

ANNUAL REPORT

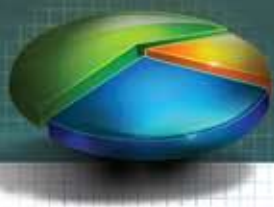
2010-11



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Ministry of Health and Family Welfare, Government of India

New Delhi



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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)

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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 Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (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 PROGRAMME-WISE ACHIEVEMENTS

The Council continued its activities through its 22 centres in different parts of the country in the areas of survey and cultivation of medicinal plants, drug standardization research, clinical research, literary research and fundamentals of Unani Medicine. Under the Survey and Cultivation of Medicinal Plants Programme, different forest areas including Hyderabad Forest Division, Medak Forest Division, Nalgonda Forest Division, Nagarjuna Sagar Forest Division, and Paderu Forest Division (Andhara Pradesh); Social Forestry Division, Bijnor (Uttar Pradesh); Bhadrak, Keonjhar and Athagrah Forest Divisions of Cuttack (Odisha); South Wayanad Forest Division, Wayanad (Kerala); and Kashmir Valley Forest Division, Srinagar (J&K) were surveyed. As a result of the surveys, 3080 specimens belonging to 1037 species of medicