanjawa (*Caesalpinia crista* Linn.), Qinnab (*Cannabis sativa* Linn.), Gurmar buti (*Gymnema sylvestre* R. Br.), Hina (*Lawsonia inermis* Linn.) Khubbazi (*Malva sylvestris* Lin), Konch (*Mucuna pruriens* Linn.) etc.

3.2.7 PUBLICATION

During the reporting period a monograph titled *Unani Medicinal Plants of Andhra Pradesh Part-I* was compiled. Besides, nine research papers were published under medicinal plants programme.

3.3 DRUG STANDARDIZATION RESEARCH PROGRAMME

The programme of drug standardization is mainly concerned with evolving pharmacopoeial standards of single and compound Unani drugs included in various volumes of *National Formulary of Unani Medicine* and simultaneously to test the drugs under trial in the Council's Clinical Research Units/Institutes and being manufactured in the pharmacy of Central Research Institute of Unani Medicine, Hyderabad.

Simultaneously, chemical investigations of Unani medicinal plants as well as toxicity studies are also carried out under this programme.

Standardization work for single drugs and compound formulations is carried out in accordance with the format approved by Unani Pharmacopoeia Committee of the Government of India, because the standards so developed are incorporated in the *Unani Pharmacopoeia of India*.

The work is carried out through the following research centres of the Council.

- Drug Standardization Research Institute (DSRI), Ghaziabad.
- Central Research Institute of Unani Medicine (CRIUM), Hyderabad.
- Regional Research Institute of Unani Medicine (RRIUM), Chennai
- Regional Research Institute of Unani Medicine (RRIUM), Srinagar
- Regional Research Institute of Unani Medicine (RRIUM), Aligarh
- Drug Standardization Research Unit (DSRU), New Delhi
- Chemical Research Unit (Grant-in-Aid), Aligarh Muslim University (AMU), Aligarh

During the reporting period following works were carried out.

- Development of Standard Operating Procedures (SOPs) for the manufacture of compound formulations and their pharmacopoeial standards.
- Quality control of research drugs being manufactured in the Council's pharmacy at Hyderabad.
- Chemical investigations of medicinal plants.
- Safety evaluation of research drugs.

3.3.1 DEVELOPMENT OF STANDARD OPERATING PROCEDURES (SOPs) FOR MANUFACTURE OF COMPOUND FORMULATIONS AND THEIR PHARMACOPOEIAL STANDARDS

Under this programme SOPs for the manufacture of following compound formulations followed by their pharmacopoeia standards were developed at various research centres of the Council as well in the laboratories outside the Council, under EMR projects. During the reporting period studies on following compounds were done.

- | | |
|--------------------------------------|-----------------------------------|
| • Arq-e-Amber | • Dawa-ul-Misk Barid Jawahar Wali |
| • Arq-e-Brinjasif | • Halwa Gheekwar |
| • Arq-e-Chiraita | • Halwa Suparipak |
| • Arq-e-Ilaichi | • Habb-e-Asgandh |
| • Arq-e-Gazar Sada | • Habb-e-Ayarij |
| • Arq-e-Ma-ul-Laham Makoh Kasni Wala | • Habb-e-Bawaseer Badi |
| • Arq-e-Nana | • Habb-e-Bawaseer Khooni |
| • Arq-e-Ushba | • Habb-e-Harsinghar |
| • Arq-e-Zeera | • Habb-e-Leemun |
| • Roughan-e-Amla Sada | • Habb-e-Maghz-e-Badam |
| • Roughan-e-Banafsha | • Habb-e-Muqil |
| • Roughan-e-Laboob-Saba | • Habb-e-Musaffi-e-Khoon |
| • Roughan-e-Samaat Kusha | • Habb-e-Rasaut |
| • Roughan-e-Zarareeh | • Habb-e-Suranjan |
| • Itrifal Mulayyain | • Habb-e-Tursh Mushtahi |
| • Itrifal Muqawwi Dimagh | • Habb-e-Zeequn Nafas |
| • Itrifal Zamani | • Majoon-e-Injeer |
| • Jawarish-e-Amla Sada | • Majoon-e-Brahmi |
| • Jawarish-e-Ood Shirin | • Majoon-e-Dabeedul Ward |
| • Jawarish Pudina Wilayati | • Majoon-e-Jiryan Khas |
| • Jawarish Safar Jali Mushil | • Majoon-e-Jograj Gugal |
| • Jawarish Tamar Hindi | • Majoon-e-Kundur |
| • Dawa-ul-Misk Motadil Jawahar Wali | • Sharbat-e-Salajeet |
| | • Sikanjabeen Leemun |

3.3.2 DEVELOPMENT OF PHARMACOPOEIAL STANDARDS OF SINGLE UNANI DRUGS

Under this programme Pharmacopoeial Standards for following single drugs were developed and monographs were prepared.

- | | |
|---------------------------|-------------------------|
| • Aab-e-Bartang | • Meya-e-Saila |
| • Aab-e-Kaddu | • Musli Siyah |
| • Aab-e-Kasni | • Narkachoor |
| • Beikh-e-Karafs | • Ood kham |
| • Beikh-e-Lablab | • Post-e-Sankhaholi |
| • Berg-e-jhao | • Post-e-Berun-e-Pista |
| • Biranjasif | • Qambeel |
| • Biranj Sathi | • Rasan |
| • Buzidan | • Rubb-us-Soos |
| • Dammul Akhwain | • Saleekha |
| • Gul-e-Khatmi | • Samagh-e-Arabi |
| • Gul-e-Pista | • Sapistan |
| • Gul-e-Supari | • Satar Farsi |
| • Habb-e-Balsan | • Seb |
| • Habb-e-Sanobar | • Sudab |
| • Habb-ul-Aas | • Suranjan (Dried corm) |
| • Habib-ul-Ghar | • Tabasheer |
| • Hasha | • Teewaj Khatai |
| • Kafoor (Camphor) | • Tudri Surkh |
| • Kahruba | • Tukhm-e-Kahu |
| • Kazmazaj | • Tukhm-e-Khurfa |
| • Khardal | • Tukhm-e-Sudab |
| • Maghz-e-Qurtum | • Ustukhuddus |
| • Maghz-e-Tukhm-e-Tarbooz | • Zaranbad |
| • Marzanjosh | • Zarawand Mudahraj |

3.3.3 QUALITY CONTROL OF RESEARCH DRUGS BEING MANUFACTURED IN THE COUNCIL'S PHARMACY AT HYDERABAD

During the reporting period the following 37 compound formulations prepared at the pharmacy of CRIUM, Hyderabad, were tested for their quality control.

- | | |
|--------------|-------------|
| • UNIM-001 | • UNIM-001 |
| • UNIM-004 | • UNIM-004 |
| • UNIM-006 | • UNIM-040 |
| • UNIM-405 | • UNIM-041 |
| • UNIM-180 | • UNIM-104 |
| • UNIM-181 | • UNIM-304 |
| • UNIM-MUNS | • UNIM-1202 |
| • UNIM-MUSSD | • UNIM-003 |
| • UNIM-001 | • UNIM-004 |
| • UNIM-003 | • UNIM-005 |
| • UNIM-004 | • UNIM-006 |
| • UNIM-005 | • UNIM-023 |
| • UNIM-006 | • UNIM-041 |
| • UNIM-271 | • UNIM-402 |
| • UNIM-401 | • UNIM-403 |
| • UNIM-402 | • UNIM-405 |
| • UNIM-403 | • UNIM-1201 |
| • UNIM-405 | • UNIM-005 |
| • UNIM-001 | • UNIM-027 |
| • UNIM-003 | • UNIM-027 |
| • UNIM-004 | • UNIM-040 |
| • UNIM-005 | • UNIM-319 |
| • UNIM-006 | • UNIM-359 |
| • UNIM-051 | • UNIM-755 |
| • UNIM-405 | |

Besides studies on estimation of heavy metals in 104 compound formulations, and microbial load, aflatoxin contamination and pesticidal residue in 110 drugs were also carried out at CRIUM, Hyderabad.

3.3.4 CHEMICAL INVESTIGATIONS OF MEDICINAL PLANTS

During the reporting period this work was carried out through Chemical Research Unit, Aligarh.

The Unit investigated the drug Chirata Talkh (*Swertia chirata*) and isolated following four compounds:

- Gentianadine
- Gentianine
- Lupeol,
- 1-hydroxy 2, 3, 4, 7-tetra methoxy xanthone

Besides, the Unit investigated the drug Halela Siyah (*Terminalia chebula*) and isolated following six compounds:

- Bhenic acid
- 9-octadecenoic acid
- Linoleic acid
- Arachic acid
- Stearic acid
- Beta sitosterol

3.3.5 SAFETY EVALUATION OF RESEARCH DRUGS

Under this programme acute toxicity studies on coded compound drugs ZS-9, UNIM-220 and UNIM-401 are in progress at RRIUM, Srinagar.

3.3.6 UNANI PHARMACOPOEIA OF INDIA

During the reporting period the Council, as Secretariat for Unani Pharmacopoeia of India, organized one meeting of Unani Pharmacopoeia Committee and published the first volume of *Unani Pharmacopoeia of India*, Part-II consisting of 50 monographs covering Araqiya, Itrifal, Jawarish, Khamira, Laoq, Majoon, Raughan and Sufoof. Besides, compilation of *Unani Pharmacopoeia of India*, Part-II, Volume-II covering Araq, Dawa, Habb, Itrifal, Jawarish, Majoon, Sufoof and Tiryaaq was in progress. Besides, compilation of *National Formulary of Unani Medicine* Part-VI consisting of 137 formulations like Huboob & Aqras, Joshanda, Kohal, Majoon, Marham, Raughaniyat, Saiyyalat and Sufoof was in progress.

3.4 CLINICAL RESEARCH PROGRAMME

3.4.1 PRE-CLINICAL STUDIES

- (i) Pharmacological and toxicological investigation of coded compound Unani formulation UNIM-220 (G) in Diabetes mellitus (RRIUM, Aligarh)

UNIM-220 (G), a coded compound Unani formulation, was clinically evaluated for its hypoglycemic activity in different clinical research centers of the Council. Simultaneously following reverse pharmacological studies were also conducted during the reporting period.

- (ii) Antidiabetic activity in alloxan induced diabetic rats

Alloxan, 120mg/kg was injected intraperitoneally to induce diabetes in albino rats. The diabetes induced animals were divided into four groups of four rats each. One group was kept as diabetic control which received distilled water; the second group was given glibenclamide, 5mg/kg orally, while the third and fourth groups received drug extract at 1g/kg and 3g/kg orally for a period of one week. Blood samples of all the four groups of rats were collected from the retro-orbital vein on the first, fourth and eighth day for blood glucose estimation. The animals were fasted for 16 hours prior to the collection of blood samples. There was no alteration in blood glucose level in Group I throughout the period of one week whereas glibenclamide significantly reduced the elevated blood glucose level after four days and eight days of treatment, while the drug extract brought down significantly elevated blood glucose at both the dose 1g/kg and 3g/kg after eight days of treatment only.

- (iii) Acute toxicity study in albino mice

It was conducted in albino mice of either sex weighing 20-25gms. The animals were divided into three groups of six each. Aqueous extract of the coded drug UNIM-220 was fed to these groups of animals at doses of 1g/kg, 3g/kg and 10g/kg. The animals were closely watched for the first six hours. No abnormality was observed in the general behaviour of the animals and no overnight mortality was recorded and hence it may be inferred that the drug is safe for short-term treatment.

- (iv) Sub-acute toxicity study in albino rats

The aqueous extract of the drug was evaluated for sub-acute toxicity in albino rats. The animals were divided into three groups. One group served as control, while the other two groups were given 1g/kg and 3g/kg of aqueous extract of UNIM-220 for a period of 28 days. The animals were watched carefully for any untoward sign and symptoms during the period of drug treatment. The blood samples were collected from retro-orbital vein on 29th day for liver function test, renal function test, lipid profile and haematological studies. Organ to body weight ratio and macroscopic examination of (liver, heart, spleen and kidney) were also recorded.

The results of these studies showed that four weeks of treatment with the drug extract did not produce any untoward signs and symptoms and there was no significant change in the liver function test, renal function test, lipid profile, haemoglobin percentage, TLC and ESR.

A significant increase in lymphocyte count and decrease in polymorphocyte count was observed. There was no significant change in the organ to body weight ratio and also no morphological abnormality in liver, heart, spleen and kidney was observed. It may be concluded from the above studies that drug is devoid of any toxic effect and is quite safe.

(v) **Effect on pentobarbitone sleeping time in albino mice**

Albino mice of either sex were divided into three groups of six each. One group was given distilled water orally which served as control group. The second and third groups were administered aqueous extract of UNIM-220 1g/kg and 3g/kg orally. One hour after drug treatment all the animals in the control group and drug treated groups were injected 25mg/kg intraperitoneally of sodium pentobarbitone. The time of onset of hypnosis was recorded as the time required for the loss of righting reflex. The waking time was taken as the point of time at which the sleeping animals laid on their backs righted themselves and began to move about. It was observed that the normal sleeping time was not modified significantly by the test drug and it can be inferred that the UNIM-220 extract is devoid of any Central Nervous System (CNS) depressant activity.

3.4.2 CLINICAL STUDIES

The clinical research programme of the Council deals with the methods of diagnosis and treatment of diseases and aims at critical appraisal for the theory of pathogenesis, symptomatology, clinical methods of diagnosis and prognosis, principles, lines and methods of treatment, and the drug and diet therapies peculiar to Unani Medicine. Under this programme, clinical and therapeutic studies are being conducted on common and chronic ailments, some of them having national priority, in order to find effective remedies for them. Effectiveness of certain special therapies of Unani Medicine is also being tested in some diseases besides, research on some fundamental aspects of the system.

This programme is being implemented at the following centres:

- Central Research Institute of Unani Medicine (CRIUM), Hyderabad
- Central Research Institute of Unani Medicine (CRIUM), Lucknow
- Regional Research Institute of Unani Medicine (RRIUM), Chennai
- Regional Research Institute of Unani Medicine (RRIUM), Bhadrak
- Regional Research Institute of Unani Medicine (RRIUM), Patna
- Regional Research Institute of Unani Medicine (RRIUM), Aligarh
- Regional Research Institute of Unani Medicine (RRIUM), Mumbai
- Regional Research Institute of Unani Medicine (RRIUM), Srinagar
- Regional Research Institute of Unani Medicine (RRIUM), Kolkata
- Regional Research Institute of Unani Medicine (RRIUM), New Delhi
- Regional Research Centre of Unani Medicine (RRCUM), Silchar
- Regional Research Centre of Unani Medicine (RRCUM), Allahabad
- Clinical Research Unit (CRU), Bengaluru
- Clinical Research Unit (CRU), Meerut
- Clinical Research Unit (CRU), Bhopal
- Clinical Research Unit (CRU), Burhanpur
- Clinical Research Unit (CRU), Edathala (Kerala)

CENTRE-WISE ONGOING CLINICAL STUDIES

Centre	Diseases
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis), Iltehab-e-Kabid (Infective hepatitis), Muzmin Zubeh-e-Sadariya Sabit (Chronic stable angina), Kasrat-e-Shahmuddam (Hyperlipidemia), Qarh-e-Meda-wa-Isna-e-Ashari (Duodenal ulcer) and Daus Sadaf (Psoriasis), Viral hepatitis and project on Theory of Akhlat
Central Research Institute of Unani Medicine (CRIUM), Lucknow	Waja-ul-Mafasil (Rheumatoid arthritis), Ziabetes Sukkari (Diabetes mellitus), Tahajjur-e-Mafasil (Osteo-arthritis), Takhalkhul-e-Izam (Osteoporosis), Warm-e-Lissa (Gingivitis), and Zahab-o-Mayil Asnan (Tooth hypersensitivity)
Regional Research Institute of Unani Medicine (RRIUM), Chennai	Ziabetes Sukkari (Diabetes mellitus), Daul Feel (Filariasis), Iltehab-e-Kabid (Infective hepatitis), Waja-ul-Mafasil (Rheumatoid arthritis), Tahajjur-e-Mafasil (Osteo-arthritis) and Tashahhum-e-Kabid (Fatty liver)
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	Daul Feel (Filariasis) and Jarb (Scabies)
Regional Research Institute of Unani Medicine (RRIUM), Patna	Daul Feel (Filariasis) and Humma-e-Aswad (Kala Azar)
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	Bars (Vitiligo), Ziabetes Sukkari (Diabetes mellitus) and Zaghtuddam Qawi (Essential Hypertension)
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	Zaghtuddam Qawi (Essential Hypertension) and Iltehab-e-Kabid (Infective hepatitis)
Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis) Waja-ul-Mafasil (Rheumatoid arthritis), Zeequn Nafas (Bronchial asthma), Takhalkhul-e-Izam (Osteoporosis), Tashahhum-e-Kabid (Fatty liver), Daus Sadaf (Psoriasis) and Experimental study on leech therapy
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	Zaheer-e-Muzmin (Bacillary dysentery)

Centre	Diseases
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis) Waja-ul-Mafasil (Rheumatoid arthritis), Tahajjur-e-Mafasil (Osteo-arthritis), Takhalkhul-e-Izam (Osteoporosis), Ziabetus Sukkari (Diabetes mellitus), Zaghtuddam Qawi (Essential Hypertension), Saman-e-Mufrit (Obesity) and Tashahhum-e-Kabid (Fatty liver)
Clinical Research Unit (CRU), Allahabad	Ziabetus Sukkari (Diabetes mellitus) and Iltehab-e-Shoabtur Riya (Bronchitis) and Validation trials of kit medicines
Clinical Research Unit (CRU), Bengaluru	Nar-e-Farsi (Eczema) and Daus Sadaf (Psoriasis)
Clinical Research Unit (CRU), Bhopal	Nar-e-Farsi (Eczema) and Daus Sadaf (Psoriasis).
Clinical Research Unit (CRU), Burhanpur	Validation trials of kit medicines
Clinical Research Unit (CRU), Meerut	Validation trials of kit medicines in different disease conditions
Clinical Research Unit (CRU), Edathala (Kerala)	Validation trials of kit medicines in different disease conditions
Regional Research Centre of Unani Medicine (RRCUM), Silchar (Assam)	Validation trials of kit medicines in different disease conditions

AMRAZ-E-JILD (SKIN DISORDERS)

BARS (VITILIGO)

Clinical and therapeutic studies on Bars (Vitiligo) continued at Central Research Institute of Unani Medicine (CRIUM), Hyderabad. Besides, a multicentric preliminary screening of six coded Unani drugs was also done at CRIUM, Hyderabad and Regional Research Institutes of Unani Medicine (RRIUM) at New Delhi, Aligarh and Srinagar. During the reporting period following studies were conducted.

Evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-001 and UNIM-003 (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of the coded drugs UNIM-001 and UNIM-003 was evaluated in 2046 patients of Bars (Vitiligo). The drug UNIM-001 was given in the dose of two tablets (500 mg) twice daily after an hour of meals. Besides, the paste of the drug

UNIM-003 (prepared by mixing one part of the powdered drug with five parts of water) was applied locally on the affected parts early in the morning and then exposed to sun rays for two to five minutes. The paste was washed off after 30 minutes of the local application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

Out of the 2046 patients registered, 580 completed the study. One hundred and forty-seven (25.3%) patients showed 71-90% repigmentation. In 339 (58.5%) patients repigmentation was 51-70%. Ninety-four (16.2%) patients showed less than 40% repigmentation. Nine hundred and thirty-nine patients were under study whereas 527 patients dropped out of the study.

The response of the treatment was better in the lower age group. No toxicity of the drug was seen. However, in some patients Nausea and vomiting were reported which were controlled either by adding pure ghee in the diet or discontinuing the drug for few days.

Evaluation of therapeutic efficacy of a combination of coded drugs UNIM-004 and UNIM-005 (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of the coded drugs UNIM-004 and UNIM-005 was evaluated in 3598 patients of Bars (Vitiligo). The drug UNIM-004 was given in the dose of 1.5 gm twice daily (morning & evening) preferably on empty stomach. Besides, the paste of the drug UNIM-005 (prepared by mixing one part of the powder drug with five parts of water) was applied locally on the affected parts early in the morning and then exposed to sun rays for two to five minutes. The paste was washed off after 30 minutes of the local application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

Out of the 3598 patients registered, 942 completed the study. One hundred and fifty-five (16.5%) patients showed 71-90% repigmentation. In six hundred seventy-three (71.4%) patients repigmentation was 51-70% whereas 114 (12.1%) patients showed less than 41% repigmentation. One thousand seven hundred and twenty-eight patients were under study whereas 928 patients dropped out of the study.

No toxicity of the drug was observed. However, itching and blister formation was reported in some patients after the local application of UNIM-005 but that was controlled by diluting the paste and adjustment of exposure to sun rays.

Evaluation of the therapeutic efficacy of Munzij and Mushil (MM) therapy (CRIUM, Hyderabad)

Therapeutic efficacy of Munzij and Mushil (MM) therapy was evaluated in 182 patients of Bars (Vitiligo) attending the IPD of the Institute. These patients were of chronic nature. The patients were first subjected to Munzij and Mushil therapy followed by treatment with the oral and local drugs. The Munzij drug UNIM-040 was given in the form of decoction (prepared by soaking 35 gm of the drugs in 120 ml of hot water in the night and boiled and sieved) early in the morning on empty stomach. The Munzij drug was given for four

to six weeks or till the maximum “Nuzj” appeared in the urine followed by use of the Mushil drug UNIM-041 and the Tabreed drug UNIM-042 once daily in the morning alternately for six days.

Out of the 182 patients registered, 164 completed the therapy. In 134 (81.7%) patients repigmentation started even during the Munzij and Mushil therapy. Thirty (18.3%) patients showed no response. Eleven patients were under study whereas seven patients dropped out of the study.

The average duration of the therapy was 35 days for appearance of maximum “Nuzj” in the urine particularly in chronic cases. After completion of the Munzij and Mushil therapy these patients were treated with the coded drugs UNIM-001+ UNIM-003 and UNIM-004+UNIM-005 in two separate groups. The therapy definitely activated the process of repigmentation.

Preliminary study on the development of SOPs for use of Munzij-e-Balgham (CRIUM, Hyderabad)

Preliminary study on the development of Standard Operating Procedures (SOPs) for use of Munzij-e-Balgham in patients of Bars (Vitiligo) was conducted on 83 patients in the IPD. The Munzij drug MUNB was given in the form of decoction (prepared by soaking 35 gm of the drug in 120 ml of hot water in the night, boiled and sieved) on empty stomach early in the morning. The drug was given till the maximum “Nuzj” appeared in the urine. After completion of Munzij therapy, Mushil and Tabrid drugs were given once early in the morning on alternate days for six days.

Out of the 83 patients registered, 66 completed the therapy. In 57 (86.3%) patients there was definite sign of repigmentation either in the form of island of pigments or perilesional pigmentation or both which indicates the correction in humoral derangements and overcoming previous treatments resistance. Nine (13.7%) patients showed no response. Twelve patients were under study whereas five patients were dropped out of the study. After the completion of the Muzij and Mushil therapy, the patients were treated with the drugs UNIM-001+ UNIM-003 and UNIM-004+UNIM-005. The study was in progress. However, maximum “Nuzj” appeared in the fifth week in majority of the patients.

Study on the oestrogen and progesterone levels in female patients and effect of the coded drugs UNIM-001+UNIM-003 and UNIM004+UNIM-005 on these levels (CRIUM, Hyderabad)

Preliminary study on the oestrogen and progesterone hormones levels in female patients of Bars (Vitiligo) was started during the reporting period. Forty-seven female patients in the age group of 15-45 years were included in the study. Their baseline oestrogen and progesterone levels were studied. Out of the 47 patients, 14 showed high oestrogen level whereas progesterone level was found above normal range in three patients only. Other patients were in the normal range for both the levels. These patients were divided into two treatment groups. In Group-I the coded drug UNIM-001 was given in the dose of two tablets twice daily along with local application of the drug UNIM-003 whereas in Group-II UNIM-004 and UNIM-005 were given as in Group-I. All the thirty-five patients in Group-I and twelve patients in Group-II were under study.

Preliminary screening of the coded drug UNIM-047(O)+UNIM-047(L) in progressive cases (CRIUM, Hyderabad)

Preliminary screening of the coded drugs UNIM-047(O) and UNIM-047(L) was conducted in 63 progressive cases of Bars (Vitiligo) with extensive depigmentation involving multiple parts of the body. The drug UNIM-047 was given in the dose of two capsules (500mg) each twice daily along with the local application of the cream UNIM-047(L) once a day and then expose to sun rays for two to five minutes early in the morning. Treatment was given for a period of three months initially which was extended till the maximum repigmentation was achieved.

Out of the 63 patients registered for study. Thirty four patients continued the study whereas 29 patients dropped out. The study was in progress. All the patients were under study.

Multicentric preliminary screening of the coded drugs UNIM-044(O)+ UNIM-044(L), UNIM-045(O)+UNIM-045(L) and UNIM-046(O)+UNIM-046(L) (CRIUM, Hyderabad and RRIUMs, New Delhi, Aligarh & Srinagar)

A multicentric preliminary screening of the coded drugs UNIM-044(O)+UNIM-044(L), UNIM-045(O)+UNIM-045(L) and UNIM-046(O)+UNIM-046(L) was conducted in three separate groups of patients of Bars (Vitiligo) on a total of 375 patients. The patients were matched for their age, temperament of the patients, chronicity of the disease, part of the body involved and type of the patches. The oral drugs UNIM-044(O), UNIM-045, and UNIM- 046 were given in the dose of two capsules (500 mg each) twice daily after meals along with the local application of the cream UNIM-044(L), UNIM-045(L), UNIM-046(L) once a day in the respective treatment groups followed by exposure to sun rays for two to five minutes early in the morning. The treatment was given initially for three months which was extended till the maximum repigmentation was achieved.

Out of the 112 patients registered in Group UNIM-044(O)+UNIM-044(L), 88 patients continued the treatment where as 24 patients dropped out. All the patients were in the initial stage of treatment and were under study.

Out of the 127 patients registered in Group UNIM-045(O)+UNIM-045(L) , 103 patients continued the treatment where as 24 patients dropped out. All the patients were in the initial stage of treatment and were under study.

Out of the 136 patients treated in Group UNIM-046(O)+UNIM-046(L), 111 patients were continued the treatment whereas 25 patients dropped out. All the patients were in the initial stage of treatment and were under study.

NAR-E-FARSI (ECZEMA)

Clinical and therapeutic studies on patients of Nar-e-Farsi (Eczema) continued at CRUs, Bhopal and Bengaluru. During the reporting period following studies were conducted.

Comparative trial of the coded drugs UNIM-401(O)+UNIM-402 and UNIM-401(O)+UNIM-403 (L) (CRU, Bhopal)

Therapeutic efficacy of a combination of the coded drugs UNIM-401(O)+UNIM-402(L) and UNIM-401(O)+UNIM-403 (L) was compared in 120 patients of Nar-e-Farsi (Eczema). Patients

were divided into two groups. In Group-I, oral drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17gm of the drug in 120 ml of water) on empty stomach early in the morning, along with the local application of the coded drug UNIM-402(L) in the form of oil on the affected parts at bed time. In Group-II, the coded drug UNIM-401(O) was given as in Group-I along with the local application of the coded drug UNIM-403 (L) as in Group-I. The treatment was given for a period of 90 days initially. This was extended till the maximum response was achieved. The average duration of treatment was six months.

Out of the 57 patients registered in Group-I, 34 completed the study. Of them twelve (35.3%) patients were completely relieved, 16 (47.0%) partially relieved whereas six (17.6%) patients showed no response. Eighteen patients were under study. Five patients dropped out of the study. There was significant therapeutic effect of the drugs in subsiding all the clinical signs and symptoms in completely relieved patients.

Out of the 63 patients registered in Group-II, 39 completed the study. Of them fourteen (35.9%) patients were completely relieved, 18 (46.1%) partially relieved whereas seven (17.9%) patients showed no response. Sixteen patients were under study. Eight patients dropped out of the study.

There was no recurrence in both the treatment groups. Both the combinations of the drugs showed significant therapeutic effects in subsiding the clinical signs and symptoms of the disease. The oral drug UNIM-401(O) proved to be an important blood purifier.

Evaluation of therapeutic efficacy of the coded drugs UNIM-401(O) and UNIM-403 (L) in chronic dermatitis (CRU, Bengaluru)

Therapeutic efficacy of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) was evaluated in 16 chronic dermatitis patients. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17 gm of the drug in 120ml of water) on empty stomach early in the morning along with local application of UNIM-403 (L) on the affected parts at bed time. The treatment was given for a period of three months. This was further extended up to six months.

Out of the 16 patients registered, 12 completed the study. Of them four (33.3%) patients were completely relieved and eight (66.7%) partially relieved. Four patients dropped out of the study.

DAUS SADAF (PSORIASIS)

Therapeutic studies on patients of Daus Sadaf (Psoriasis) continued at CRIUM, Hyderabad, RRIUM, Srinagar, CRUs, Bengaluru and Bhopal. During the reporting period following studies were conducted.

Preliminary screening of the coded drugs UNIM-401(O) and UNIM-403 (L) with and without Munzij and Mushil therapy (CRIUM, Hyderabad)

Preliminary screening of the coded drugs UNIM-401(O) and UNIM-403 (L) was evaluated in two groups of patients, one with Muzij and Mushil therapy along with use of oral and local drug and the other group only on oral and local drugs. This study was conducted on 69 patients of Daus Sadaf (Psoriasis). In the Munzij and Mushil therapy group the patients

were first subjected to Munzij and Mushil therapy. Munzij-e-Sauda was given for a period of three weeks or till the maximum “Nuzj” appeared followed by Mushil and Tabreed drugs once early in the morning on alternate days for six days. After completion of MM therapy the drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17gm of crude drug in 120 ml of hot water in the night and decanted in the morning) on empty stomach early in the morning. Besides, local application of ointment UNIM-403 (L) was also done on the affected parts at bed times. In Group-II the oral drug and drug for local application were given as in Group-I. The treatment was given for a period of three months which was extended till the maximum response was achieved. The average duration of treatment was observed to be six months.

In Group-I, out of the 30 patients registered, nine completed the study. Eight (88.9%) showed complete remission whereas one (11.1%) patient showed no response. Twelve patients were under study whereas nine patients dropped out of the study.

In Group-II, out of the 60 patients registered, 22 completed the study. Eight (36.3%) patients showed complete remission, eight (36.3%) showed partial remission whereas six (27.3%) patients showed poor response. Twenty-six patients were under study whereas 12 patients dropped out of the study.

Comparative study of coded drugs UNIM-401(O)+UNIM-403 (L), Munzij and Mushil therapy + UNIM-401(O)+UNIM-403 (L) and UNIM-401(O)+UNIM-403 (L)+777(Oil) (RRIUM, Srinagar)

Therapeutic efficacy of coded drugs UNIM-401(O)+UNIM-403 (L), Munzij and Mushil therapy + UNIM-401(O)+UNIM-403 (L) and UNIM-401(O)+UNIM-403 (L) +777(Oil) was compared in 65 patients of Daus Sadaf (Psoriasis) in three separate groups. In Group-I the patients were first subjected to Munzij and Mushil therapy followed by use of oral and local drugs whereas in Group-II patients were given oral drug alongwith the local application of the oil UNIM-403 (L). In Group-III, patients were given oral drug UNIM- 401(O) alongwith local application of the oil UNIM-403 (L) and 777 (Oil). The Munzij drugs were given for a period of four weeks or till the maximum “Nuzj” appeared in the urine followed by Mushil and Tabreed drugs once daily early in the morning on alternate days for six days. After completion of Munzij and Mushil therapy oral drugs UNIM-401(O) was given in the dose of two capsules twice daily alongwith the local application of the oil UNIM-403 (L) at bed times. Whereas in Group-II oral and local drugs were given as in Group-I. In Group-III, the patients were given UNIM-401(O) in the same dose as in Group-II alongwith the local application of the oil UNIM-403 (L) and 777 (Oil) mixed in equal proportion for application at bed times. In each group treatment was given for a period of 90 days excluding the Munzij and Mushil therapy period.

Out of the 24 patients registered in Group-I, 12 completed the study. Five (41.7%) patients were completely relieved and seven (58.3%) partially relieved. Twelve patients dropped out of the study. In Group-II out of 26 patients registered, seven completed the study. Two (28.6%) were completely relieved, three (42.8%) partially relieved whereas two (28.6%) patients showed no response. Nineteen patients dropped out of the study. In Group-III, out of 15 patients registered, four completed the study. Two (50.0%) patients were completely relieved whereas two patients were partially relieved. Eleven patients dropped out of the study.

Preliminary screening of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) and 777(oil) plaque psoriasis patients (CRU, Bengaluru)

Preliminary screening of combination of coded drugs UNIM-401(O)+UNIM-403 (L)+777(oil) was done in 26 patients of plaque psoriasis. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17gm of drug in 120 ml of water kept over night) on empty stomach early in the morning. Besides, the ointment UNIM-403 (L) mixed with 777 (oil) was applied locally on the affected parts at bed time. The treatment was given for a period of six months.

Out of the 26 patients registered, 10 completed the study. Two (20%) patients were completely relieved, six (60%) partially relieved whereas two (20%) patients showed no response. Sixteen patients were under study.

Comparative trial of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) with 777 oil (Oral+local) (CRU, Bhopal)

Therapeutic efficacy of the coded drugs UNIM-401(O) and UNIM-403 (L) and 777 Oil was compared in 63 patients. Patients were divided into two groups. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17gm of the crude drug in 120 ml of hot water in the night and decanted in the morning) on empty stomach early in the morning. Besides local application of the ointment UNIM-403 (L) was done on the affected parts at bed times. In Group-II, 777 Oil was given orally as well as applied locally on the affected parts. In each group the treatment was given for a period of three months initially which was extended upto six months.

Out of the 29 patients registered in Group-I, 14 completed the study. Six (42.8%) patients were completely relieved, three (21.4%) partially relieved whereas five (35.7%) patients showed no response. Ten patients were under study. Five patients dropped out of the study.

In Group-II, out of the 34 patients registered, 13 completed the study. Six (46.1%) patients were completely relieved, four (30.7%) partially relieved whereas three (23.1%) patients showed no response. Fifteen patients were under study. Six patients dropped out of the study. No recurrence was observed in the completely relieved patients in both the groups.

No drug intolerance/toxicity was noted.

JARB (SCABIES)

Comparative study of coded drug UNIM-401(O)+ UNIM-403 (L) with Gama Benzine Hexachloride (RRIUM, Bhadrak)

Comparative study of coded drug UNIM-401(O)+ UNIM-403 (L) with Gama Benzine Hexachloride was conducted in 44 patients of Jarb (Scabies) in two separate groups. In Group-I, the patients were given the drug UNIM-401(O) in the dose of one capsule twice daily alongwith the local application of drug UNIM-403 (L) at bed times for 10 consecutive days. Whereas in Group-II, the drug Gama Benzine Hexachloride was applied daily for seven days. The patients were advised to take cleansing bath daily with soap and warm water.

Out of the 27 patients registered in Group-I, 18 completed the study. Eleven (61.1%) patients were completely relieved, two (11.1%) partially relieved whereas five (27.8%) patients showed no response. Two patients were under study. Five patients dropped out of the study.

In Group-II, out of 17 patients registered, nine completed the study. Seven (77.8%) patients were completely relieved, one (11.1%) partially relieved whereas one (11.1%) patient showed no response. Four patients were under study. Four patients dropped out of the study.

AMRAZ-E-TARSEELI (COMMUNICABLE DISEASES)

Clinical and therapeutic studies on the patients of Amraz-e-Tarseeli (Communicable diseases) including Daul-Feel (Filariasis), Iltehab-e-kabid (Infective hepatitis) and Kala Azar continued at RRIUMs, Chennai, New Delhi, Bhadrak, Mumbai and Patna. During the reporting period, following studies were conducted.

DAUL FEEL (FILARIASIS)

Comparative trial of two combinations of the coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 (RRIUM, Chennai)

Therapeutic efficacy of two combination of the coded drugs UNIM-268+UNIM-270+UNIM-271 and UNIM-269+UNIM-270+UNIM-271 was compared in 22 patients of acute lymphatic filariasis. The patients were divided into two groups.

In Group-I, the drug UNIM-268 was given orally in the dose of two tablets (500mg each) twice daily after meals along with the 'Nutool' (wet fomentation) of UNIM-271 at bed time. Besides local application of the paste prepared by mixing 20gm of the powdered drug UNIM-270 with 20 ml of drug UNIM-272 was also done on the affected parts at bed time.

In Group-II, the oral drug UNIM-269 was given as in Group-I along with the local application of UNIM-270 and UNIM-272 and 'Nutool' (wet fomentation) of UNIM-271 was given in Group-I. The treatment was given for a period of 30 days in the IPD. Thereafter the patients were treated for a period of another 30 days in the OPD.

Out of the 12 patients registered in Group-I, seven completed the study. Three (42.8%) patients were completely relieved, three (42.8%) partially relieved whereas one (14.3%) patient showed no response. Three patients were under study. Two patients dropped out of the study.

In Group-II, out of the 10 patients registered, six completed the study. Two (33.3%) patients were completely relieved, two (33.3%) partially relieved whereas two (33.3%) patients showed no response. One patient was under study. Two patients dropped out of the study.

No drug intolerance/toxicity was noted.

Comparative trial of two combinations of the coded drugs UNIM-268+ UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 with and without Munzij and Mushil (MM) therapy (RRIUM, Bhadrak)

Therapeutic efficacy of two combinations of the coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 with and without Munzij

& Mushil therapy was compared in 124 patients of acute lymphatic filariasis in four groups.

In Group-I, the patients were given the drug UNIM-268 in the dose of two tablets (500 mg each) twice daily along with 'Nutool' (Hot wet fomentation) of the drug UNIM-271 followed by local application of the paste of the drug UNIM-270 and UNIM-272 (prepared by mixing 20 gm of powdered drug UNIM-270 with 20 ml UNIM-272) on the affected parts at bed times. In Group-II, patients were given the drug UNIM-269 in the dose of two tablets (500 mg each) twice daily along with the local application of the drugs UNIM-270 and UNIM-272, and Nutool (wet fomentation) of the drug UNIM-271 as in Group-I. In Group-III patients were first subjected to Munzij and Mushil therapy followed by the treatment with the combinations of the drugs as in Group-I whereas in Group-IV, the patients were first subjected to Munzij and Mushil therapy followed by the treatment given in Group-II. Munzij-e-Balgham was given for a period of four to six weeks or till the maximum "Nuzj" appeared in the urine followed by Mushil and Tabreed drugs once daily early in the morning alternately for six days. After completion of Muzij and Mushil therapy the patients were treated with the oral and local drugs as in Group-I and Group-II. In each group, the treatment was given 90 days excluding Munzij and Mushil therapy period.

In Group-I, out of the 17 patients registered, four completed the study. All the four patients showed complete remission. Eight patients were under study whereas five patients dropped out of the study.

In Group-II, out of the 45 patients registered, 14 completed the study. Seven (50.0%) patients showed complete remission, five (35.7%) showed partial remission whereas two (14.3%) patients showed no response. Fifteen patients were under study. Sixteen patients dropped out of the study.

In Group-III, out of the 18 patients registered, five completed the study. Three (60.0%) patients showed complete remission, one (20.0%) patient showed partial remission whereas one patient (20.0%) showed no response. Eight patients were under study. Five patients dropped out of the study.

In Group-IV, out of the 44 patients registered, 18 patients completed the study. Ten (55.5%) patients showed complete remission, four (22.2%) partial remission whereas four (22.2%) patients showed no response. Fourteen patients were under study whereas 12 patients dropped out of the study.

Evaluation of Therapeutic Efficacy of the Coded Drugs UNIM-269+UNIM-270+UNIM-271+UNIM-272 (RRIUM, Patna)

Therapeutic efficacy of a combination of coded drugs *UNIM-269+UNIM-270+UNIM-271+UNIM-272* was evaluated in 38 *patients of acute lymphatic filariasis* patients. The drug UNIM-269 was given in the dose of two tablets (500 mg each) twice daily along with Nutool (wet fomentation) of the drug UNIM-271 and local application of the drugs UNIM-270 and UNIM-272 by mixing 20 gm of UNIM-270 and 20 ml UNIM-272 on the affected parts at bed times. The treatment was given for a period of 90 days.

Out of the 38 patients registered, 14 completed the study. Twelve (85.7%) patients were completely relieved and two (14.3%) partially relieved. Twelve patients were under study whereas 12 patients dropped out of the study. There was significant improvement in the

clinical signs and symptoms. Swelling significantly reduced in acute cases. There was no recurrence of the periodical fever in the completely relieved patients. No drug intolerance was reported.

HUMMA-E-ASWAD (KALA AZAR / LEISHMANIASIS)

Preliminary screening of a combination of the coded drugs UNIM-180+UNIM-181+UNIM-182+UNIM-183 (RRIUM, Patna)

Preliminary screening of a combination of coded drugs UNIM-180+UNIM-181+UNIM-182+UNIM-183 was done in three patients in the acute stage of the disease. The drug UNIM-180 was given in the dose of two tablets (500 mg each) twice daily along with 10 ml syrup of UNIM-181 twice daily. Besides, one capsule (125 mg each) of UNIM-182 and one capsule (500 mg each) of UNIM-183 was also given. The treatment was given for a period of 90 days.

Out of the three patients registered, two completed the study. Both the patients showed partial remission. One patient was under study.

ILTEHAB-E-KABID (INFECTIVE HEPATITIS)

Therapeutic studies continued on patients of Iltehab-e-Kabid (Infective hepatitis) at RRIUM, Chennai, and RRIUM, New Delhi. Following studies were conducted during the reporting period.

Preliminary screening of the coded drug UNIM-104 in asymptomatic Hepatitis-B carriers, acute Hepatitis-B and Hepatitis-C patients (RRIUM, Chennai)

Preliminary screening of the coded drug UNIM-104 was done in four patients each of asymptomatic Hepatitis-B carriers, acute Hepatitis 'B' and Hepatitis 'C'. The drug UNIM-104 was given in the dose of 5 gm twice a day for 180 days.

All the four asymptomatic Hepatitis 'B' carrier were in the initial stage of the treatment and were under study.

Out the four acute Hepatitis 'B' patients, two completed the study and showed significant response in subsiding all the clinical signs and symptoms and normalizing the liver function test. Two patients were under study. Out of the four Hepatitis 'C' patients, two completed the study and showed significant response. Two patients were under study. Long term follow up of these patients is continued.

STUDY COMPLETED

Study on Iltehab-e-Kabid (Infective hepatitis) (RRIUM, Chennai)

The Regional Research Institute of Unani Medicine, Chennai screened eight new formulations based on the references available in the Unani classics and conducted clinical studies on a large number of patients of Iltehab-e-Kabid (Infective hepatitis). These studies conducted on 1866 patients were consolidated during the reporting period and compiled in the form of monograph for publication.

Preliminary screening of the coded drugs UNIM-107 and UNIM-117 in Infective hepatitis patients (RRIUM, New Delhi)

Preliminary screening of the coded drug UNIM-107 and UNIM-117 was done in 19 patients of Iltehab-e-Kabid (Infective hepatitis). The drugs UNIM-107 and UNIM-117 were given in the dose of 10 ml in syrup form for a period of three weeks. Out of the 19 patients registered, three completed the study and were completely relieved. Twelve patients were under study. Four patients dropped out of the study.

Preliminary screening of the coded drug UNIM-115 (RRIUM, Mumbai)

Preliminary screening of the coded drug UNIM-115 was conducted in asymptomatic hepatitis-B carriers. The drug UNIM-115 was given in the dose of two tablets (500 mg each) twice daily for a period of 180 days. All the four patients registered were in the initial stage of the study.

AMARZ-E-MAFASIL (MUSCULO-SKELETAL DISORDERS)

Therapeutic studies continued on patients of Amraz-e-Mafasil (Musculo-Skeletal Disorder) at CRIUM, Lucknow, RRIUM, Chennai, RRIUM, Srinagar and RRIUM, New Delhi. Following studies were conducted during the reporting period.

Evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 with MM therapy (CRIUM, Lucknow)

Therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 was evaluated with the Munzij and Mushil therapy in 27 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The patients were first subjected to the Munzij and Mushil therapy followed by treatment with the oral and local drugs. Munzij-e-Balgham was given to the patients. The Munzij drug was given for a period of four to six weeks or till the maximum "Nuzj" appeared in the urine followed by Mushil and Tabrid drugs once early in the morning alternately for six days. After completion of Munzij and Mushil therapy oral drug UNIM-318 was given in the dose of two capsules thrice daily along with the local application of oil UNIM-319 at bed times. Patients were also advised to have prescribed diet. The treatment was given for a period of 90 days after completion of Munzij and Mushil therapy.

Out of the 27 patients registered, 10 completed the study. Five patients were partially relieved and five showed no response. Seventeen patients were under study. The study was in progress.

Evaluation of the therapeutic efficacy of the coded drugs UNIM-318+UNIM-319 (CRIUM, Lucknow)

Therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 was evaluated in 38 patients of Tahajjur-e-Mafasil (Osteo-arthritis). The drug UNIM-318 was given in the dose of two capsules thrice daily along with local application of UNIM-319 at bed times. The treatment was given for a period of 90 days. Out of the 38 patients registered, 31 patients were under study whereas seven patients dropped out of the study. All the patients were in the initial stage of the treatment. The study was in progress.

Preliminary screening of a combination of the coded drugs UNIM-312 + UNIM-304 (RRIUM, Chennai)

Preliminary screening of a combination of the coded drugs UNIM-312 + UNIM-304 was done in 49 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The coded drug UNIM-312 was given in the dose of two tablets (500 mg each) twice daily along with the local application of the oil UNIM-304 on the affected parts at bed time. The treatment was given for a period of 90 days.

Out of the 49 patients registered, 36 completed the study. Twenty-two (61.1%) patients were completely relieved, 12 (33.3%) partially relieved whereas two (5.5%) patients showed no response. Thirteen patients dropped out of the study.

Preliminary screening of a combination of the coded drugs UNIM-301 + UNIM-305 (RRIUM, Chennai)

Preliminary screening of a combination of the coded drugs UNIM-301 + UNIM-305 was done in 18 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The oral drug UNIM-301 was given in the dose of two tablets (500 mg each) twice daily along with 'Nutool' (Hot wet fomentation) of UNIM-305 at bed times. The treatment was given for a period of 90 days.

Out of the 18 patients registered, 11 completed the study. Four (36.3%) patients were completely relieved, six (54.5%) partially relieved whereas one (9.1%) patient showed no response. Seven patients dropped out of the study.

Evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-318+ UNIM-319 (RRIUM, Srinagar)

Therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 was evaluated in 24 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The drug UNIM-318 was given in the dose of two capsules (500 mg each) thrice daily along with local application of UNIM-319 at bed times. The treatment was given for a period of 90 days.

Out of the 24 patients registered, 20 completed the study. Eight (40.0%) patients were completely relieved, eight (40.0%) partially relieved whereas four (20.0%) patients showed no response. Four patients dropped out of the study.

Evaluation of the therapeutic efficacy of the coded drugs UNIM-318 and UNIM-319 (RRIUM, Srinagar)

Therapeutic efficacy of a combination of the coded drugs UNIM-318 and UNIM-319 was evaluated in 24 patients of Tahajjur-e-Mafasil (Osteo-arthritis). The drug UNIM-318 was given in the dose of two capsules (500 mg each) thrice daily along with local application of UNIM-319 at bed times. The treatment was given for a period of 90 days. Out of the 24 patients registered, 23 completed the study. Ten (43.5%) patients were completely relieved, 10 (43.5%) partially relieved whereas three (13.0%) patients showed no response. One patient dropped out of the study.

Evaluation of therapeutic efficacy of the coded drugs UNIM-301+ UNIM-302+UNIM-304 with and without the Munzij and Mushil therapy (RRIUM, New Delhi)

Therapeutic efficacy of a combination of the coded drugs UNIM-301+ UNIM-302+UNIM-304 with and without the Munzij and Mushil therapy was evaluated in 166 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The patients were divided into two groups. In Group-I, the patients were first subjected to the Munzij and Mushil therapy followed by treatment with the oral drugs UNIM-301 and local application of the oil UNIM-304. In Group-II, the patients were treated with the oral and local drugs only.

In Group-I, the Munzij drug UNIM-308 was given in the dose of 150 ml in decoction form on empty stomach early in the morning daily for a period of two to three weeks or till the maximum "Nuzj" appeared in the urine followed by the Mushil drug UNIM- 309 in the dose of 150 ml once and Tabreed drug UNIM-310 in the dose of 5 gm once daily early in the morning alternately for six days. After completion of the Munzij and Mushil therapy the oral drug UNIM-301 was given in the dose of two tablets (500 mg each) twice daily. Besides, hot wet fomentation of the drug UNIM-302 and local application of the oil UNIM-304 was also done on the affected parts. The treatment was given for a period of three months initially which was extended upto six months.

In Group-I, out of the 74 patients registered, 37 completed the study. Nine (21.3%) patients were completely relieved, 26 (70.3%) partially relieved whereas two (5.4%) patients showed no response. Twenty-four patients were under study whereas 13 patients dropped out of the study.

In Group-II, out of the 92 patients registered, 30 completed the study. Seven (23.3%) patients were completely relieved, 18 (60.0%) partially relieved whereas five (16.6%) patients showed no response. Forty-three patients were under study. Nineteen patients dropped out of the study.

Multicentric preliminary screening of UNIM-320(O) (CRIUM, Lucknow, RRIUMs, Srinagar and New Delhi)

Multicentric preliminary screening of coded drug UNIM-UNIM-320(O) in patients of Takhalkhul-e-Izam (Osteoporosis) was done in 18 patients at CRIUM, Lucknow, Srinagar and New Delhi. The drug UNIM-320(O) in the form of capsule (500 mg each) was given twice daily for a period of 90 days. The treatment was extended upto 180 days. Out of 18 patients registered, 14 patients continued the treatment and are in the initial stage of treatment. Four patients dropped out of the study.

WARM-E-LISSA (GINGIVITIS)

Preliminary screening of the coded Unani dental powders UNIM-851, UNIM-852 and UNIM-853 (CRIUM, Lucknow)

Therapeutic efficacy of the coded Unani dental powders UNIM-851, UNIM-852 and UNIM-853 was evaluated in 58 patients of Warm-e-Lissa (Gingivitis) in three separate groups. In Group-I, patients were advised to apply the drug UNIM-851 on teeth and gums in the morning and at bed time, whereas in Group-II and Group-III UNIM-852 and UNIM-853 was

applied respectively as in Group-I. The patients were advised to use these powders for 30 days.

Out of the 13 patients registered in Group-I, 10 completed the study. Eight (80.0%) patients were partially relieved whereas two (20.0%) patients showed no response. Three patients dropped out of the study.

In Group-II, out of the 17 patients registered, 11 completed the study. Ten (90.9%) patients showed partial remission whereas one (9.1%) patient showed no response. Six patients dropped out of the study.

In Group-III, out of the 28 patients registered, 20 completed the study. Eight (40.0%) patients were relieved, 11 (55.0%) patients partially relieved whereas one patient showed no response. Eight patients dropped out of the study.

ZAHAB-O-MAYIL ASNAN (TOOTH HYPERSENSITIVITY)

Preliminary screening of the coded drug UNIM-856 (CRIUM, Lucknow)

Therapeutic efficacy of the coded Unani dental powder UNIM-856 was evaluated in 39 patients of *Zahab-o-Mayil Asnan (Tooth Hypersensitivity)*. The coded drug UNIM-856 was given for local application as tooth powder for a period of one month. Out of the 39 patients registered, 23 completed the study. Five (21.7%) showed complete remission, 15 (65.2%) partial remission whereas three (13.0%) patients showed no response. Four patients were under study. Twelve patients dropped out of the study

MARZ-E-ANF (DISEASE OF SINUS)

ILTEHAB-E-TAJAWEEF-E-ANF (SINUSITIS)

Clinical studies on patients of Iltehab-e-Tajaweef-e-Anf (Sinusitis) continued at CRIUM, Hyderabad, RRIUMs, New Delhi and Srinagar. Following study was conducted during the reporting period.

Evaluation of the therapeutic efficacy of Munzij and Mushil therapy (CRIUM, Hyderabad)

Therapeutic efficacy of Munzij and Mushil therapy in patients of Iltehab-e-Tajaweef-e-Anf (Sinusitis) was compared in two groups of patients. The first group was kept on oral medication and the other on Munzij and Mushil therapy followed by oral medication. Radiologically confirmed patients of Sinusitis were included in the study. These patients were divided into two groups.

In Group-I, the coded drug UNIM-054(O) was given in the dose of two capsules (500 gm each) twice daily along with steam inhalation of UNIM-055(V) at bed times for a period of two months. The patients were also advised to follow the prescribed diet.

In Group-II, the patients were first subjected to Munzij and Mushil therapy for four to five weeks or till maximum "Nuzj" appeared in the urine followed by treatment with oral drug UNIM-054(O) and UNIM-055(V) as in Group-I for a period of two months. The patients were also advised to follow prescribed diet as in Group-I.

Out of 66 patients registered in Group-I, 27 completed the study. Ten (37.0%) were completely cured, three (11.1%) relieved and nine (33.3%) partially relieved whereas five (18.5%) patients showed no response. Fifteen patients were under study whereas 24 patients dropped out of the study. There was significant improvement in the clinical signs and symptoms with the use of the coded drug UNIM-054(O) and UNIM-055(V). In Group-II, two patients were registered who dropped out of the study.

Evaluation of the therapeutic efficacy of the coded drug UNIM-054(O) and UNIM-055(V) – a comparative study (RRIUM, Srinagar)

Efficacy of coded drugs UNIM-054(O) + UNIM-055 (V) was compared in two groups of patients- one on only oral medication and the other on oral medication along with Munzij and Mushil therapy. In Group-I the patients were given oral drug UNIM-054(O) in the dose of two capsules (500 mg each) twice daily along with steam inhalation of UNIM-055 (V) at bed times. Whereas in Group-II the patients were first subjected to Munzij and Mushil therapy. Munzij drug was given for a period of four weeks or till the maximum Nuzj appeared in the urine followed by Mushil and Tabreed drugs once daily early in the morning alternately for six days. After completion of the Munzij and Mushil therapy oral drug and drug for inhalation were given as in Group-I. In each group treatment was given for a period of 60 days excluding the Munzij and Mushil therapy.

Out of 10 patients registered in Group-I, six (60.0%) were completely relieved, three (30.0%) partially relieved whereas one (10.0) patient showed no response. In Group-II out of three patients registered, two were completely relieved and one partially relieved.

Preliminary screening of coded drug UNIM-054(O) + UNIM-055(V) (RRIUM, New Delhi)

Preliminary screening of coded drug UNIM-054(O) + UNIM-055 (V) was conducted in 34 patients of Iltehab-e-Tajaweef-e-Anf (Sinusitis). The drug UNIM-054(O) was given in the dose of two capsules (500 mg each) twice daily after meals along with steam inhalation of UNIM-055(V) twice daily. Treatment was given for a period of two months.

Out of 34 patients registered only four completed the study and were relieved. Eighteen patients were under study whereas 12 patients dropped out of the study.

ZIABETUS SUKKARI (DIABETES MELLITUS)

Clinical studies on patients of Ziabetus Sukkari (Diabetes mellitus) continued at CRIUM, Lucknow, RRIUM, Chennai, RRIUM, Aligarh, RRIUM, New Delhi and RRC, Allahabad. Following studies were conducted during the reporting period.

Preliminary screening of the coded drug UNIM-220(G) (CRIUM, Lucknow)

Preliminary screening of coded drug UNIM-220(G) was done in patients of non-insulin dependent Diabetes mellitus patients. The drug UNIM-220(G) was given in the dose of 5gm twice daily for a period of 180 days. Out of the 21 patients registered, 14 continued the treatment. Seven patients dropped out of the study. All the patients were under study. There was significant improvement in clinical signs and symptoms of the disease. The study was in progress.

Comparative trial of the coded drugs UNIM-210 and UNIM-211 (RRIUM, Chennai)

Comparative trial of the coded drugs UNIM-210 and UNIM-211 was conducted on 18 patients of Ziabetes Sukkari (non-insulin dependent Diabetes mellitus). The patients were divided into two groups.

In Group-I, UNIM-210 was given in the dose of two tablets (500 mg each) twice daily orally before meals whereas in Group-II, UNIM-211 was given in the same dose as in Group-I. In each group the treatment was given for a period of 180 days.

Out of the 10 patients registered in Group-I, seven completed the treatment. Two (28.60%) patients showed complete control in the blood sugar level, three (42.8%) partial control in the blood sugar level whereas two (28.6%) patients showed no response. Three patients dropped out of the study.

In Group-II, out of the eight patients registered, seven completed the study. Two (28.6%) patients showed complete control in the blood sugar level, three (42.8%) showed partial control in the blood sugar level whereas two (28.6%) patients showed no response. One patient dropped out of the study.

Preliminary screening of the coded drugs UNIM-220 (G) as adjuvant therapy in Ziabetes Sukkari (Non-insulin dependent Diabetes mellitus) patients (RRIUM, Aligarh)

Preliminary screening of the coded drug UNIM-220(G) was done in two groups of non-insulin dependent Diabetes mellitus patients. In Group-I the patients were given the drug UNIM-220(G) whereas in Group-II, the drug UNIM-220(G) was given along with the standard allopathic anti-diabetic drug. In each group the drug UNIM-220(G) was given in the dose of 5 gm twice daily for a period of 180 days. The patients were advised to follow the strict diet schedule along with morning walk and mild exercise.

In Group-I, out of the 15 patients registered, five completed the study. In three (60%) patients blood sugar levels was completely controlled whereas in two (40%) patients there was no control in the blood sugar level. Eight patients were under study whereas two patients dropped out of the study.

In Group-II, out of the 28 patients registered, nine completed the study. In two (22.2%) patients blood sugar level was completely controlled, five (55.5%) showed partial control and two (22.2%) patients showed no response. Nineteen patients were under study.

Comparative trial of the coded drugs UNIM-210 and UNIM-211 (RRIUM, New Delhi)

Comparative trial of the coded drugs UNIM-210 and UNIM-211 was conducted on 62 patients of Ziabetes Sukkari (Diabetes mellitus). The patients were divided into two groups. In Group-I, the drug UNIM-210 was given in the dose of two tablets (500 mg each) thrice daily whereas in Group-II, the drug UNIM-211 was given as in Group-I. In each group the treatment was given for a period of 180 days. The patients were advised to follow the strict diet schedule along with morning walk and mild exercise.

Out of the 62 patients registered, 12 (19.3%) showed complete control in the blood sugar level, 32 (51.6%) partial control whereas 18 (29.1%) patients showed no response. In the responding cases, different symptoms of the disease were completely subsided. Moreover,

blood sugar also attained the normal level in the complete controlled cases.

Preliminary screening of the coded drug UNIM-220G as adjuvant therapy to modern anti diabetic drug (RRCUM, Allahabad)

Preliminary screening of the coded drug UNIM-220G as adjuvant therapy to modern anti-diabetic drug tablet Glycomat was done in 107 patients of *Ziabetus Sukkari (Non-insulin Diabetes mellitus)*. In two separate groups. In Group-I, the drug UNIM-220G was given whereas in Group-II, tablet Glycomat was given (500 mg) along with UNIM-220G. Both the groups were comparable in their characteristics. Restricted diet schedule and exercise were prescribed in both the groups. The drug UNIM-220G was given in the dose of 5 gm whereas tablet Glycomat was given as per standard dose schedule. Treatment was given for a period of 180 days in both the groups.

Out of the 107 patients registered, 41 completed the study. In Group-I, out of the 19 patients registered 13 (68.4%) responded to the treatment whereas six (31.6%) patients showed no response. In Group-II, out of the 22 patients registered, 18 (81.8%) responded to the treatment whereas four (18.2%) showed no response. In Group- II the response was better compared to Group-I. In the responding cases all the signs and symptoms subsided and blood sugar levels normalized. Eleven patients in each group were under study, whereas 44 patients dropped out of the study in both the groups.

SAMAN-E-MUFRIT (OBESITY)

Clinical studies on Saman-e-Mufrit (Obesity) were continued at RRIUM, New Delhi and CRIUM, Lucknow. During the reporting period following studies were conducted.

Preliminary screening of the coded drugs UNIM-1201 and UNIM-1201+ UNIM-1202 (RRIUM, New Delhi)

Preliminary screening of the coded drugs UNIM-1201 and UNIM-1201+ UNIM-1202 was conducted in 61 patients of Saman-e-Mufrit (Obesity) cases in two separate groups. In Group-I, the drug UNIM-1201 was given in the dose of one capsule (500 mg) twice daily whereas in Group-II, the drug UNIM-1201 was given as in Group-I along with decoction of the drug UNIM-1202 (prepared by soaking 10 gm of the powdered drug in 150 ml of water) on empty stomach early in the morning. The treatment was given for a period of 180 days in both the groups.

Out of the 31 cases registered in Group-I, nine completed the study. In all these patients there was significant reduction in the body weight. Eleven cases were under study whereas 11 cases dropped out of the study.

Out of the 30 cases registered in Group-II, 10 completed the study. All the 10 cases showed significant reduction in body weight. Twelve cases were under study whereas eight cases dropped out of the study.

Development of SOPs for Munzij and Mushil therapy (CRIUM, Lucknow)

Study conducted on developing Standard Operating Procedures (SOPs) for Munzij and Mushil therapy in 10 patients of Saman-e-Mufrit (Obesity). Munzij-e-Balgham was given in

these patients. Munzij drugs were given till the maximum “Nuzj” appeared in the urine followed by Mushil and Tabreed drugs once daily alternately for six days. The average duration for appearance of the “Nuzj” comes out to be four weeks. After completion of the Munzij and Mushil therapy the patients were treated with the coded drug UNIM-1201 and UNIM-1202. UNIM-1201 was given in the dose of two capsules (500 mg each) thrice daily alongwith UNIM-1202 in the form of decoction prepared from 30 gm of the drug in 200 ml of water. The decoction was given on empty stomach. Treatment was given for a period of six months. There was significant reduction in the body weight even during the Munzij and Mushil therapy. All the patients are under study.

Evaluation of the beneficial effect of Munzij and Mushil therapy (CRIUM, Lucknow)

A preliminary study to evaluate the beneficial effect of Munzij and Mushil therapy in Saman-e-Mufrit (Obesity) was evaluated in 10 cases. These cases were first subjected to Munzij and Mushil therapy. Munzij-e-Balgham was given for a period of four to six weeks or till the “Nuzj” appeared in the urine followed by Mushil and Tabreed drugs alternately for three days. There was significant reduction in body weight after the Munzij and Mushil therapy. The study was in progress.

AMRAZ-E-QALB (CARDIAC DISORDERS)

Clinical studies on Kasrat-e-Shahmuddam (Hyperlipidemia) continued at CRIUM, Hyderabad and RRIUM, New Delhi. Studies on Muzmin Zube-e-Sadaria Sabit (Chronic Stable Angina) continued at CRIUM, Hyderabad and those on Zaghtuddam Qawi (Essential Hypertension) continued at RRIUM, New Delhi. During the reporting period following studies were conducted.

KASRAT-E-SHAHMUDDAM (HYPERLIPIDEMIA)

Preliminary multicentric study of the coded drug UNIM-763 (CRIUM, Hyderabad and RRIUM, New Delhi)

Multicentric preliminary screening of coded drug UNIM-763 was conducted in 43 patients of Kasrat-e-Shahmuddam (Hyperlipidemia) at CRIUM, Hyderabad and RRIUM, New Delhi. The drug UNIM-763 was given in the dose of four capsules (500 mg each) twice daily after meals for a period of 90 days.

Out of the 43 patients registered, 17 completed the study. Eight (47.0%) patients showed significant reduction the serum cholesterol, LDL and serum triglyceride levels whereas in seven (41.2%) showed partial reduction. One (5.8%) patient showed no response. Twenty-six patients were under study. One patient dropped out of the study.

MUZMIN ZUBEH-E-SADARIA SABIT (CHRONIC STABLE ANGINA)

Evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-754, UNIM-755, UNIM-756 and UNIM-757 (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of the coded drugs UNIM-754, UNIM-755, UNIM-756 and UNIM-757 was evaluated in nine patients of Muzmin Zube-E-Sadaria Sabit (Chronic

Stable Angina). The coded drug UNIM-754 was given in the dose of two tablets (500 mg each) twice daily along with 100 ml decoction of UNIM-755 early in the morning on empty stomach. Besides, three gm UNIM-756 was given twice daily after meal along with one capsule (500 mg) of UNIM-757 twice daily. The treatment was given for a period of 90 days.

Out of the nine patients registered, six patients were under study whereas three patients dropped out of the study. The study was in progress.

ZAGHTUDDAM QAWI (ESSENTIAL HYPERTENSION)

Therapeutic studies on Zaghtuddam Qawi (Essential Hypertension) continued at RRIUM, New Delhi. During the reporting period following study was conducted.

Comparative trial of the coded drugs UNIM-901, UNIM-902 and UNIM-903 (RRIUM, New Delhi)

Therapeutic efficacy of coded drugs UNIM-901, UNIM- 902 and UNIM-903 was compared in 10 patients of Zaghtuddam Qawi (Essential Hypertension). These patients were treated in three separate groups.

In Group-I, the drug UNIM-901 was given in the dose of one tablet (500 mg) twice daily whereas in Group-II, the drug UNIM-902 was given as in Group-I. In Group-III, the drug UNIM-903 was given in the dose of three grams twice daily. In each group the treatment was given for a period of two months.

Out of the two patients registered in Group-I, one was relieved and one showed no response.

In Group-II, out of the five patients registered, two (50.0%) showed significant response whereas two (50.0%) patients did not respond. One patient dropped out of the study.

In Group-III, out of the three patients registered, one (33.3%) was relieved, one (33.3%) partially relieved and one (33.3%) showed no response. The study was in progress.

AMRAZ-E-NIZAME HAZM (DISEASES OF GASTROINTESTINAL TRACT)

TASHAHHUM-E-KABID (FATTY LIVER)

Multicentric preliminary screening of UNIM-104 (RRIUMs, Chennai, New Delhi and Srinagar)

Multicentric preliminary screening of coded drug UNIM-104 was conducted at RRIUMs, New Delhi, Srinagar and Chennai on a total of 52 patients. The drug UNIM-104 was given in the dose of 5 gm thrice daily in majoon form for a period of 90 days. Out of 52 patients registered, 22 completed the study. Five (22.7%) patients showed complete remission, 16 (72.7%) showed partial remission where as one (4.5%) patient showed no response. Sixteen patients were under study whereas 14 patients dropped out of the study.

ZAHEER (BASCILLARY DYSENTERY)

Preliminary screening of coded drug UNIM-1351 (RRIUM, Kolkata)

Preliminary screening of coded drug UNIM-1351 was conducted in 24 patients of Zaheer (Bascillary Dysentery). The drug UNIM-1351 was given in the dose of two capsules twice daily for four weeks. Out of 24 patients registered, 21 completed the study. Four (19.0%) patients were completely relieved, one (4.7%) patient partially relieved whereas 16 (76.2%) patients showed no response. Three patients dropped out of the study. The response of the drug was not significant.

AMRAZ-E-RIYAH (RESPIRATORY DISEASES)

ILTEHAB-E-SHOABTUR RIYAH (BRONCHITIS)

Preliminary screening of coded drug UNIM-359 (RRCUM, Allahabad)

Preliminary screening of coded drug UNIM-359 was conducted on 45 patients of Iltehab-e-Shoabtur Riya (Bronchitis). The coded drug UNIM-359 was given in the dose of 10 ml thrice daily for a period of one month initially. The treatment was extended upto 90 days.

Out of 45 patients registered, 19 completed the study. Four (21.0%) patients were completely relieved, 13 (68.4%) partially relieved whereas two (10.5%) patients showed no response. Eleven patients were under study. Fifteen patients dropped out of the study.

3.4.3 VALIDATION OF REGIMENTAL THERAPIES

Apart from the simple physical and clinical methods to treat the diseases Unani Medicine also offers regimental therapies such as Hajamat (cupping), Qai (vomiting), Riyazat (exercise), Taleeq (leeching) etc. for certain conditions. During the reporting period, documentation of four regimental therapies including Riyazat (Exercise), Dalak (Massage), Hajamat (Cupping) and Kai (Cauterization) was undertaken. The Council plans to scientifically establish the relevance of these therapies in successfully combating various chronic diseases.

EXPERIMENTAL VALIDATION OF HAJAMAT (CUPPING) IN WAJA-UL-MAFASIL (RHEUMATOID ARTHRITIS)

During the reporting period, experimental validation of Hajamat (Cupping) was done in Waja-ul-Mafasil (Rheumatoid arthritis) cases on a total of 60 patients at RRIUM, New Delhi. These patients were of chronic nature having involvement of multiple joints. Three consecutive applications of cupping was done at regular intervals.

Out of the 60 patients registered, 40 responded to the therapy. In these patients there was significant reduction in the tenderness and swelling. Pain also subsided significantly. This therapy was found to be effective in diverting the morbid material from the affected joints thus reducing the tenderness and swelling.

EXPERIMENTAL STUDY ON THE EFFECT OF LEECHING IN ZAGHTUDDAM QAWI (HYPERTENSION), FROSTBITE AND VARICOSE VEINS

References to effect of leeching in different disease conditions are reported in the Unani classics. Based on these references the Regional Research Institute of Unani Medicine, Srinagar conducted a preliminary experimental study in frostbite, essential hypertension and varicose veins patients. In frostbite 25 patients were registered in which leech was applied once on the affected parts for 15 to 20 minutes. Three to five leeches were applied depending upon the area. These leeches were disposed off after application. The patients were followed up for a period of one year. Out of the 25 patients studied, 18 were completely cured. In these patients there was no recurrence during the one year. Seven patients did not respond. In essential hypertension seven patients were registered, leeches were applied behind the ear and between the scapula. This was also applied once using two leeches. Out of seven patients registered three showed major improvement with significant reduction in normalizing the blood pressure level, two showed minor improvement and two patients were under study. These patients were followed up for three months. In Varicose Veins, two patients were registered. One showed good improvement, one showed minor improvement. Further studies are in progress.

3.4.4 COLLABORATIVE RESEARCH

Besides, intramural research projects allotted to different centres. The Council is also working in collaboration with other scientific organisations in different areas of research. During the reporting period following collaborative studies were continued.

Collaborative controlled trial of the coded drug UNIM-352 in Zeequn Nafas (Bronchial Asthma) at Vallabh Bhai Patel Chest Institute

Integration between traditional and modern systems of medicine has significantly facilitated the drug development process and herbal drugs have emerged as alternative forms of therapy in a variety of pathophysiological states. Further, the concept of “reverse pharmacology” has contributed to the validation of evidence based medicine in the area of phytopharmaceuticals. To highlight this, clinical and preclinical studies were conducted to substantiate the therapeutic efficacy and pharmacodynamics of the coded drug UNIM-352, a polyherbal Unani formulation for bronchial asthma. In the clinical study, the efficacy of UNIM-352 was investigated using pulmonary function test parameters, and compared with that of placebo in asthma patients. UNIM-352 significantly enhanced the therapeutic effect of standard anti-asthma treatment as assessed by Forced Expiratory Volume (FEV₁), FEV₁/FVC ratio, frequency of emergency bronchodilator use and symptomatology, as compared to the placebo group indicating its efficacy as an adjuvant therapy. In the experimental study, immunized rats were treated with UNIM-352 and placebo, and anti-inflammatory and oxidative stress markers were measured using modern laboratory techniques. The poly herbal agent reduced TNF- α , IL-1 β and IL-4 levels in blood and BAL fluid, of both normal and stressed rats – an effect that was not seen with the placebo. Further, UNIM-352 significantly reduced blood MDA levels and elevated GSH and SOD levels as compared to placebo treated groups. The study suggests that UNIM-352 could be a potential adjunct for treatment of bronchial asthma and emphasizes the complimentary roles of clinical and pre-clinical data in drug development from traditional medicine. Besides,

control study in human volunteers was also continued. During the reporting period, study on 30 subjects was completed. There was significant improvement in all the clinical signs and symptoms as well as Forced Expiratory Volumes (FEV1) as the expirometry data showed. The drug indicated good tolerability of UNIM-352 in this study. The data on the ongoing study revealed that UNIM-352 has potential effect on existing anti-asthma drug therapy. It is safe also as no untoward effects were reported.

Collaborative study on preliminary screening of Unani drug in Qarah-e-Meda wa Isna-e-Ashari (Duodenal Ulcer) at Centre for Liver Research & Diagnostic, Owaisi Hospital, Deccan Medical College, Hyderabad

Preliminary screening of a coded drug UNIM-701 was done in patients of Qarah-e-Meda wa Isna-e-Ashari (Duodenal Ulcer). The drug UNIM-701 was given in the dose of two capsules (500 mg each) twice daily for eight weeks. The patients were diagnosed on the basis of endoscopic findings. Out of the 15 patients registered for study, 12 completed the study. Five (41.7%) patients were cured, six (50%) relieved whereas one (8.3%) patient showed no response. One patient was under treatment. Two patients dropped out of the study. In the cured patients presence of *H. pylori* became negative after eight weeks of treatment. No drug intolerance was observed.

Collaborative study on preliminary screening of Unani drug in acute viral hepatitis at Centre for Liver Research & Diagnostic, Owaisi Hospital, Deccan Medical College, Hyderabad

Preliminary screening of three coded Unani formulations viz; UNIM-107, UNIM-117 and UNIM-115 was done in patients of acute viral Hepatitis including Hepatitis A Virus (HAV), Hepatitis E Virus (HEV) and HBsAg positive patients. The study was conducted on 40 patients. These include eight patients positive for HBsAg, 22 for HEV and 10 for HAV. The coded drug UNIM-107 and UNIM-117 were given in the dose of 10 ml thrice daily in syrup form in the patients positive for HEV treated in two separate groups whereas the coded drug UNIM-115 was given in the dose of two tablets thrice daily in HBsAg positive cases. Coded drug UNIM-107 was given in HBsAg positive cases in the dose of 10 ml thrice daily. In each group the treatment was given for a period of three to six weeks. Out of the 40 patients registered for study, 36 completed the study. All the patients in all the treatment groups responded well to the treatment. There was significant improvement in liver functions including reduction in serum bilirubin levels, serum alkaline phosphatase and SGPT, SGOT levels. Seven patients responded in three weeks, 13 in three to four weeks whereas 16 took seven weeks to get relieved of completely. There was no drug intolerance in any treatment group.

Collaborative study on preliminary screening of Unani drug in Gastroesophageal reflux disease (GERD) at Owaisi Hospital, Deccan Medical College, Hyderabad

Preliminary screening of a coded drug UNIM-701 was done in patients of Gastroesophageal reflux disease (GERD) attending the OPD of Department of Gastroenterology, Owaisi Hospital, Deccan Medical College, Hyderabad. The study was conducted on 20 diagnosed patients of GERD. Endoscopy was done in 14 patients. Out of them 11 patients were of Oesophagitis Grade-1, and three of Oesophagitis Grade-2 & Grade-3. The drug UNIM-701 was given in the dose of two capsules (500 mg each) twice daily for six weeks. Patients were followed

up weekly.

Out of the 20 patients registered, 14 completed the study. Five (35.7%) patients were completely relieved, six (42.9%) partially relieved whereas three (31.4%) patients showed no response. Three cases were under study and three dropped out of the study. In the responding patients heartburn was completely subsided. After treatment endoscopy was done and it was found that out of the 14 patients who completed the study endoscopy findings were normal in six patients and changed to Oesophagitis Grade-I in partially relieved patients. No drug intolerance was reported.

3.4.5 EXTRA-MURAL RESEARCH (EMR)

The Department of AYUSH has introduced a Scheme for Extra-Mural Research (EMR) in addition to the intra-mural research undertaken by the Research Councils for Ayurveda and Siddha, Unani, Homoeopathy and Yoga and Naturopathy set up by the Ministry of Health and Family Welfare three decades ago. The off-take and output from this scheme has so far been limited and has yet to meet the standards for scientific enquiry and outcome effectively. The Department has taken up a series of programs/interventions wherein evidence based support for the efficacy claims is needed. Safety, quality control and consistency of products are also very much required.

Objectives

- Development of Research and Development (R & D) based AYUSH Drugs for prioritized diseases;
- To generate data on safety, standardization and quality control for AYUSH products and practices;
- To develop evidence based support on the efficacy of AYUSH drugs and therapies;
- To encourage research on classical texts and investigate fundamental principles of AYUSH Systems;
- To generate data on heavy metals, pesticide residues, microbial load, safety/toxicity etc. in the raw drugs and finished Ayurveda, Siddha, Unani and Homoeopathy drugs;
- To develop AYUSH products having Intellectual Property Rights (IPR) potential for increasing AYUSH exports
- To develop the potential Human Resource in AYUSH systems, especially to inculcate scientific aptitude and expertise relating to AYUSH systems;
- To develop joint research venture among the AYUSH Department and other Organizations/Institutes.

EMR scheme was later transferred to respective research Councils and these Councils were declared as Directorate of EMR schemes. For EMR schemes related to Unani Medicine, Central Council for Research in Unani Medicine is designated secretariat of EMR for evaluation of projects and their monitoring whereas the financial part is taken care of by the department of AYUSH.

ONGOING EMR PROJECTS

S.No.	Title of the Project	Institutions
1.	Antileishmanial activity of Unani drugs against Leishmania donovani in vitro and in vivo	Faculty of Science, Jamia Hamdard, New Delhi
2.	Study of Nabz(Radial Pulse) Wave form and its physiological variations in different temperaments by a self-designed pulse wave detection module	Department of Kulliyat, AK Tibbia College, Aligarh
3.	Therapeutic and prophylactic potential of herbal drug in protection from chronic heart failure	Department of Physiotherapy and Rehabilitation, Jamia Millia Islamia, New Delhi
4.	Development of quality standards and clinical evaluation of a herbomineral formulation used in urolithiasis	Faculty of Medicine (Unani), Jamia Hamdard, New Delhi
5.	An experimental evaluation of the anti-atherogenic effect of selected Unani medicine in experimentally induced hypercholesterolemic rats.	Department of Pharmacology, AIIMS, New Delhi
6.	Development and evaluation of sugar free capsule dosage form of some Khamiras used in cardiac disorders	Faculty of Pharmacy, Jamia Hamdard, New Delhi
7.	Development and evaluation of a novel neon emulsion gel for a topical anti-rheumatic Unani formulation	Faculty of Pharmacy, Jamia Hamdard, New Delhi
8.	Scientific validation of Mizaj-e-advia (temperament of drugs)	Department of Kulliyat, A.K. Tibbia College, AMU, Aligarh
9.	Evaluation of Anti diabetic compounds from Cyanobacteria	Department of Biosciences, Jamia Millia Islamia, New Delhi
10.	Development of SCAR markers (DNA finger prints) for authentication of medicinal herbs used in Unani formulations	Centre for Transgenic Plant Development, Deptt. of Biotechnology, Jamia Hamdard, New Delhi

S.No.	Title of the Project	Institutions
11.	Study of some Unani compound drugs in experimentally induced Hepatitis like condition with an aim to explore their protective, curative and regenerative potential	Department of Ilmul Advia, A.M.U Aligarh
12.	Hepato-protective efficacy of few Unani medicine	Jiwaji University, Gwalior
13.	Studies on the prevention of Parkinson's disease by some Unani drugs in animals.	Jamia Hamdard, New Delhi
14.	Screening and scientific evaluation of hypoglycemic effects of some Unani drugs in Streptozotocin-induced diabetic rats	AIIMS, New Delhi
15.	Clinical trial of a Unani formulation in the patients of menorrhagia in reproductive age group	Department of Qabalat-wa-Amraz-e-Niswan, A.K. Tibbia College, AMU, Aligarh
16.	Screening and purification of plant extracts used in Unani system of medicine against microbial flora of oral cavity: antimicrobial and carcinogenic activity	Interdisciplinary Biotechnology Unit, Aligarh Muslim University, Aligarh
17.	A comparative study of new Unani formulation with Majoon Suranjan against experimental arthritis	Jamia Hamdard, New Delhi.
18.	Protective effects of Unani drugs against liver toxicity	Department of Toxicology, Jamia Hamdard, New Delhi
19.	Isolation and purification of active compounds with anti-leishmanial activity of Unani medicinal plants	Department of Clinical Microbiology, AIIMS, New Delhi
20.	Studies on the possible mechanisms of action of UNIM-352 a polyherbal, Unani anti asthmatic preparation in experimental animals	Department of Pharmacology, V.P. Chest Institute, University of Delhi, Delhi.
21.	Evaluation and standardization of Unani medicines as metabolic interceptors of epileptogenesis for the treatment of epilepsy	Department of Pharmaceutics, Faculty of Pharmacy, Jamia Hamdard, New Delhi.

NEW EMR PROJECTS

During 2009-10, more than 50 projects were evaluated and revised and out of these projects following were approved by the Screening Committee chaired by Secretary, Department of AYUSH for financial support.

S.No.	Title of the Project	Institutions
1	Analysis of efficacy of in vitro raised plant (<i>Catharanthus roseus</i> extracts in protecting chemically induced carcinogenesis and diabetes in model rat	Department of Botany Jamia Hamdard, New Delhi
2	Spermatozoa DNA damage in infertile males: protective effect of Unani preparation	Chatrapati Shahuji Maharaj Medical University, Lucknow
3	Clinical efficacy of Unani polyherbal formulation in helicobacter pylori positive antral gastritis (warm-e-meda): a controlled study	Department of Surgery, AK Tibbia College, Aligarh
4	Single blind randomized controlled clinical trial of Unani formulation in cholasma/ melasma	Deptt. of Ilmul Advia, AKTC, AMU, Aligarh
5	Evaluation of the cardioprotective effects of crocin and safranal, an active constituents of <i>Crocus sativus</i> L. in experimental model of myocardial infarction	Department of Pharmacology AIIMS, New Delhi
6	Investigation of Anti-HIV Potential of some herbal plants <i>Adhatoda vasica</i> , <i>Boerhaavia diffusa</i> , <i>Cephalandra indica</i> and <i>Nardostachys jatamansi</i> from Indian subcontinent	Department of Biosciences, Jamia Millia Islamia, New Delhi
7	Therapeutic efficacy and safety evaluation of selected Unani drugs in the treatment of rheumatoid arthritis: an experimental study	Department of Biochemistry UCMS & GTB Hospital, Delhi
8	Screening of anticancer potential of Indian Medicinal Plants	Department of Biological Sciences Jamia Millia Islamia, New Delhi

PUBLICATIONS BASED ON EMR PROJECTS

S.No.	Title of the Project	Institutions
1.	Development and evaluation of sugar free capsule dosage form of some Khamiras used in cardiac disorders	Musthaba SM, Baboota S, Ahmad S, Ahuja A, Ali A, (2009). Status of novel drug delivery technology for phytotherapeutics, Expert Opin. Drug. Deliv., 6(6), 625-637. (IF:3.45)
2.	Development and evaluation of sugar free capsule dosage form of some Khamiras used in cardiac disorders	Musthaba SM, Ahmad S, Ahuja A, Ali J and Baboota S (2009). Nano approaches to enhance Pharmacokinetic and pharmacodynamic activity of plant origin drugs, Current Nano-sciences. 5 (3), 344-352. (IF-2.793).

3.4.6 RESEARCH-ORIENTED HEALTH CARE

GENERAL OUT-PATIENT DEPARTMENT (GOPD) ROGRAMME

The GOPD programme of the Council aims at validating the therapeutic efficacy of kit medicines developed by the Council for different common ailments besides, getting research feed back. The Council has developed a kit of 24 drugs prepared from very commonly available drugs/households condiments for treatment of common/seasonal diseases. These drugs are being prescribed in the treatment of various diseases in the patients attending the General OPD at the Council's centres. During the reporting period the GOPD programme continued at 16 centres of the Council. These include Central Research Institute of Unani Medicine (CRIUM) Hyderabad and CRIUM, Lucknow, RRIUM, Chennai, RRIUM, Bhadrak, RRIUM, Patna, RRIUM, Aligarh, RRIUM, Srinagar, RRIUM, Mumbai, RRIUM, Kolkata and RRIUM, New Delhi, RRCUM, Silchar, RRCUM, Allahabad, CRU-Burhanpur, CRU, Meerut, CRU, Edathala and CRU, Bengaluru. During the reporting period 207321 new patients were registered. The drugs prescribed in the treatment of different disease conditions included the following.

S. No.	Name of Kit Medicines	Indications	Form	Dosage	Duration of treatment	Rate of Efficacy
1.	Capsule Mubarak	Humma (Pyrexia)	Capsule (500 mg)	2 Cap. thrice a day	3-5 days	80%
2.	Capsule Nazla	Nazla (Cattra)	Capsule (500 mg)	2 Cap. thrice a day	3-5 days	80%
3.	Capsule Tinkar	Qabz (Constipation)	Capsule (500 mg)	2 Cap. thrice a day	3 days	90%

S. No.	Name of Kit Medicines	Indications	Form	Dosage	Duration of treatment	Rate of Efficacy
4.	Capsule Habis	Nazfuddam (Haemorrhage-Epistaxis) Nakseer (Ruaf)	Capsule (250 mg)	2 Cap. twice a day	3-5 days	80%
5.	Capsule Hudar	Waja-ul-Mafasil (Rheumatoid arthritis)	Capsule (125 mg)	2 Cap. twice a day	3 weeks	70%
6.	Capsule Siras	Suda (Headache)	Capsule (500 mg)	1-2 Cap. 3 times a day	2 days	70%
7.	Capsule Musaffi	Fasad-ud-Dam (Impurity of blood)	Capsule (500 mg)	1-2 Cap. 3 times a day	2-3 weeks	70%
8.	Qurs Shifa	Waj-ul-Azlat and Humma (Pyrexia)	Tablet (125 mg)	1-2 Tab. thrice a day	1-2 days	70%
9.	Qurs Surfa	Sual (Cough)	Tablet (500 mg)	2 Tab. thrice a day	2-5 days	70-80%
10.	Qurs Bel	Ishal (Diarrhoea) and Zaheer (Dysentery)	Tablet (500 mg)	2 Tab. thrice a day	2-3 weeks	90%
11.	Qurs Zahar Mohra	Su-e-Hazm (Indigestion)	Tablet (250 mg)	2 Tab. thrice a day	2-3 days	70%
12.	Qurs Haiza	Haiza (Cholera)	Tablet (250 mg)	2 Tab. thrice a day	3-5 days	80%
13.	Qurs Mafasil	Waja-ul-Mafasil (Rheumatoid arthritis)	Tablet (500 mg)	2 Tab. twice a day	3-4 weeks	70%
14.	Qurs Musaffi	Jarb-o-Hikkah (Scabies)	Tablet (500 mg)	2 Tab. thrice a day	1-2 weeks	70%
15.	Habb-e-Taskeen	Waj-ul-Badan (Body ache)	Pill (125 mg)	1-2 pills in a day	2 days	90%
16.	Sufoof-e-Hazim	Su-e-Hazm (Indigestion)	Powder	2 to 6 gms twice a day	1 week	70%

S. No.	Name of Kit Medicines	Indications	Form	Dosage	Duration of treatment	Rate of Efficacy
17.	Zuroor-e-Qula	Qula (Stomatitis)	Powder	Sprinkle a pinch on tongue when required	1-2 weeks	90%
18.	Marham-e-Kharish	Jarb-o-Hikkah (Scabies)	Ointment	Apply locally	One week	70%
19.	Marham-e-Ral	Busoor-o-Khuraj (Boils & Fruncles)	Ointment	Apply locally	1-2 weeks	80%
20.	Arq-e-Ajeeb	Waj-ul-Meda (Spasmodic pain), Haiza (Cholera) and Suda (Headache)	Liquid	2 to 5 drops in sufficient water. In case of insect bite and headache, a small quantity of liquid may be applied on the affected part.	One day	90%
21.	Raughan-e-Kamila	Jarb-o-Hikkah, (Boil & Scabies) and Sailan-ul-Uzn (Otorrhoea)	Oil	External use only. In case of Otorrhoea instill 2-3 drops in the ear twice a day	One week	80%
22.	Raughan-e-Surkh	Waja-ul-Mafasil (Rheumatoid arthritis)	Oil	For external use only	3-4 weeks	80%
23.	Qutoor-e-Ramad	Ramad (Conjunctivitis)	Liquid	2 drops thrice a day	2-3 days	90%
24.	Sunoon Katha	Waj-ul-Asnan (Toothache)	Powder	Apply as a tooth powder	3-4 days	80%

These drugs are not only being prescribed in the treatment of common ailments at the Council's GOPDs but are now being commercially exploited through National Research Development Corporation (NRDC) for use in some of the State Government Hospitals and the Council is earning royalty.

3.4.7 MOBILE CLINICAL RESEARCH PROGRAMME

The Mobile Clinical Research Programme of the Council aims at improving the health status of the population in rural areas/urban slums and pockets inhabited by under privileged sections of the society. Under this programme such rural areas/urban slums and pockets that are predominantly inhabited by Scheduled Caste/Scheduled Tribe population with no medical facility are covered. The Council's physicians associated with the Mobile Clinical Research Programme visit the adopted pockets at regular intervals and provide medicare through Unani Medicine to the suffering population nearer to their door steps. Besides, health awareness is created among the population under coverage particularly the women through health lectures by the visiting physicians and social worker on the preventive, promotive and curative health aspects.

This programme continued at 10 centres of the Council including CRIUM, Hyderabad; CRIUM, Lucknow; RRIUM, Chennai; RRIUM, Bhadrak; RRIUM, Patna; RRIUM, Aligarh; RRIUM, Mumbai; RRIUM, New Delhi; RRCUM, Allahabad and CRU, Burhanpur.

During the reporting period a total population of 486015 including 140000 belonging to SC/ST was covered. A total of 23956 new patients were registered. Out of these, 16599 were SC/ST beneficiaries. Research cases of Filariasis, Kala Azar, Rheumatoid Arthritis, Vitiligo and Bronchial Asthma were referred to the Council's research centres. In the treatment of different diseases in the mobile OPDs, kit medicines developed by the Council proved to be an effective tool in the management of common/seasonal disorders. Besides, health awareness programme also continued at these centers.

3.4.8 RESEARCH ON FUNDAMENTALS

THEORY OF AKHLAT (HUMOURS) PROJECT

The objective of the project is to test scientifically the concept of Akhlat (Humours) and its relevance to the states of health and diseases. This project is being undertaken at the Central Research Institute of Unani Medicine (CRIUM), Hyderabad. The project aims at studying the clinical, physiological, pathological and bio-chemical parameters of subjects of different temperaments and establishing scientifically the correlation between them.

During the reporting period assessment of temperament of 3851 patients attending the OPD of CRIUM, Hyderabad was done. These included 3655 patients of Bars (Vitiligo), 58 of Iltehab-e-Tajaweef-e-Anf (Sinusitis), fifteen of Muzmin Zubeh-e-Sadariya Sabit (Chronic stable angina), eight of Kasrat-e-Shahmuddam (Hyperlipidemia), 69 of Daus Sadaf (Psoriasis), eight of hepatitis-B and thirty-eight under galactogauge study. In these patients susceptibility of acquiring diseases in relation to the different temperaments was studied. An interim analysis of the data revealed that patients of Balghami temperament were more susceptible to Bars (Vitiligo) followed by those of Damavi, Safravi and Saudavi temperament. Similarly in Iltehab-e-Tajaweef-e-Anf (Sinusitis), persons of Balghami temperament were most susceptible. In essential hypertension persons of Damvi temperament were more affected. In Chronic Stable Angina Damvi temperament persons dominated.

Physiological studies were also conducted in patients of essential hypertension and Diabetes mellitus where a number of physiological parameters such as Pulmonary function test,

Bicycle ergometry, Electrocardiography, Anthropometric measurements, Hand grip and other related tests such as Skin fold thickness, Lung Function, Blood Viscosity were studied. Response to the treatment in relation to the temperament of the patients correlating the clinical and physiological parameters, were also studied.

3.5 LITERARY RESEARCH PROGRAMME

Literature relating to the Unani system of medicine is scattered in private and public libraries and at times is not within the reach of scholars and research workers. A good number of manuscripts are available in various libraries. Some manuscripts are in dilapidated condition and valuable information therein has got to be obtained before they get completely destroyed. Some manuscripts are very rare and old. The responsibility to make full use of the information contained therein rests with the scholars of today. Further, there has been a handicap in the field of Unani medical education due to the lack of standard text books dealing with various subjects. The scholars who can understand and interpret the concepts laid down in the classics of Unani Medicine are also becoming fewer as most of the literature is in Persian and Arabic.

To get full advantage of the rich experience of ancient scholars, to get all the valuable knowledge of Unani system of medicine rendered into Indian languages and to have standard books, the Council has taken up the programme of literary research. The project aims at rendering in simple and lucid language the medical knowledge of the manuscripts for the benefit of the posterity.

This programme is being carried out through a Literary Research Institute of Unani Medicine functioning at New Delhi. With a view to expediting the work outsourcing for the translation work to the eminent Unani experts who are well versed in Unani Medicine as well as in Arabic and Persian languages was also done.

The Literary Research Programme of the Council includes collation, editing, translation of classical books/rare manuscripts of Unani Medicine. Besides compilation of books, booklets/leaflets on preventive, promotive and curative health aspects based on information available in the Unani classics is also a part of this programme.

Under the programme of reprinting of out-of-print classical Unani books, the following books were published during the reporting period.

- Tazkira Ul-il Albab – II (Arabic)
- Mujarreat-e-Tibb-e-Iskandri (Urdu)
- Qanoon-e-Asri-I (Urdu)
- Hummiyat-e-Qanoon-I (Urdu)
- Hummiyat-e-Qanoon-II (Urdu)
- Kitab-ul-Akhlat (Urdu)
- Tazkiratul Kahhaleen (Urdu)
- Ikseer-ul-Quloob
- Tazkira Ul-il Albab – III (Arabic)

Besides, literature from Unani classics on Zeequn Nafas (Bronchial Asthma), Zaheer-e-Muzmin (Chronic Dysentery), Zaghtuddam Qawi (Hypertension), Ziabetus Sukkari (Diabetes mellitus) was also compiled for publication as IEC material.

3.6 PUBLICATION

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- Barkath U. Physiochemical analysis of Unani herbal drugs – its importance and necessity, National Seminar on Quality Assurance of Unani Drugs, Govt. Nizamia Tibbi College, Hyderabad, 11-12 March 2010
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- Jamal A. Sustainable use of common medicinal plants in tribal areas-an overview, National Seminar on Tribal Health and Unani Medicine, New Delhi, 16-17 November 2009
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- Murugeswaran R, Venkatesan K. Sultana G, Aminuddin. Unani medicinal plants of Kanniyakumari District- Tamil Nadu, PSGR Krishnammal College for women, National Seminar on Bio-resources-Conservation and Management, 8-9 January 2010

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3.6.2 BOOKS, JOURNALS, MONOGRAPHS, REPORTS, ETC. PUBLISHED

During the reporting period Publication Division of the Council brought out, besides its bi-monthly Newsletter, the following publications;

1. A Handbook of Common Remedies Unani System of Medicine (Marathi)
2. Medicinal Plants of Siddharth Nagar Forest Division
3. Chemical Investigations of Some Unani Medicinal Plants
4. Medicinal Plants of Andhra Pradesh – II
5. Tazkira Ul-il-Albab – II (Arabic)
6. Mujaarbat-e-Tib-e-Iskandari (Urdu)
7. Qanoon-e-Asri-I (Urdu)
8. Hummiyat-e-Qanoon-I (Urdu)
9. Hummiyat-e-Qanoon-II (Urdu)
10. Kitab-ul-Akhlat (Urdu)
11. Tazkiratul Kahhaleen (Urdu)

12. Ikseer-ul-Quloob
13. Aolal-Albab-III (Arabic)
14. Hippocratic Journal of Unani Medicine Volume IV No. 3
15. Hippocratic Journal of Unani Medicine Volume IV No. 4
16. Jahan-e-Tib 10/3
17. Scientific Validation of Some Unani Drugs
18. Annual Report 2007-2008 (English & Hindi)
19. Report of Unani Medical Centre (RML Hospital, New Delhi)
20. Al-Umoor-al-Tabaiyah
21. Jahan-e-Tib Volume X issue 4
22. Jahan-e-Tib Volume X issue 1
23. Activities and Achievements of RRIUM, Srinagar
24. Abstract – Contemporary Research – I
25. Modules for R.O.T.P
26. Report & Abstract of Tribal Health
27. Data-base – Moalejaat
28. Hippocratic Journal Volume V No. 1
29. Hippocratic Journal Volume V No. 2
30. Jahan-e-Tib 11/2
31. Annual Report 2008-09 (English & Hindi)
32. Activities and Achievements of Regional Research Centre of Unani Medicine (RRCUM), Allahabad

3.7 EXTENSION SERVICES

3.7.1 SCHOOL HEALTH PROGRAMME

The School Health Programme is another important component of the Council's Clinical Research Programme. The objective of this programme is to raise health status of school children and reduce morbidity rate among them through health care and health education. Under this programme, some of the primary/secondary schools falling under coverage of the mobile wings are adopted. A baseline health check-up of school children is conducted and those found suffering from any ailment are treated with the Unani kit medicines. There after, health education is imparted to them through lectures on different preventive, promotive and curative health aspects. The children are also educated about the potentialities

of the commonly available plants in their vicinity for the management of different diseases. Specific lectures are given on oral hygiene, cleanliness of body and environment, safe drinking water, nutrition, balanced diet etc.

During the reporting period, this programme continued at CRIUM, Hyderabad; RRIUM-Chennai; RRIUM, Bhadrak; RRIUM, Patna; RRIUM, Aligarh; RRIUM, Mumbai and CRU, Burhanpur. The Council's team of physicians visited 19 schools that were adopted under the School Health Programme. Five-thousand four hundred and seventy-five school children were checked up. Out of these, 2263 patients were treated for different ailments with Unani medicines. This programme proved very effective in creating health awareness not only among the school children but also the message went to the families thorough the children. The most common diseases found among the school children included skin infection, helminthiasis, ottoorohea, cough and cold, conjunctivitis and dental carries. Significant reduction in the incidence of these diseases among the children was observed during the reporting period.

3.7.2 UNANI TREATMENT-CUM-SPECIALITY CENTRE AT DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

A Unani Treatment Centre was opened at the Capital's Dr. Ram Manohar Lohia Hospital on January 14, 1998. The centre, run by the Central Council for Research in Unani Medicine (CCRUM), was set up by the then Department of Indian Systems of Medicine & Homoeopathy of the Union Ministry of Health & Family Welfare in accordance with a decision of the Ministry to introduce Indian Systems of Medicine in the Central Government hospitals in the city.

Besides the general out patient department (GOPD) facilities, the centre also provides services of leading specialists of Unani Medicine for the treatment of some selected disorders like vitiligo, eczema, psoriasis, rheumatoid arthritis, bronchial asthma, sinusitis, infective hepatitis, diabetes mellitus, etc. for which the Unani system offers successful treatment.

During the reporting period, a total of 24098 new patients were registered. The clinical attendance of old patients was 28069. The total clinical attendance was 52167. A large number of patients were referred to from modern hospitals particularly for treatment of chronic ailments such as Sinusitis, Infective hepatitis, Rheumatoid and Osteo-arthritis, Diabetes mellitus and Hypertension besides the cases of common/seasonal ailments. In the treatment of different diseases the Council's kit medicines and also classical medicines were prescribed. Senior citizens were the main beneficiary. Apart from providing the medicare, counseling of patients particularly the senior citizens was also done to improve their physical and mental health.

3.7.3 ORGANIZATION OF HEALTH CAMPS

The Council organized health camps in different parts of the country. At these camps the Council's officers provided consultancy and treatment to the patients with the drugs developed by the Council.

Health Camp Location	Dates	No. of patients treated
Hazratbal locality, Srinagar	21-22 July 2009	293
City area, Aligarh	27 August to 2 September 2009	667
Meerut city	2 October 2009	507
Mumbai city	5-23 November 2009	770
Thangal, Chennai	26 December 2009	112'
Bhadrak	12-13 December 2009	300
Senior Citizens camp, Aligarh	1 October 2009	
Senior Citizens camp, Patna	1 October 2009	195
Allahabad	27 September 2009 to 27 October 2009	7243
Krisnapet, Mastandargarh, Triplicane, Kolapakkam (Chennai)	23 January 2010, 30 January 2010, 6 March 2010, 27 March 2010	613
Gandarbal & Eidgah, Srinagar	23 March 2010	662
Sultanganj, Patna	20 January 2010	153
Sasry, Hathikal, Dedeerkhush, Bagpur, Sundari and Neairgram, Silchar	December & January 2010	1560

3.7.4 FACILITY UNDER GENDER COMPONENT PLAN FOR WOMEN

The Council continued research and treatment facilities for women under gender component plan. Treatment facilities were made available at all clinical centres of the Council for women. Besides, female patients in the pockets adopted under mobile clinical research programme were also treated by the physicians in the mobile OPD. During the reporting period a total of 120951 female patients were registered at different centres of the Council. Besides, research studies on diseases specific to women including leucorrhoea, menorrhagea, dysmenorrhoea and anaemia also continued. In these patients efficacy of the drugs developed by the Council was validated. Special camps on reproductive and child health (RCH) were also organized. Health lectures on preventive and promotive health were also organized at the health camps so as to create awareness among women.

3.7.5 ACTIVITIES IN THE NORTH-EASTERN REGION

The only centre of the Council in the North-Eastern region, the Regional Research Centre of Unani Medicine, Silchar (Assam) with an extension centre at Karimganj (Assam) continued

the OPD located at S. M. Dev Civil Hospital, Silchar and Masjid Raod, Karimganj. These centres continued the GOPD programme and validated the efficacy of kit medicines developed by the Council. During the reporting period 6389 patients were registered. The total clinical attendance at these centers was 9943. The most commonly occurring diseases were fever, malaria, diarrhoea, dysentery, gastritis and joints pain. Besides the GOPD programme, this centre also organized a number of free health camps in different localities and treated 6127 patients.

With a view to popularizing the Unani System of Medicine in the North Eastern region health awareness lectures were organized in Imphal, Gawahati, Agartala, Itanagar and Kohima during the Arogyas organized by the Department of AYUSH.

4. INFORMATION, EDUCATION AND COMMUNICATION

4.1 LIBRARY SERVICES

The Council has a reference Library and Information Centre at the headquarters that aims to collect and preserve the scattered literature in Unani System of Medicine and to disseminate the information thus collected among the researchers, academics and practitioners of the system.

During the reporting period services of the library remained automated through local area network, and 611 books, 35 CDs, nine photocopies of rare books and 216 issues of Journals including 200 issues of Unani Journals, 93 serials, 40 Hindi magazines were added to the existing stock of the library. Under the WHO global subscription schemes 52 books, 11 journals and 55 serials were added to the collection.

One hundred books and one hundred and twenty-two journals were purchased under the centralized purchase scheme. One thousand seven hundred and eighty-three books were classified, 4090 consulted and 124 circulated, 117 books issued under inter library loan service. Over 245 non-library members visited viz-a-viz five foreign delegates visited the Library. The Library continued Institutional membership of British Council Library, Medical Library Association of India, Developing Library Network (DELNET) and American Resource Information Center.

During the reporting period the Library carried out the following services.

- Publication of Monthly Medical News Index : 05 Issues
- Publication of Current Contents of Journals (Unani) : 03 Issues
- Catalogue or Bibliographical searches : 3785 titles
- C.D. searches : 33 times
- Reference services (long and short ranges) : 1384 queries
- Collection of relevant news clippings : 5278 news
- Photocopying (important articles and routine work) : 12126 copies
- Spiral Binding : 64 documents

4.2 ORGANIZATION OF CONFERENCE/WORKSHOP

4.2.1 NATIONAL CONFERENCE ON REPRODUCTIVE AND CHILD HEALTH

Mrs. S. Jalaja, Secretary to Government of India, Ministry of Health & Family Welfare, Department of AYUSH inaugurated a two-day conference on reproductive and child health

in New Delhi on 17 April. The conference was organized by Central Council for Research in Unani Medicine (CCRUM) in collaboration with Jamia Hamdard, New Delhi. In her inaugural address Mrs. Jalaja said that Unani and other Indian systems of medicine had great potential and could play important role in raising health standards of a large portion of the country's population and especially women and children.

Emphasizing the need for greater use of Unani and other native medicines for better health care of women and children, Mrs. Jalaja underscored the need for quality research in various Indian medicines and said that the strengths of these systems and their holistic approach to health and disease should be propagated widely.

Presiding over the inaugural function, Dr. G.N. Qazi, Vice Chancellor, Jamia Hamdard, urged the researchers of Unani Medicine to develop cost-effective nutritional supplements for women as well as Unani medicines useful during pregnancy and after child birth. He said that there was a need for public private partnership for developing Unani drugs and nutritional products.

Dr. Mohammed Khalid Siddiqui, Director, CCRUM stressed the need for developing a package for maternal nutrition and invited Jamia Hamdard and National Institute of Nutrition to come forward and join hands with the CCRUM in this area.

Professor Y.K. Gupta, Head, Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), New Delhi asked the researchers of these systems to come up with sound and dependable solutions to health problems of women and children and also develop drugs for improving immunity of the AIDS patients and prevention of tuberculosis.

Mrs. Vijayalakshmy K. Gupta, Additional Secretary to Government of India, Ministry of Women & Child Development gave the valedictory address on 18 April. She urged the proponents of Unani and other indigenous systems to contribute to the development of good and affordable health care for women and children.

4.2.2 WORKSHOP ON FUNDAMENTALS OF UNANI MEDICINE

The workshop on fundamentals of Unani Medicine organized by Central Council for Research in Unani Medicine (CCRUM) concluded in New Delhi on 13 March with a call to subject basic concepts and strengths of Unani Medicine to rigorous scientific examination.

Mr. B. Anand, Joint Secretary to Government of India, Ministry of Health & Family Welfare, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) said in his valedictory address to the workshop that to make Unani Medicine globally acceptable it was essential that its fundamentals and strengths should be subjected to "rigorous scientific examination".

Earlier, inaugurating the workshop, Hakim Syed Khaleefathullah, Vice-President, Governing Body, CCRUM, and Central Council of Indian Medicine (CCIM) stressed the need to develop scientific research in different branches of Unani Medicine but without compromising on the fundamentals of the system.

Mrs. Meenakshi Negi, Director, Department of AYUSH, Ministry of Health & Family Welfare, Government of India who was the guest of honor for the occasion said it was important to

interpret the concepts and potential of the system in modern idiom so that it was understood widely.

In his presidential address at the inaugural session, Dr. K.C. Gupta, Director, Indian Institute of Toxicological Research, and National Botanical Research Institute, Lucknow said that Unani Medicine should be developed as a global medical system.

Welcoming the guests, Dr. Mohammed Khalid Siddiqui, Director General, CCRUM said that the Council's researchers were attempting to validate the basic principles and philosophies of the system.

4.3 PARTICIPATION IN CONFERENCES, SEMINARS, WORKSHOPS, EXHIBITIONS, ETC.

4.3.1 FOOD AND AGRO-BIODIVERSITY FESTIVAL

The Central Council for Research in Unani Medicine (CCRUM), New Delhi participated in National Food & Agro-Biodiversity Festival - Annam at Kozhikode, Kerala organized by Centre for Innovation in Science & Social Action (CISSA) at Kozhikode, Kerala from 11 to 15 February.

The five-day food festival was inaugurated by the Prof. K.V. Thomas, Minister of State for Agriculture, Government of India on 11 February.

The CCRUM team that managed the Council's show at the festival included Hakim M. Anwar-ul-Islam, Assistant Director (Unani) from RRIUM, New Delhi; Hakim Hafiz C.M.D. Aslam and Hakim K. Kabiruddin Ahmed, both Assistant Directors (Unani) and other staff.

4.3.2 INTERNATIONAL CONGRESS AT BONN, GERMANY

Two researchers from Central Council for Research in Unani Medicine (CCRUM) Dr. Shamshad Ahmad Khan, Deputy Director (Chemistry) and Dr. Pawan Yadav, Assistant Director (Pathology), both at the headquarters, attended the 13th International Congress *Phytopharma 2009* held at Bonn, Germany from 29 to 31 July.

4.3.3 TRADITIONAL MEDICINE CONFERENCE AT KUALA LUMPUR, MALAYSIA

Four researchers from the Central Council for research in Unani Medicine (CCRUM) participated in International Conference on World Health and Asian Traditional (WHAT) Medicine held in Kuala Lumpur, Malaysia from 19 to 21 June. The conference focused on the theme of sustainable medicine and health care.

The four researchers of the CCRUM who presented their papers at the conference were Dr. Khalid M. Siddiqui, Assistant Director (Unani), CCRUM headquarters; Dr. M.A. Waheed, Deputy Director, Central Research Institute of Unani Medicine, Hyderabad; Dr. Shagufta Parveen, Research Officer (Unani), Literary Research Institute of Unani Medicine, New Delhi; and Dr. Ghazala Javed, Research Officer (Unani), CCRUM Headquarters.

4.3.4 SIXTH ASIA PACIFIC CONGRESS IN KERALA

Researchers from the CCRUM headquarters and its Regional Research Institute of Unani Medicine (RRIUM), New Delhi attended the Sixth Asia Pacific Congress of Pathologists and Microbiologists held at Kochi, Kerala from 20 to 23 August. The Congress, organized by the Indian Chapter of Association of Pathologists and Microbiologists, had over 1500 participants from different parts of the world.

The Council's researchers who attended the conference included Dr. Shamshad Ahmad Khan, Deputy Director (Chemistry); Dr. Khalid Mehmood Siddiqui, Assistant Director (Unani); Mr. Suhail Mustafa Adhami, Assistant Director (Statistics); Dr. Pradeep Kumar, Assistant Director (Pathology); Dr. Pawan Kumar Yadav, Assistant Director (Clinical Pathology) – all from the CCRUM headquarters; Dr. Rashidullah Khan and Dr. Rahat Raza, both Assistant Directors (Unani) at RRIUM, New Delhi.

4.3.5 HIFZAN-E-SEHAT CONFERENCE AT AKKALKUAN, MAHARASHTRA

The Central Council for research in Unani Medicine (CCRUM) participated in the national conference on Hifzan-e-Sehat and Unani Medicine held at Akkalkuan, Maharashtra on 11 and 12 April.

The Council's researchers from its different centres who presented their papers at the conference were Dr. M.U. Azhar, Dr. Syed Ahmad Khan, Dr. Amanullah, Dr. Jamal Akhtar, Dr. Munnawar Hussain, Dr. M. Raza, Dr. Shariq Ali Khan and Dr. S.A.H. Zaidi.

4.3.6 SYMPOSIUM ON MEDICINAL PLANTS AT HYDERABAD

The Council's researchers participated in a national symposium on future trends in medicinal and aromatic plants technologies and strategies held in Hyderabad on 17 November.

Dr. V.C. Gupta, Deputy Director (Botany) of Central Research Institute of Unani Medicine (CRIUM), Hyderabad and Mr. Aminuddin, Research Officer (Botany) from CCRUM headquarters participated in the symposium.

4.3.7 WORKSHOP ON THEORY OF AKHLAT AT ALIGARH

A national workshop on Akhlat (humors) - a basic concept of Unani Medicine – was held at Department of Kulliyat, Faculty of Unani Medicine, Aligarh Muslim University (AMU), Aligarh from 23 to 25 November.

Dr. Mohammed Khalid Siddiqui, Director General, CCRUM, in his message to the workshop, assured the Council's full support and cooperation for furthering research on the basic philosophies of Unani Medicine as well as other applied aspects.

Dr. Syed Asad Pasha, Deputy Advisor (Unani), Department of AYUSH, Ministry of Health and Family Welfare, Government of India was guest of honor for the occasion.

At the valedictory session on 25 November, Prof. P.K. Abdul Azis, Vice-chancellor, AMU, Aligarh in his presidential address said that in view of the increasing global interest in

Unani Medicine as well as other Indian Systems of Medicine there was an urgent need to develop scientific research in the system for its global propagation.

4.3.8 SWASRAYA BHARAT – 2009 IN KOCHI, KERALA

The Council's researchers from its Regional Research Institute of Unani Medicine (RRIUM), Chennai participated in the *Swasraya Bharat - 2009* - a National Self- Reliance Celebration organised by Swadeshi Science Movement in Kochi, Kerala from 12 to 16 November.

The CCRUM pavilion at the *Swasraya Bharat – 2009* celebration displayed the Council's progress in its research programme. It also displayed the Council's publications, a free health camp was also part of the CCRUM pavilion where the visitors availed free health check-up and consultancy as well as free Unani treatment.

4.3.9 INTERNATIONAL SEMINAR ON INDIAN ARCHIVES AND LIBRARIES AS SOURCE FOR ARAB HISTORY

The Central Council for Research in Unani Medicine (CCRUM) participated in an International Seminar on Indian Archives and Libraries as Source for Arab History held in New Delhi 6 to 8 October. The seminar was organized by Centre for West Asian Studies, Jamia Millia Islamia (JMI), New Delhi in collaboration with King Abdul Aziz Foundation for Research and Archives, Riyadh, Saudi Arabia.

The dignitaries present at the inaugural session included Dr. Mohammad Khalid Siddiqui, Director General, Central Council for Research in Unani Medicine (CCRUM); H.E. Hussain Faisal, Trade Ambassador of Saudi Arabia in New Delhi, H.E. Fahad Bin Abdullah Al-Semmar, Director General, King Abdul Aziz Foundation for Research and Archives, Riyadh, Saudi Arabia; and Dr. Ebraheem Al-Batshan, Cultural Attache, Royal Embassy of Saudi Arabia, New Delhi.

Speaking at the Valedictory Session on 8 October, Dr. Mohammed Khalid Siddiqui, Director General, CCRUM said that the Council would like to collaborate with King Abdul Aziz Foundation for Research and Archives, Riyadh, Saudi Arabia in organizing an international seminar on Arabs' contribution to Medicine and Science.

4.3.10 INFORMATION CENTRE ON MEDICINAL PLANTS AT JODHPUR

The Central Council for Research in Unani Medicine (CCRUM) has set up an Information-cum-Facilitating Centre for farmers' training on cultivation and marketing of medicinal plants at Jodhpur, Rajasthan. The Center was inaugurated by Mrs. Chandresh Kumari, Member of Parliament on 16 February.

Inaugurating the Centre, Mrs. Chandresh Kumari emphasized the need to promote cultivation of medicinal plants in Rajasthan.

A Memorandum of Understanding (MoU) signed between the CCRUM and Marwar Muslim Educational & Welfare Society was Jodhpur. Under the MoU, the Council also intends to develop a garden of medicinal plants especially those used in Unani Medicine at Jodhpur.

4.4 CAPACITY BUILDING/TRAINING PROGRAMMES

The Council deputed its 72 medical and non-medical scientists during the reporting period to following training programmes for capacity building and updating their knowledge.

- Training programme on qualitative research methods under the training programme of public health capacity building workshop series organized by Indian Institute of Public Health, Gurgaon from 22-26 March 2010.
- Short-term training course on management of herbarium and arboretum organized by Forest Research Institute, Dehradun from 9-13 November 2009.
- Training programme for nodal and allied officers of the Project on digitization of manuscripts organized by CCRUM, New Delhi on 4 March 2010.
- Digitization Expo 2010: Equipment and solution for digitization organized by Vikmans, New Delhi from 25-26 February 2010.
- Training on intellectual property rights pertaining to traditional medicines and herbs organized by Bio-Mantra, New Delhi from 25-26 June 2009.
- Conference on skin diseases, RCH & geriatric, and training programme for ISM drugs manufacturers organized by Directorate of Ayurveda, Rajasthan from 15-16 February 2010
- Workshop-cum-training on bioinformatic application on computer aided drug design (CADD) organized by Dept. of Biochemistry and Dept. of Pharmaceutical Chemistry, Jamia Hamdard, New Delhi, from 21-22 December 2009.
- Training programme in the application of statistical software "SYSTAT 12" organized by CCRUM, New Delhi from 22-25 April 2009.
- Management development programme on research methodology organized by International Institute of Health Management Research, New Delhi, from 2-3 July 2009.
- Training programme on office management: noting & drafting, office procedure, records management, grievances redressal, staff welfare etc. organized by Parsam Institute of Statutory Rules, Bangalore from 17-19 February 2010.
- Workshop on Bio-medical Ethics and IPR Issues organized by ,Regional Research Institute of Unani Medicine, Chennai from 29-30 December 2009
- Training programme in quantative research methods organized by Public Health Foundation of India, Gurgaon from 28 June-2 July 2010.
- Seminar on data analysis organized by CRIUM, Lucknow from 16-17 November 2009.

- Bio-ethical training programme organized by CRU, Burhanpur in collaboration with ICMR-NIH from 14-21 June 2009.
- Workshop on clinical trial methodology organized by Department of Pharmacology, Gandhi Medical College, Bhopal on 03 October 2009.
- Problem solving for better health organized by Department of Preventive and Social Medicine, GMC, Bhopal from 7 July 2009
- Continued medico-spiritual education (CMSE-Pune 2009) organized by Yashada Pune from 8 – 9 August 2009
- Training on research methodology organized by International Institute for Health Management, New Delhi from 2-3 July 2009
- Training programme on drug discovery and drug development organized by Indian Institute of Integrative Medicine, Jammu from 30 March - 02 April 2010
- Workshop on fundamentals of Unani Medicine organized by CCRUM, New Delhi on 13 March 2010
- Workshop on bio-medical ethics & regional seminar on intellectual property and innovation management in knowledge era organized by CCRUM and NRDC, New Delhi from 29-30 December 2009.

4.5 PARTICIPATION IN AROGYA FAIRS

The Council participated in Arogya fairs organized at the following places:

- | | |
|---------------|---------------|
| • Patna | • Guwahati |
| • Shilong | • Srinagar |
| • Imphal | • Manipur |
| • Agartala | • Tripura |
| • Raipur | • Chattisgarh |
| • Bhubneshwar | |

At these fairs the Council displayed its activities and achievements and provided health consultancy and treatment with Unani medicines to the visitors.

4.6 PARTICIPATION IN PROMOTION OF OFFICIAL LANGUAGE

4.6.1 CCRUM HINDI FORTNIGHT CELEBRATIONS

The Central Council for Research in Unani Medicine (CCRUM) celebrated Hindi Fortnight in September by organizing various Hindi contests for its employees at the headquarters in New Delhi. A prize distribution ceremony for the winners of these contests was organized

at the CCRUM headquarters on 15 October. Speaking at the occasion, Dr. Mohammed Khalid Siddiqui, Director General, CCRUM emphasized the need to develop Hindi as people's language. He said that over the past three decades of the CCRUM's functioning use of Hindi in the official work at the Council had increased manifold.

The chief guest for the occasion Dr. K.N. Pandey, Joint Director (Rajbhasha/Official Language), All India Radio, New Delhi said that well-organized efforts were needed for effectively implementing programmes relating to the official language.

Mrs. Richa Banerjee, Deputy Director (Rajbhasha), Department of AYUSH, Ministry of Health & Family Welfare, Government of India, who was the guest of honour for the occasion, appreciated the CCRUM's publications in Hindi and asked the Council to redouble its efforts in this direction.

During the Hindi fortnight, the Council had organized debate, essay writing, poetry, and translation competitions in Hindi for its staff. Mr. Mehr-e-Alam Khan, Research Officer (Publication) at CCRUM headquarters was the chief coordination of the events. Centres functioning under the Council in different parts of the country also celebrated the Hindi fortnight and organized functions to promote Hindi in official work.

4.6.2 CCRUM AND RADIO KASHMIR ORGANIZE RAJBHASHA SAMMELAN

The Central Council for Research in Unani Medicine (CCRUM) participated in the Rajbhasha Sammelan (Official Language Conference) held at Radio Kashmir, Srinagar on 24 May. The Sammelan was organized by Radio Kashmir in collaboration with the CCRUM.

Mrs. Dolker, Deputy Director General, All Radio, New Delhi emphasized in her inaugurating address that there was a need for increasing the use of Hindi in interpersonal communication as well as official work. At the conference Mr. Mehr-e-Alam Khan, Research Officer (Publication), CCRUM represented the Council.

Others who addressed the conference included Mrs. Richa Banerjee, Deputy Director (Rajbhasha), Department of AYUSH; Dr. K.N. Pandey, Joint Director (Rajbhasha), All India Radio, New Delhi; and Mr. Rafeeq Raz, Director, Radio Kashmir, Srinagar.

4.6.3 CCRUM'S PARTICIPATION IN RAJBHASHA SAMMELAN IN GOA

The Central Council for Research in Unani Medicine (CCRUM) participated in the Fifteenth Akhil Bhartiya Rajbhasha Sammelan - All India Official Language Conference – held in Goa from 28 to 30 October. The representatives of CCRUM - Mr. Mehr-e-Alam Khan, Research Officer (Publication), CCRUM who also heads the Hindi Samiti at the Council's headquarters, and Mr. Abdul Bari, Hindi Assistant at the Council's Central Research Institute of Unani Medicine (CRIUM), Hyderabad participated in the three-day conference.

Prof. Namwar Singh, Vice-Chancellor, Mahatma Gandhi International Hindi University, Vardha presided the conference that concluded with a call to develop Hindi as the people's language and thereby strengthen it both as the country's official language and the national language.

4.7 AWARDS

Dr. Mohammed Khalid Siddiqui, Director General, Central Council for Research in Unani Medicine (CCRUM) was honoured with the *Maulana Muhammed Ali Jauhar Award – 2009* at a ceremony held in New Delhi on 10 December. The award, given by Maulana Mohammed Ali Jauhar Society – a Delhi-based NGO, was conferred on Dr. Siddiqui in recognition of his immense contribution and support to the extraordinary development of Unani Medicine.

Dr. Seema Akbar, Assistant Director (Chemistry) at the Council's Regional Research Institute of Unani Medicine (RRIUM), Srinagar, Jammu & Kashmir was honored with the *Eminent Scientist of the Year Award-2009* in New Delhi on 27 December. The award has been conferred on Dr. Akbar in recognition of her outstanding contributions in the field of Environmental Chemistry by the National Environmental Science Academy, India – a New Delhi-based non-government organization.

5. FINANCIAL STATEMENTS

5.1 AUDIT REPORT

Separate Audit Report of the Comptroller & Auditor General of India on the Accounts of Central Council for Research in Unani Medicine for the year ended 31 March 2010

We have audited the attached Balance Sheet of the Central Council for Research in Unani Medicine as at 31 March 2010 and Income & Expenditure Accounts/Receipt & Payment Account for the year ended on that date under Section 20(1) of the Comptroller & Auditor General's (Duties, Powers & Conditions of Service) Act, 1971. The audit has been entrusted for the period upto to 2013-14. These financial statements include the accounts of eight regional offices of the Central Council for Research in Unani Medicine. These financial statements are the responsibility of the Council's management. Our responsibility is to express an opinion on these financial statements based on our audit.

2. This Separate Audit report contains the comments of the Comptroller & Auditor General of India (CAG) on the accounting treatment only with regard to classification, conformity with the best accounting practices, accounting standards and disclosure norms etc. Audit observations on financial transactions with regard to compliance with the Law, Rules & regulations (Propriety and Regularity) and efficiency-cum-performance aspects etc. if any are reported through Inspection Reports/CAG'S Audit Reports separately.

3. We have conducted our audit in accordance with auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements. An audit includes examining on a test basis, evidence supporting the amounts and disclosure in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of financial statements. We believe that our audit provides a reasonable basis for our opinion.

4. Based on our audit, we report that;

- i. We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit.
- ii. The Balance Sheet, Income & Expenditure Accounts/Receipts & Payments Account dealt with by this report have been drawn up in the format prescribed by the Ministry of Finance.
- iii. In our opinion, proper books of accounts and other relevant records have been maintained by the Central Council for Research in Unani Medicine in so far as it appears from our examination of such books.

iv. We further report that:

A. Balance Sheet

A.1 Liabilities

- A.1.1 No provision had been made for gratuity and leave encashment resulting in understatement of liability. The amount could not be quantified.
- A.1.2 Unspent grant of Rs. 2.81 crore has been recognized as income instead of treating it as current liabilities. This has resulted into understatement of current liabilities and overstatement of Income by Rs. 2.81 crore each.

A.2 Assets

A.2.1 Investment

- A.2.1.1 Investments of PF/Superannuation funds of Rs. 21.20 crore had not been made as per the pattern prescribed by the Ministry of Finance, vide notification no F.5-/2006-PR, dated 14/08/2008.
- A.2.1.2 The accrued interest on investment had not been taken as income. This had resulted in understatement of income and assets.

B. Income & Expenditure Account

B.1 Expenditure

B.1.1 Depreciation

Depreciation of Rs. 4.52 crore for the period 2009-10 has not been shown as expenditure in Income and Expenditure account though deducted from the fixed assets. The depiction was not as per the common format of accounts.

C. General

- C.1 The accounting policy for valuation of stock has not been disclosed.
- C.2 Accounts along with schedules have not been prepared as per the common format of accounts.

D. Grants-in-aid

The Council received grants-in-aid of Rs. 70.40 crore (Plan-Rs.31.00 crore including Rs. 7.75 crore received in March, Non Plan – Rs. 39.40 crore including Rs. 4.42 crore received in March 2010) and had own receipts of Rs. 1.25 crore (Plan Rs. 1.00 crore and Non-Plan Rs. 0.25 crore). It utilized a sum of Rs. 68.84 crore (Plan: Rs. 29.26 crore and Non-Plan Rs. 39.58 crore) leaving a balance of Plan grant of Rs. 2.74 crore and Rs. 0.07 crore under Non-Plan grant as on 31 March 2010.

It also received grant of Rs. 149.29 lakh for specific projects from Ministry of Health & Family Welfare during the year and had miscellaneous receipts of 0.65 lakh in these projects. Out of the total of Rs. 149.94 lakh, an expenditure of Rs. 33.47 lakh was incurred by the Council during the year on these projects leaving a balance of Rs. 116.47 lakh as on 31 March 2010.

E. Management letter: Deficiencies which have not been included in the Audit Report have been brought to the notice of the Director, Central Council for Research in Unani Medicine through a management letter issued separately for remedial/corrective action.

- v. Subject to our observations in the preceding paragraphs, we report that the Balance Sheet and Income and Expenditure Account/Receipts and Payments Account dealt with by this report are in agreement with the books of accounts.
- vi. In our opinion and to the best of our information and according to the explanations given to us, the said financial statements read together with Notes on Accounts, and subject to the significant matters stated above and other matters mentioned in Annexure to this Audit Report give a true and fair view in conformity with accounting principles generally accepted in India.
 - a. In so far as it relates to the Balance Sheet, of the state of affairs of the Central Council for Research in Unani Medicine as at 31 March 2010; and
 - b. In so far as it relates to Income & Expenditure Account of the surplus for the year ended on that date.

For and on behalf of the C&AG of India



Director General of Audit
Central Expenditure

Place : New Delhi
Date : 8.11.2010

Annexure-I**1. Adequacy of Internal Audit System**

- The internal audit for the year 2009-10 has not been conducted by the Pr. Pay & Account Office of the Ministry of Health and Family Welfare
- The Council is having an internal audit cell. The internal audit of only one regional office was conducted by the internal audit cell of the Council during the year 2009-10.

2. Adequacy of Internal Control System**Monitoring**

- The Management's response to settle outstanding paras of the previous Inspection Reports is not adequate. 16 paras are outstanding.

3. System of physical verification of fixed assets

- The physical verification of fixed assets had been conducted up to 2009-10. No discrepancies have been found.

4. System of physical verification of inventory

- The physical verification of inventory like stock of paper, stationery and other consumable items had been conducted up to the year 2009-10.
- No physical verification of books and publication had been conducted since 2006-07.

5. Regularity in payment of statutory dues

- As per accounts no payment over six months is in respect of statutory dues was outstanding as on 31.03.2010.

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Index of the Annual Accounts for the Year 2009-2010

S.No.	Name of the Accounts	Page No.	Schedules at Page No.
1.	Receipt & Payment Account	92	96-129
2.	Income & Expenditure Account	94	130-131
3.	Balance Sheet	95	132-135
4.	Notes on Accounts	136	—

Sd.
(S. Asif Mian)
Accountant (I/A)

Sd.
(D.S. Negi)
Administrative
Officer

Sd.
(Surinder Nath)
Accounts
Officer

Sd.
(Athar Ali)
Assistant Director
(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Receipt & Payment Account for the Year ended 31 March 2010

S.No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
1.	Opening balance			1.	Establishment expenses	40,04,61,170.00	32,16,31,018.50
	(i) Cash in hand	10,200.00	—	2.	Administrative Expenses	6,93,69,699.50	6,16,35,336.62
		1,34,712.75	—	3.	Other Expenses		
	(ii) Cash-at-bank	5,88,75,661.52	160,33,979.64	(i)	Material & Supplies	9,02,12,402.50	5,50,71,731.00
	Total Opening balance	₹ 5,90,20,574.27	1,44,372.75.00	(ii)	Advance to Govt. Servants	38,90,500.00	28,76,500.00
2.	G.I.A. received			(iii)	Outstanding advances	1,21,83,024.22	79,48,402.00
	(i) From Government of India	71,83,73,000.00	55,88,62,000.00	(iv)	Other charges	5,04,84,625.00	3,47,39,584.00
	(ii) From other sources	—	3,00,000.00	4.	Investments (Out of own funds)	16,00,45,987.78	2,61,92,462.47
3.	Bank interest	4,11,07,024.12	50,01,586.92	5.	Fixed assets	8,21,75,651.35	4,43,33,869.00
4.	Interest on refundable advances	3,00,470.00	3,19,895.00	6.	Work in progress	3,78,20,865.00	1,63,33,500.00
5.	Other receipts	3,97,47,818.60	1,73,43,577.00	7.	Publication (Priced)	6,50,334.00	8,45,167.00
		2,11,383.00		8.	Remittance of recoveries	4,58,94,822.00	3,88,79,004.10
6.	By adjustment of advances pertaining to previous years	75,87,585.20	69,50,237.00	9.	Refund of unspent balance to concerned Deptts./Offices	941.00	4,32,155.38
7.	Recoveries for remittance	4,58,94,822.00	3,88,79,137.10	10.	Undisbursed amount in Previous Year disbursed	1,43,100.00	23,000.00
8.	Sale of publications (Priced)	4,29,118.00	2,40,851.00	11.	Amount to be received from concerned a/c, Instts.	7,418.00	—
9.	Miscellaneous receipts to be transferred to pension fund a/c	55,461.00	70,922.00	-do-		1,046.00	41,466.00
10.	Recovery of subscription & advances	4,13,42,420.00	3,49,44,357.00	12.	LIC amount disbursed	4,60,000.00	2,00,000.00

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(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

S.No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
11.	Investment received	11,53,83,035.98	2,18,09,230.93	13.	Other Misc. payments	2,11,383.00	3,43,44,340.00
12.	Amount receivable received	89,26,810.00	10,57,638.00		-do-	4,75,97,270.00	—
13.	Security deposit	2,43,650.00	71,100.00	14.	Exps. Paid in advance	5,208.00	—
14.	Advance from Vidyapeeth through RRIUM, Srinagar	—	2,50,000.00	15.	Arogya (North East)	1,21,88,800.00	—
15.	In transit in Previous Year received	36,23,055.00	2,61,500.00	16.	Misc. receipts transferred to pension fund a/c	30.00	—
16.	Payable to other accounts	10,500.00	18,000.00	17.	Amount payable paid	32,14,718.80	—
17.	Recovery of refundable advances	24,05,900.00	17,02,726.00	18.	Transferred to AXIS Bank from Bank of India	2,70,00,000.00	—
18.	Undisbursed amount	2,50,000.00	87,000.00				
19.	LIC for disbursement	4,60,000.00	2,00,000.00	19.	Closing Balance		
20.	Amount of North East Arogya	1,41,18,400.00	—		Cash-in-hand	1,45,449.75	1,39,912.75
21.	Transferred from BOI to Axis Bank	2,70,00,000.00	—		Cash-at-bank	8,23,26,581.27	5,88,80,661.52
	Total	1,12,64,91,027.17	70,45,48,110.34			1,12,64,91,027.17	70,45,48,110.34

Sd.
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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Income & Expenditure Account for the Year ending 31st March 2010

S.No.	Expenditure	Current Year	Previous Year	S.No.	Income	Current Year	Previous Year
1.	Establishment expenditure	40,04,61,170.00	32,16,31,018.50	1.	GIA	71,89,29,000.00	55,94,00,000.00
2.	Administrative expenditure	15,97,32,060.00	6,18,53,092.62	2.	Other income	1,25,34,662.92	49,14,504.00
3.	Other charges	5,47,44,229.00	3,39,48,354.00	3.	Less : Capitalised expenditure	(-)8,24,00,079.35	(-)4,49,38,185.00
4.	Balance being Excess of Income over Expenditure :	3,41,26,124.57	5,06,50,856.38				
	Total	64,90,63,583.57			Total	64,90,63,583.57	

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Balance Sheet as on 31st March 2010

S.No. Liabilities	Schedule No.	Current Year	Previous Year	S.No. Assets	Schedule No.	Current Year	Previous Year
1. Capital fund	(S/1)	38,74,30,963.62	28,75,11,412.86	1. Fixed assets	(S/3)	23,94,81,972.53	17,31,31,605.34
2. Current Liabilities	(S/2)	27,59,34,759.89	19,84,96,693.89	2. Investments (Others)	(S/5C)	21,20,77,535.37	16,74,14,583.57
				3. Current assets:			
				(i) Loans & advances	(S/5B)	12,93,34,184.59	
				(ii) Bank/Cash balance	(S/5A)	8,24,72,031.02	14,54,61,917.84
Total Rs.		66,33,65,723.51	48,60,08,106.75	Total Rs.		66,33,65,723.51	48,60,08,106.75

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Receipts for the Year ending 31st March 2010

S.No.	Opening balance		GIA		Bank interest	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(1)		(2)		(3)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme			39,38,99,000.00	25,06,57,000.00	44,207.00	33,900.00
(a) Cash in hand	10,200.00	10,200.00				
(b) Cash-at-bank	90,269.11	32,635.61				
Total (Non-Plan) S.No. 1	1,00,469.11		39,38,99,000.00		44,207.00	
2. PLAN						
(i) Health Scheme a/c			30,95,45,000.00	27,98,05,000.00	9,03,467.32	8,92,999.00
(a) Cash-in-hand	1,30,167.60 4,545.15	1,34,172.75				
(b) Cash-at-bank	3,19,835.62	670.82 59,826.42				
Total (H) PLAN	4,54,548.37		30,95,45,000.00		9,03,467.32	
(ii) ROTP a/c	2,071.90	2,000.90			73.00	71.00
(iii) Herb Garden a/c	9,07,120.00	8,78,621.00			32,027.00	28,499.00
(iv) Pub. of Text Books a/c	46,83,313.00	46,00,000.00			1,34,118.00	83,313.00
(v) UPS a/c I	3,68,646.35	3,56,107.35			12,687.00	12,539.00
(vi) Seminar a/c	3,154.00	3,044.00			111.00	110.00
(vii) DSOP	185,708.00 (+) 3,215.05	1,89,424.05			5,388.00	5,968.00
(viii) EMR	1,51,659.00	37,876.00			2,434.00	680.00
(ix) Digitisation of Manuscripts a/c	43,74,430.00	34,96,305.00		11,00,000.00	1,34,126.00	98,125.00

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S.No.	Opening balance		GIA		Bank interest	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(1)		(2)		(3)	
(x) WHO a/c	4,07,576.00	3,93,634.00		3,00,000.00	14,391.00	16,572.00
(xi) NMPB a/c	—	1,29,525.38				
(xii) UPS a/c II	861.00	861.00				
(xiii) ICSJC a/c	1,59,666.00	1,54,221.00			5,637.00	5,445.00
(xiv) Donation a/c	37,649.75	31,656.75			1,329.00	1,053.00
(xv) International Events, conference a/c	3,00,000.00			3,00,000.00	10,592.00	
(xvi) DST a/c	2,71,87,832.00			2,70,00,000.00	6,84,551.00	3,70,992.00
(xvii) CRISM a/c	—		1,19,29,000.00		24,142.00	
(xviii) CICISM a/c	—		30,00,000.00		41,149.00	
Total (Plan) S.No. 2	3,92,27,450.42		32,44,74,000.00	55,91,62,000.00	20,06,222.32	
3. (i) NPS a/c	54,21,523.00	2,611.00			3,69,837.27	4,27,243.61
(ii) CPF/GPF a/c	85,24,501.61	15,21,411.59			3,37,81,149.88 3,6915.00	25,76,801.02
(iii) GIS a/c	9,19,488.65	7,41,510.65			31,31,588.48	17,663.00
(iv) Pension fund a/c	48,27,141.48	34,02,037.12			17,37,104.17	4,29,613.29
Total S.No. 3	1,96,92,654.74	1,60,33,979.64			3,90,56,594.80	50,01,586.92
Grand Total S.No. 1 to 3	5,90,20,574.27		71,83,73,000.00		4,11,07,024.12	

Sd.
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Accountant (I/A)

Sd.
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Administrative
Officer

Sd.
(Surinder Nath)
Accounts
Officer

Sd.
(Athar Ali)
Assistant Director
(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

S.No.	Miscellaneous Receipts		Interest on refundable advances		By adjustment of advances pertaining to previous years	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(4)		(5)		(6)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme	21,40,357.00	7,19,246.00	2,62,283.00	2,86,725.00	4,57,836.00	5,29,220.00
(a) Cash in hand		34,09,342.00				64,21,017.00
(b) Cash-at-bank						
Total (Non-Plan) S.No. 1	21,40,357.00		2,62,283.00		4,57,836.00	69,50,237.00
2. PLAN						
(i) Health Scheme a/c	80,06,605.60	(-) 33,900.00	38,187.00	33,170.00	71,29,749.20	
(a) Cash-in-hand		(-) 8,92,999.00 (-) 2,86,725.00				
(b) Cash-at-bank						
Total (H) PLAN	80,06,605.60		38,187.00		71,29,749.20	
(ii) ROTP a/c		(-) 33,170.00				
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I						
(vi) Seminar a/c						
(vii) DSOP						
(viii) EMR		1,51,269.00				
(ix) Digitisation of Manuscripts a/c						
(x) WHO a/c						
(xi) NMPB a/c						

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S.No.	Miscellaneous Receipts		Interest on refundable advances		By adjustment of advances pertaining to previous years	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(4)		(5)		(6)	
(xii) UPS a/c II						
(xiii) ICSJC a/c						
(xiv) Donation a/c		5,000.00				
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c						
Total (Plan) S.No. 2	80,06,605.60		38,187.00		71,29,749.20	
3. (i) NPS a/c	10.00	8,199.00				
(ii) CPF/GPF a/c						
(iii) GIS a/c						
(iv) Pension fund a/c	2,40,00,000.00	58,801.00				
	1,06,000.00	37,38,514.00				
	54,94,846.00	1,05,00,000.00				
Total S.No. 3	2,96,00,856.00	1,73,43,577.00				
Grand Total S.No. 1 to 3	3,97,47,818.60		3,00,470.00	3,19,895.00	75,87,585.20	

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S.No.	Recoveries of refundable advances		Sale of Council's publications		Arogya (North East)	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(7)		(8)		(9)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme	21,28,700.00	14,51,576.00	3,212.00	2,40,851.00		
(a) Cash in hand						
(b) Cash-at-bank						
Total (Non-Plan) S.No. 1	21,28,700.00	14,51,576.00	3,212.00	2,40,851.00		
2. PLAN						
(i) Health Scheme a/c	2,77,200.00	2,51,150.00	4,25,906.00		1,41,18,400.00	
(a) Cash-in-hand						
(b) Cash-at-bank						
Total (H) PLAN	2,77,200.00	2,51,150.00	4,25,906.00		1,41,18,400.00	
(ii) ROTP a/c						
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I						
(vi) Seminar a/c						
(vii) DSOP						
(viii) EMR						
(ix) Digitisation of Manuscripts a/c						
(x) WHO a/c						
(xi) NMPB a/c						
(xii) UPS a/c II						

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(Admn.)

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Director General

S.No.	Recoveries of refundable advances		Sale of Council's publications		Arogya (North East)	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(7)		(8)		(9)	
(xiii) ICSJC a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c						
Total (Plan) S.No. 2	2,77,200.00		4,25,906.00		1,41,18,400.00	
3. (i) NPS a/c						
(ii) CPF/GPF a/c						
(iii) GIS a/c						
(iv) Pension fund a/c						
Total S.No. 3						
Grand Total S.No. 1 to 3	24,05,900.00	17,02,726.00	4,29,118.00		1,41,18,400.00	

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S.No.	Recoveries for remittance		Recovery of subscription/advances		Misc. receipt to be transferred to pension fund a/c	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(10)		(11)		(12)	
1. Health Scheme a/c						
(1) NON-PLAN			—		32,918.00	
(i) Health Scheme	3,80,72,128.00	2,84,46,931.10				64,022.00
(a) Cash in hand		1,03,06,476.00				
(b) Cash-at-bank						
Total (Non-Plan) S.No. 1	3,80,72,128.00	—			32,918.00	
2. PLAN						
(i) Health Scheme a/c	66,59,548.00	—			22,543.00	6,900.00
(a) Cash-in-hand						
(b) Cash-at-bank						
Total (H) PLAN	66,59,548.00	—			22,543.00	
(ii) ROTP a/c						
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I	697.00					
(vi) Seminar a/c						
(vii) DSOP						
(viii) EMR	13,041.00					
(ix) Digitisation of Manuscripts a/c	74,743.00	1,250.00				
(x) WHO a/c	753.00					
(xi) NMPB a/c						

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S.No.	Recoveries for remittance		Recovery of subscription/advances		Misc. receipt to be transferred to pension fund a/c	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(10)		(11)		(12)	
(xii) UPS a/c II						
(xiii) ICSJC a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c	32,230.00					
(xviii) CICISM a/c						
Total (Plan) S.No. 2	67,81,012.00				22,543.00	
3. (i) NPS a/c			82,15,784.00	75,42,123.00		
(ii) CPF/GPF a/c			2,95,51,141.00 (-)-80.00 26,77,835.00	2,17,06,905.00 27,83,041.00 20,05,348.00		
(iii) GIS a/c			8,97,740.00	9,06,940.00		
(iv) Pension fund a/c	7,09,271.00 3,32,411.00	1,12,480.00 12,000.00				
Total S.No. 3	10,41,682.00	3,88,79,137.10	4,13,42,420.00	3,49,44,357.00		
Grand Total S.No. 1 to 3	4,58,94,822.00		4,13,42,420.00		55,461.00	70,922.00

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	Receivable amount received		Security deposit		Advance received from outside Institute	
S.No.	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(13)		(14)		(15)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme	5,833.00	10,05,048.00	—	71,100.00	—	2,50,000.00
(a) Cash in hand						
(b) Cash-at-bank						
Total (Non-Plan) S.No. 1	5,833.00					
2. PLAN						
(i) Health Scheme a/c	1,50,097.00 4,00,000.00		2,43,650.00			
(a) Cash-in-hand						
(b) Cash-at-bank						
Total (H) PLAN	5,50,097.00		2,43,650.00			
(ii) ROTP a/c						
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I						
(vi) Seminar a/c						
(vii) DSOP a/c						
(viii) EMR a/c						
(ix) Digitisation of Manuscripts a/c						
(x) WHO a/c						

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Director General

S.No.	Receivable amount received		Security deposit		Advance received from outside Institute	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(13)		(14)		(15)	
(xi) NMPB a/c						
(xii) UPS a/c II						
(xiii) ICSJC a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c						
Total (Plan) S.No. 2	5,50,097.00					
3. (i) NPS a/c						
(ii) CPF/GPF a/c	59,05,714.00 24,65,166.00					
(iii) GIS a/c						
(iv) Pension fund a/c		52,590.00				
Total S.No. 3	83,70,880.00	10,57,638.00				
Grand Total S.No. 1 to 3	89,26,810.00		2,43,650.00	71,100.00	—	2,50,000.00

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S.No.	In transit amount received		Un-disbursed amount		Payable amount	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(16)		(17)		(18)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme	26,185.00 19,696.00	2,61,500.00				
Total (Non-Plan) S.No. 1	45,881.00					
2. PLAN						
(i) Health Scheme a/c	30,87,000.00		2,50,000.00	87,000.00		
(a) Cash-in-hand						
(b) Cash-at-bank						
Total (H) PLAN	30,87,000.00		2,50,000.00	—		
(ii) ROTP a/c						
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I						
(vi) Seminar a/c						
(vii) DSOP a/c						
(viii) EMR a/c						
(ix) Digitisation of Manuscripts a/c						18,000.00
(x) WHO a/c						
(xi) NMPB a/c						
(xii) UPS a/c II						
(xiii) ICSJC a/c						

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(Admn.)

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(Dr. Mohammed Khalid Siddiqui)
Director General

S.No.	In transit amount received		Un-disbursed amount		Payable amount	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(16)		(17)		(18)	
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c						
Total (Plan) S.No. 2	30,87,000.00		2,50,000.00			
3. (i) NPS a/c	15,327.00					
(ii) CPF/GPF a/c	4,15,626.00				10,500.00	
(iii) GIS a/c	12,550.00					
(iv) Pension fund a/c	46,671.00					
Total S.No. 3	4,90,174.00				10,500.00	
Grand Total S.No. 1 to 3	36,23,055.00	2,61,500.00	2,50,000.00	87,000.00	10,500.00	18,000.00

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S.No.	Investment received		LIC amount for disbursement		Transfer from B.O.I. to AXIX Bank	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(19)		(20)		(21)	
1. Health Scheme a/c						
(1) NON-PLAN						
(i) Health Scheme						
(a) Cash in hand						
(b) Cash-at-bank						
Total (Non-Plan) S.No. 1						
2. PLAN						
(i) Health Scheme a/c					2,70,00,000.00	
(a) Cash-in-hand						
(b) Cash-at-bank						
Total (H) PLAN					2,70,00,000.00	
(ii) ROTP a/c						
(iii) Herb Garden a/c						
(iv) Pub. of Text Books a/c						
(v) UPS a/c I						
(vi) Seminar a/c						
(vii) DSOP						
(viii) EMR a/c						
(ix) Digitisation of Manuscripts a/c						
(x) WHO a/c						
(xi) NMPB a/c						
(xii) UPS a/c II						

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S.No.	Investment received		LIC amount for disbursement		Transfer from B.O.I. to AXIX Bank	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
	(19)		(20)		(21)	
(xiii) ICSJC a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c						
Total (Plan) S.No. 2						
3. (i) NPS a/c	4,67,753.41	65,68,851.20			2,70,00,000.00	
(ii) CPF/GPF a/c	10,01,70,322.14	1,27,15,140.00				
(iii) GIS a/c	96,38,710.70		4,60,000.00	2,00,000.00		
(iv) Pension fund a/c	51,06,249.73	25,25,239.73				
Total S.No. 3	11,53,83,035.98		4,60,000.00			
Grand Total S.No. 1 to 3	11,53,83,035.98	2,18,09,230.93	4,60,000.00	2,00,000.00	2,70,00,000.00	

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	Receipt of Bank balance of other accounts		Total receipts		
S.No.	Current Year	Previous Year	Current Year	Previous Year	
	(22)		(23)		
1. Health Scheme a/c					
(1) NON-PLAN					
(i) Health Scheme			43,71,92,824.11	28,19,97,830.71	
(a) Cash in hand					
(b) Cash-at-bank					
Total (Non-Plan) S.No. 1			43,71,92,824.11	28,19,97,830.71	
2. PLAN					
(i) Health Scheme a/c			37,87,11,901.49	30,22,23,053.99	
(a) Cash-in-hand					
(b) Cash-at-bank					
Total (H) PLAN					
(ii) ROTP a/c			2,144.90	2,071.90	
(iii) Herb Garden a/c			9,39,147.00	9,07,120.00	
(iv) Pub. of Text Books a/c			48,17,431.00	46,83,313.00	
(v) UPS a/c I			3,82,030.35	3,68,646.35	
(vi) Seminar a/c			3,265.00	3,154.00	
(vii) DSOP			1,94,311.05	1,95,392.05	
(viii) EMR a/c			1,67,134.00	1,91,075.00	
(ix) Digitisation of Manuscripts a/c			45,83,299.00	47,12,430.00	
(x) WHO a/c			4,22,720.00	7,10,206.00	
(xi) NMPB a/c			—	1,29,525.38	

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S.No.	Receipt of Bank balance of other accounts		Total receipts		
	Current Year	Previous Year	Current Year	Previous Year	
	(22)		(23)		
(xii) UPS a/c II			861.00	861.00	
			82,74,17,068.00		
(xiii) ICSJC a/c			1,65,303.00	1,59,666.00	
(xiv) Donation a/c			38,978.75	37,709.75	
(xv) International Events conference a/c	2,11,383.00		5,21,975.00	3,00,000.00	
(xvi) DST a/c			2,78,72,383.00	2,73,70,992.00	
(xvii) CRISM a/c			1,19,85,372.00		
(xviii) CICISM a/c			30,41,149.00		
Total (Plan) S.No. 2	2,11,383.00		43,38,49,405.54		
3. (i) NPS a/c			1,44,90,234.68	1,45,49,027.81	
(ii) CPF/GPF a/c			18,35,38,790.63	4,33,08,646.61	
(iii) GIS a/c			1,50,60,077.83	18,66,113.65	
(iv) Pension fund a/c			4,23,59,694.38	2,08,31,275.14	
Total S.No. 3			25,54,48,797.52		
Grand Total S.No. 1 to 3	2,11,383.00		1,12,64,91,027.17	70,45,48,110.34	

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Payments for the Year ending 31st March 2010

S.No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)		(2)		(3)	
1.	Non-Plan						
(i)	Health scheme a/c	37,30,89,000.00	24,22,35,697.50	44,06,815.00	44,10,955.00	2,14,981.00	4,91,993.00
	Total (Non-Plan) S.No. 1	37,30,89,000.00	24,22,35,697.50	44,06,815.00	44,10,955.00	2,14,981.00	4,91,993.00
2.	Plan						
(i)	Health scheme a/c (Gen)	2,03,09,392.00	7,93,54,321.00	11,54,032.00 5,49,57,038.50 (-) 258.00	5,70,38,264.62	2,01,76,204.50 1,67,85,889.00	5,45,79,000.00
	Health scheme a/c (SCP)	12,43,621.00		14,93,621.00		3,81,57,878.00	
	Health scheme a/c (TSP)	50,96,698.00		7,99,128.00		1,48,40,796.00	
	Total(H) Plan	2,66,49,711.00		5,84,03,561.50		8,99,60,767.50	
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I			33,839.00			
(vi)	Seminar a/c						
(vii)	DSOP a/c		3,000.00	2,858.00	2,731.00	2,098.00	738.00
(viii)	EMR a/c	1,51,613.00	38,000.00	1,320.00	166.00		
(ix)	Digitisation of Manuscripts a/c	2,91,943.00		29,14,268.00			
(x)	WHO a/c			1,64,051.00		32,762.00	
(xi)	NMPB a/c						

Sd.
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Officer

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(Surinder Nath)
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Officer

Sd.
(Athar Ali)
Assistant Director
(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

S.No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)		(2)		(3)	
(xii)	UPS a/c II						
(xiii)	ICSJC a/c						
(xiv)	Donation a/c				60.00		
(xv)	International Events conference a/c						
(xvi)	DST a/c			3,76,744.00	1,81,360.00 1,800.00		
(xvii)	CRISM a/c	2,78,903.00		25,72,673.00		1,794.00	
(xviii)	CICISM a/c			4,93,570.00			
Total (Plan)		2,73,72,170.00		6,49,62,884.50		8,99,97,421.50	
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c						
Total S.No. 3		40,04,61,170.00	32,16,31,018.50	6,93,69,699.50	6,16,35,336.62	9,02,12,402.58	5,50,71,731.00

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S.No.	Name of the Scheme	Assets		Publication (Priced)		Advances to Government Servants	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(4)		(5)		(6)	
1.	Non-Plan						
(i)	Health scheme a/c	75,046.00	1,55,571.00		8,45,167.00	38,89,000.00	28,51,000.00
	Total (Non-Plan) S.No. 1	75,046.00				38,89,000.00	
2.	Plan						
(i)	Health scheme a/c (Gen)	7,49,56,346.20 14,04,962.00 3,38,406.00	4,38,40,298.00	6,50,334.00		1,500.00	25,500.00
	Health scheme a/c (SCP)	8,46,956.00					
	Health scheme a/c (TSP)	14,99,039.80					
	Total(H) Plan	7,90,45,710.00		6,50,334.00		1,500.00	
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I	3,04,720.35					
(vi)	Seminar a/c						
(vii)	DSOP a/c						
(viii)	EMR a/c						
(ix)	Digitisation of Manuscripts a/c		3,38,00.00				
(x)	WHO a/c						
(xi)	NMPB a/c						
(xii)	UPS a/c II						

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S.No.	Name of the Scheme	Assets		Publication (Priced)		Advances to Government Servants	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(4)		(5)		(6)	
(xiii)	ICSJC a/c						
(xiv)	Donation a/c						
(xv)	International Events conference a/c						
(xvi)	DST a/c	27,50,175.00					
(xvii)	CRISM a/c						
(xviii)	CICISM a/c						
	Total (Plan)	8,21,00,605.35		6,50,334.00		1,500.00	
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c						
	Total S.No. 1 to 3	8,21,75,651.35	4,43,33,869.00	6,50,334.00	8,45,167.00	38,90,500.00	28,76,500.00

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S.No.	Name of the Scheme	Outstanding advances		Other charges		Work in progress	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(7)		(8)		(9)	
1.	Non-Plan						
	(i) Health scheme a/c	2,78,000.00 9,20,200.00	6,75,422.00	60,000.00 78,54,249.00 57,66,000.00	54,57,792.00		1,63,33,500.00
	Total (Non-Plan) S.No. 1	11,98,200.00		1,36,80,249.00			
2.	Plan						
	(i) Health scheme a/c (Gen)	74,74,330.00 1,75,000.00	72,72,980.00	1,39,714.00 55,87,234.00 1,80,830.00 30,000.00 5,30,60,470.00 (-) 2,70,00,000.00	2,92,81,792.00	94,19,070.00 2,68,03,295.00 15,98,500.00	
	Health scheme a/c (SCP)	25,000.00					
	Health scheme a/c (TSP)	—					
	Total(H) Plan	76,74,330.00		3,19,98,248.00		3,78,20,865.00	
	(ii) ROTP a/c	2,144.90					
	(iii) Herb Garden a/c						
	(iv) Pub. of Text Books a/c			48,06,128.00			
	(v) UPS a/c I	865.32					
	(vi) Seminar a/c	3,265.00					
	(vii) DSOP a/c						
	(viii) EMR a/c	219.00					
	(ix) Digitisation of Manuscripts a/c						

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S.No.	Name of the Scheme	Outstanding advances		Other charges		Work in progress	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(7)		(8)		(9)	
(x)	WHO a/c						
(xi)	NMPB a/c						
(xii)	UPS a/c II						
(xiii)	ICSJC a/c						
(xiv)	Donation a/c						
(xv)	International Events conference a/c						
(xvi)	DST a/c	20,00,000.00					
(xvii)	CRISM a/c	13,04,000.00					
(xviii)	CICISM a/c						
Total S.No. 2		1,09,84,824.22		3,68,04,376.00		3,78,20,865.00	
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c						
Total S.No. 3		1,21,83,024.22	79,48,402.00	5,04,84,625.00	3,47,39,584.00	3,78,20,865.00	1,63,33,500.00

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S.No.	Name of the Scheme	Expenses paid in advance		Excess paid to be received /adjusted		North East Arogya	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(10)		(11)		(12)	
1.	Non-Plan						
(i)	Health scheme a/c						
	Total (Non-Plan) S.No. 1						
2.	Plan						
(i)	Health scheme a/c (Gen)	5,208.00		4,103.00 2,000.00 1,315.00		1,05,88,800.00 16,00,000.00	
	Health scheme a/c (SCP)						
	Health scheme a/c (TSP)						
	Total(H) Plan	5,208.00		7,418.00		1,21,88,800.00	
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I						
(vi)	Seminar a/c						
(vii)	DSOP a/c						
(viii)	EMR a/c						
(ix)	Digitisation of Manuscripts a/c						
(x)	WHO a/c						
(xi)	NMPB a/c						
(xii)	UPS a/c II						

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Director General

S.No.	Name of the Scheme	Expenses paid in advance		Excess paid to be received /adjusted		North East Arogya	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(10)		(11)		(12)	
(xiii)	ICSJC a/c						
(xiv)	Donation a/c						
(xv)	International Events conference a/c						
(xvi)	DST a/c						
(xvii)	CRISM a/c						
(xviii)	CICISM a/c						
	Total S.No. 2	5,208.00		7,418.00		1,21,88,800.00	
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c						
	Total S.No. 3	5,208.00		7,418.00		1,21,88,800.00	

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S.No.	Name of the Scheme	Remittance of recoveries		Unspent balance to be refunded to the concerned Department/Office		Un-disbursed amount disbursed	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(13)		(14)		(15)	
1.	Non-Plan						
(i)	Health scheme a/c	3,80,72,128.00	2,84,46,931.10			87,000.00	23,000.00
	Total (Non-Plan) S.No. 1	3,80,72,128.00				87,000.00	
2.	Plan						
(i)	Health scheme a/c (Gen)	82,087.00 65,77,461.00	1,03,06,343.00			56,100.00	
	Total(H) Plan	66,59,548.00				56,100.00	
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I	697.00					
(vi)	Seminar a/c						
(vii)	DSOP a/c						
(viii)	EMR a/c	13,041.00	1,250.00	941.00			
(ix)	Digitisation of Manuscripts a/c	74,743.00					
(x)	WHO a/c	753.00		—	3,02,630.00		
(xi)	NMPB a/c			—	1,29,525.38		
(xii)	UPS a/c II						
(xiii)	ICSJC a/c						
(xiv)	Donation a/c						
(xv)	International Events conference a/c						

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Director General

S.No.	Name of the Scheme	Remittance of recoveries		Unspent balance to be refunded to the concerned Department/Office		Un-disbursed amount disbursed	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(13)		(14)		(15)	
(xvi)	DST a/c						
(xvii)	CRISM a/c	32,230.00					
(xviii)	CICISM a/c						
	Total S.No. 2	67,81,012.00					
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c	7,09,271.00 3,32,411.00	1,24,480.00				
	Total S.No. 3	10,41,682.00					
	Grand Total S.No.1 to 3	4,58,94,822.00	3,88,79,004.10	941.00	4,32,155.38	1,43,100.00	23,000.00

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S.No.	Name of the Scheme	Amount receivable		Investments a/c		Bank balance transferred to international event/Conference a/c	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)		(17)		(18)	
1.	Non-Plan						
(i)	Health scheme a/c	1,046.00	40,340.00				
	Total (Non-Plan) S.No. 1	1,046.00					
2.	Plan						
(i)	Health scheme a/c (Gen)						
	Health scheme a/c (SCP)						
	Health scheme a/c (TSP)						
	Total(H) Plan						
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I						
(vi)	Seminar a/c						
(vii)	DSOP a/c						
(viii)	EMR a/c						
(ix)	Digitisation of Manuscripts a/c						
(x)	WHO a/c					46,080.00	
(xi)	NMPB a/c						
(xii)	UPS a/c II						
(xiii)	ICSJC a/c					1,65,303.00	
(xiv)	Donation a/c						

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S.No.	Name of the Scheme	Amount receivable		Investments a/c		Bank balance transferred to international event/Conference a/c	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)		(17)		(18)	
(xv)	International Events conference a/c						
(xvi)	DST a/c						
(xvii)	CRISM a/c						
(xviii)	CICISM a/c						
	Total S.No. 2					2,11,383.00	
3.	(i) NPS a/c			6,19,944.68	91,27,504.81		
	(ii) GPF a/c			36,915.00 13,23,70,075.02	1,41,21,182.00		
	(iii) GIS a/c			1,27,51,541.18	29,43,775.66		
	(iv) Pension fund a/c		1,126.00	1,42,67,511.90			
	Total S.No. 3			16,00,45,987.78			
	Grand total S.No. 1 to 3	1,046.00	41,466.00	16,00,45,987.78	2,61,92,462.47	2,11,383.00	

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S.No.	Name of the Scheme	Received from LIC disbursed		Misc. receipt transferred to pension fund a/c		Amount payable paid	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
1.	Non-Plan						
(i)	Health scheme a/c					24,65,166.00	
	Total (Non-Plan) S.No. 1					24,65,166.00	
2.	Plan						
(i)	Health scheme a/c (Gen)			30.00		43,825.00 1,06,480.00	
	Health scheme a/c (SCP)						
	Health scheme a/c (TSP)						
	Total(H) Plan			30.00		1,50,305.00	
(ii)	ROTP a/c						
(iii)	Herb Garden a/c						
(iv)	Pub. of Text Books a/c						
(v)	UPS a/c I						
(vi)	Seminar a/c						
(vii)	DSOP a/c						
(viii)	EMR a/c						
(ix)	Digitisation of Manuscripts a/c						
(x)	WHO a/c					1,50,097.00	
(xi)	NMPB a/c						
(xii)	UPS a/c II						
(xiii)	ICSJC a/c						

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S.No.	Name of the Scheme	Received from LIC disbursed		Misc. receipt transferred to pension fund a/c		Amount payable paid	
S.No.		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
(xiv)	Donation a/c						
(xv)	International Events conference a/c						
(xvi)	DST a/c						
(xvii)	CRISM a/c						
(xviii)	CICISM a/c						
	Total S.No. 2				30.00	3,00,402.00	
3.	(i) NPS a/c						
	(ii) GPF a/c					4,00,000.00	
	(iii) GIS a/c	4,60,000.00	2,00,000.00			5,833.00	
	(iv) Pension fund a/c					43,317.80	
	Total S.No. 3	4,60,000.00				4,49,150.80	
	Grand Total S.No. 3	4,60,000.00	2,00,000.00		30.00	32,14,718.80	—

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S.No.	Name of the Scheme	Transferred to Axis Bank		Other Mis. Payments	
		Current Year	Previous Year	Current Year	Previous Year
		(22)		(23)	
1.	Non-Plan				
	(i) Health scheme a/c				
	Total (Non-Plan) S.No. 1				
2.	Plan				
	(i) Health scheme a/c (Gen)	2,70,00,000.00			
	Health scheme a/c (SCP)				
	Health scheme a/c (TSP)				
	Total(H) Plan	2,70,00,000.00			
	(ii) ROTP a/c				
	(iii) Herb Garden a/c				
	(iv) Pub. of Text Books a/c				
	(v) UPS a/c I				
	(vi) Seminar a/c				
	(vii) DSOP a/c				
	(viii) EMR a/c				
	(ix) Digitisation of Manuscripts a/c				
	(x) WHO a/c				
	(xi) NMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICSJC a/c				
	(xiv) Donation a/c				

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Director General

S.No.	Name of the Scheme	Transferred to Axis Bank		Other Mis. Payments	
		Current Year	Previous Year	Current Year	Previous Year
		(22)		(23)	
(xv)	International Events conference a/c				
(xvi)	DST a/c				
(xvii)	CRISM a/c				
(xviii)	CICISM a/c				
	Total S.No. 2	2,70,000.00			
3.	(i) NPS a/c			38,912.00	
	-do-			15,920.00	
	(ii) GPF a/c			27,18,572.00	1,28,62,950.00
	-do-			1,44,92,200.00	29,91,519.00
	-do-			40,07,437.00	38,17,258.00
	-do-			1,20,000.00	955.00
					1,20,000.00
					8,70,281.00
	(iii) GIS a/c			7,99,865.00	2,72,625.00
				5,30,000.00	4,74,000.00
	(iv) Pension fund a/c			2,48,74,364.00	1,29,34,752.00
	Total S.No. 3			4,75,97,270.00	
	Grand Total S.No. 1 to 3	2,70,000.00		4,75,97,270.00	3,43,44,340.00

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S.No.	Name of the Scheme	Closing Balance		Total payments	
		Current Year	Previous Year	Current Year	Previous Year
		(24)		(25)	
1. Non-Plan					
(i) Health scheme a/c		14,193.11	1,00,469.11	43,71,92,824.11	28,19,97,830.71
Total (Non-Plan) S.No. 1		14,193.11		43,71,92,824.11	
2. Plan					
(i) Health scheme a/c (Gen)		4,39,465.49	4,54,548.37	37,87,11,901.49	30,22,23,053.99
Health scheme a/c (SCP)					
Health scheme a/c (TSP)					
Total(H) Plan		4,39,465.49		37,87,11,901.49	
(ii) ROTP a/c			2,071.90	2,144.90	2,071.90
(iii) Herb Garden a/c		9,39,147.00	9,07,120.00	9,39,147.00	9,07,120.00
(iv) Pub. of Text Books a/c		11,303.00	46,83,313.00	48,17,431.00	46,83,313.00
(v) UPS a/c I		41,908.68	3,68,646.35	3,82,030.35	3,68,646.35
(vi) Seminar a/c		—	3,154.00	3,265.00	3,154.00
(vii) DSOP a/c		1,89,355.05	1,88,923.05	1,94,311.05	1,95,392.05
(viii) EMR a/c			1,51,659.00	1,67,134.00	1,91,075.00
(ix) Digitisation of Manuscripts a/c		13,02,345.00	43,74,430.00	45,83,299.00	47,12,430.00
(x) WHO a/c		28,977.00	4,07,576.00	4,22,720.00	7,10,206.00
(xi) NMPB a/c					1,29,525.38
(xii) UPS a/c II		861.00	861.00	861.00	861.00
(xiii) ICSJC a/c			1,59,666.00	1,65,303.00	1,59,666.00
(xiv) Donation a/c		38,978.75	37,649.75	38,978.75	37,709.75

Sd.
(S. Asif Mian)
Accountant (I/A)

Sd.
(D.S. Negi)
Administrative
Officer

Sd.
(Surinder Nath)
Accounts
Officer

Sd.
(Athar Ali)
Assistant Director
(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

S.No.	Name of the Scheme	Closing Balance		Total payments	
		Current Year	Previous Year	Current Year	Previous Year
		(24)		(25)	
(xv)	International Events conference a/c	5,21,975.00	3,00,000.00	5,21,975.00	3,00,000.00
(xvi)	DST a/c	2,27,45,464.00	2,71,87,832.00	2,78,72,383.00	2,73,70,992.00
(xvii)	CRISM a/c	77,95,772.00		1,19,85,372.00	
(xviii)	CICISM a/c	25,47,579.00		30,41,149.00	
Total S.No. 2		3,66,03,130.97		43,08,08,256.54	
3.	(i) NPS a/c	1,38,15,458.00	54,21,523.00	1,44,90,234.68	1,45,49,027.81
	(ii) GPF a/c	2,93,93,591.61	85,24,501.61	18,35,38,790.63	4,33,08,646.61
	(iii) GIS a/c	5,12,838.65	9,19,488.65	1,50,60,077.83	18,66,113.65
	(iv) Pension fund a/c	21,32,818.68	48,27,141.48	4,23,59,694.38	2,08,31,275.14
Total S.No. 3		4,58,54,706.94	5,90,20,574.27	25,54,48,797.52	70,45,48,110.34
		8,24,72,031.02		112,64,91,027.17	

	Current year	Previous year
Cash	1,45,449.75	1,39,912.75
Bank	8,23,26,581.27	5,88,80,661.52
Total	8,24,72,031.02	5,90,20,574.27

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(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Income for the Year ending 31st March 2010

S.No.	Grant-in-aid	Miscellaneous Receipts	Capital Expenditure
1. ROTP a/c	—	73.00	
2. Herb Garden a/c	—	32,027.00	
3. UPS a/c I	—	12,687.00	(-) 3,04,720.35
4. Seminar a/c	—	111.00	
5. DSOP a/c	—	5,388.00	
6. WHO a/c	—	14,391.00	
7. ICSJC a/c	—	5,637.00	
8. Donation a/c	—	1,329.00	
9. EMR	—	2,434.00	
10. Publication of text books	—	1,34,118.00	
11. DST a/c	—	6,84,551.00	(-) 27,50,175.00
12. International events	—	10,592.00	
13. Health a/c (Plan)	31,00,00,000.00	89,80,348.92	(-) 7,92,70,138.00
14. CRISM a/c	1,19,29,000.00	24,142.00	
15. CICISM a/c	30,00,000.00	41,149.00	
16. Digitisation of manuscripts a/c		1,34,126.00	
	32,49,29,000.00	1,00,83,103.92	(-) 8,23,25,033.35
1. Health a/c (N.P.)	39,40,00,000.00	24,51,559.00	(-) 75,046.00
Total	71,89,29,000.00	1,25,34,662.92	(-) 8,24,00,079.35

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(Admn.)

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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Expenditure for the Year ending 31st March 2010

S. No.	Establishment expenses	Administrative expenses	Material & Supplies	Other charges	Excess of Income over Expenditure :	Excess of Expenditure over Income
(A) PLAN						
1. ROTP a/c	—	—	—	—	73.00	
2. Herb Garden a/c	—	—	—	—	32,027.00	
3. UPS a/c I	—	33,839.00	—	—	—	3,25,872.35
4. Seminar a/c	—	—	—	—	111.00	
5. DSOP a/c	—	2,858.00	2,098.00	—	432.00	
6. WHO a/c	—	1,64,051.00	32,762.00	—	—	1,82,422.00
7. ICSJC a/c	—	—	—	—	5,637.00	
8. Donation a/c	—	—	—	—	1,329.00	1,50,499.00
9. EMR	1,51,613.00	1,320.00	—	—	—	
10. Publication of text books	—	—	—	48,06,128.00	—	46,72,010.00
11. DST a/c	—	3,76,744.00	—	—	—	24,42,368.00
12. International events	—	—	—	—	10,592.00	
13. Health a/c (Plan)	2,66,49,711.00	5,85,53,519.50	8,99,60,767.50	3,18,87,418.00	3,26,58,794.92	
14. CRISM a/c	2,78,903.00	25,72,673.00	1,794.00	—	90,99,772.00	
15. CICISM a/c	—	4,93,570.00	—	—	25,47,579.00	
16. Digitisation of manuscripts a/c	2,91,943.00	29,14,268.00	—	—	—	30,72,085.00
Total	2,73,72,170.00	6,51,12,842.50	8,99,97,421.50	3,66,93,546.00	4,43,56,346.92	1,08,45,256.35
1. Health a/c (N.P.)	37,30,89,000.00	44,06,815.00	2,14,981.00	1,80,50,683.00	6,15,034.00	—
Total	40,04,61,170.00	6,95,19,657.50	9,02,12,402.50	5,47,44,229.00	4,49,71,380.92	1,08,45,256.35
		15,97,32,060.00			-)1,08,45,256.35	
					3,41,26,124.57	

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Sd.
(Athar Ali)
Assistant Director
(Admn.)

Sd.
(Dr. Mohammed Khalid Siddiqui)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Assets of Balance Sheet as on 31st March 2010

S. No.	Name of Schemes	Fixed assets (S/3)	Excess of Expenditure over Income (S/4)	Current assets (S/5A)	Current assets (S/5B)	Investments (S/5C)	Total assets
1.	ROTP a/c	—	1,603.10	—	2,146.90		3,750.00
2.	Herb Garden a/c	4,37,694.00	—	9,39,147.00	2,00,000.00		15,76,841.00
3.	Patent a/c	10,493.00	—				10,493.00
4.	UPS a/c I	8,21,899.35	—	41,908.68	20,865.32		8,84,673.35
5.	Seminar a/c	—	—		3,265.00		3,265.00
6.	DSOP a/c	76,519.00	—	1,89,355.05	5,000.00		2,70,874.05
7.	WHO a/c	—	—	28,977.00	1,46,873.00		1,75,850.00
8.	NMPB a/c	28,243.00	—		—		28,243.00
9.	ICSJC a/c	—	—		1,65,303.00		1,65,303.00
10.	EMR	—	—		219.00		219.00
11.	Digitisation of Manuscripts a/c	2,53,500.00	—	13,02,345.00			15,55,845.00
12.	UPS a/c II		—	861.00			861.00
13.	Donation a/c		—	38,978.75			38,978.75
14.	Publication of text books		—	11,303.00			11,303.00
15.	DST a/c	20,44,915.00	—	2,27,45,464.00	20,00,000.00		2,67,90,379.00
16.	International Events conference a/c		—	5,21,975.00			5,21,975.00
17.	Health a/c	23,57,65,903.47		4,53,658.60	11,59,89,501.45		35,22,09,063.52
18.	CRISM a/c			77,95,772.00	13,04,000.00		90,99,772.00
19.	CICISM a/c			25,47,579.00			25,47,579.00
20.	F.W. a/c	42,805.71	15,042.06		2,047.94		59,895.71
21.	NPS a/c			1,38,15,458.00		95,22,449.49	2,33,37,907.49
22.	CPF/GPF a/c			2,93,93,591.61	33,852.98	17,17,97,125.14	21,06,52,416.73
	-do-				44,30,434.00		—
	-do-				49,97,413.00		—
23.	GIS a/c			5,12,838.65	180.00	1,35,46,673.18	1,40,63,191.83
	-do-				3,500.00		—
24.	Pension fund a/c			21,32,818.68	6,557.00	1,72,11,287.56	1,93,73,689.24
	-do-				11,156.00		—
	-do-				11,870.00		—
	Total	23,94,81,972.53	16,645.16	8,24,72,031.02	12,93,34,184.59	21,20,77,535.37	66,33,82,368.67

Sd.
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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Liabilities of Balance Sheet as on 31st March 2010

S. No.	Name of Schemes	Capital fund (S/1)	Excess of Income over Expenditure (S/4)	Current Liabilities (S/2)	Total liabilities
1.	ROTP a/c	—	—	3,750.00	3,750.00
2.	Herb Garden a/c	4,37,694.00	11,39,147.00		15,76,841.00
3.	Patent a/c	10,493.00			10,493.00
4.	UPS a/c I	8,21,899.35	52,274.00	10,500.00	8,84,673.35
5.	Seminar a/c		3,265.00		3,265.00
6.	DSOP a/c	76,519.00	1,94,355.05		2,70,874.05
7.	WHO a/c		82,726.00	93,124.00	1,75,850.00
8.	NMPB a/c	28,243.00			28,243.00
9.	ICSJC a/c		1,65,303.00		1,65,303.00
10.	EMR a/c		219.00		219.00
11.	Digitisation of Manuscripts a/c	2,53,500.00	12,84,345.00	18,000.00	15,55,845.00
12.	UPS a/c II		861.00		861.00
13.	Donation a/c		7,322.00	31,656.75	38,978.75
14.	Publication of text books		11,303.00		11,303.00
15.	DST a/c	20,44,915.00	2,47,45,464.00		2,67,90,379.00
16.	International Events conference a/c		3,10,592.00	2,11,383.00	5,21,975.00
17.	Health a/c	23,57,65,903.47	10,83,21,109.20	81,22,050.85	35,22,09,063.52
18.	CRISM a/c		90,99,772.00		90,99,772.00
19.	CICISM a/c		25,47,579.00		25,47,579.00

Sd.
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(Dr. Mohammed Khalid Siddiqui)
Director General

S. No.	Name of Schemes	Capital fund (S/1)	Excess of Income over Expenditure (S/4)	Current Liabilities (S/2)	Total liabilities
20.	F.W. a/c	42,805.71		17,090.00	59,895.71
21.	NPS a/c			2,24,93,957.00	2,33,37,907.49
	-do-			8,37,368.49	21,06,52,416.73
	-do-			6,582.00	—
22.	CPF/GPF a/c			14,41,21,904.49	—
	-do-			85,904.00	—
	-do-			49,97,413.00	—
	-do-			6,14,47,195.24	—
23.	GIS a/c			45,01,588.40	1,40,63,191.83
	-do-			95,60,577.43	—
	-do-			1,026.00	—
24.	Pension fund a/c			1,93,39,284.24	1,93,73,689.24
	-do-			10.00	
	-do-			34,395.00	
	Total	23,94,81,972.53		27,59,34,759.89	66,33,82,368.67
	Excess of Income over Expenditure :	(+)14,79,48,991.09	14,79,65,636.25		
		—	—		
	Less: Excess of Income over Expenditure :	—	(-) 16,645.16		
	Total	38,74,30,963.62	14,79,48,991.09		

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Consolidated Schedule of Fixed Assets as on 31.03.2010

S. No.	Name of the assets	Gross Block				Depreciation		Net Block As on 31.03.2010
		Opening Balance as 01.04.2009	Addition	Deductions	Total	Less: Sale of Council's publications (priced)		
1.	Machinery & Equipment	43,004,729.31	28,939,276.35	(-)197,021.00	71,746,984.66	—	19,483,929.12	52,263,055.54
2.	Furniture & Fixtures	26,115,661.00	40,121,844.00	(-)77,125.43	66,160,379.57	—	9,107,082.57	57,053,297.00
3.	Computers	5,790,245.00	1,664,998.00	—	7,455,243.00	—	5,210,602.00	2,244,641.00
4.	Land	2,785,336.00	—	—	2,785,336.00	—	—	2,785,336.00
5.	Construction work of Herb Garden a/c	479,102.00	—	—	479,102.00	—	47,910.00	431,192.00
6.	Books & Journals	19,875,433.17	5,125,189.00	—	25,000,622.17	—	—	25,000,622.17
7.	Vehicles	2,907,537.00	6,324,344.00	—	9,231,881.00	—	2,307,968.00	6,923,913.00
8.	Building	91,026,896.00	—	—	91,026,896.00	—	9,102,690.00	81,924,206.00
9.	Council's Publications (Priced)	10,634,493.82	650,334.00	—	11,284,827.82	-429118.00	—	10,855,709.82
	Total	202,619,433.30	82,825,985.35	(-)274,146.43	285,171,272.22	(-)429,118.00	45,260,181.69	239,481,972.53

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

NOTES ON ACCOUNTS:

1. Annual accounts of the Council for the year 2009-10 have been prepared on the new format as prescribed by CGA and approved by the CAG of India since 2002-03.
2. The Central Council for Research in Unani Medicine is fully financed through grant-in-aid therefore income tax is not applicable on the organisation.
3. The said accounts have been prepared on accrual basis.
4. Schedules have been attached where necessary.
5. Depreciation has been charged on assets by diminishing balance method.
6. The construction work is being done by the CPWD.
7. There is no valuation of Inventories since it is not a profit earning organisation but a Research Organisation under Ministry of Health & Family Welfare, Department of AYUSH.
8. A schedule of Investment is prepared every year and given to audit which is duly reconciled with actual documents figure mentioning there the rate of interest, duration, amount and name of Institutions etc.
9. Retirement benefits are treated as per GOI Rules.
10. The annual accounts of the Council for the year 2009-10 were approved by the competent authority i.e. Standing Finance Committee on 30.06.2010.

Sd/-
Accounts Officer
CCRUM, New Delhi

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22. Drug Standardisation Research Institute
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23. Unani Medical Centre
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(Extension centre of RRIUM, New Delhi)



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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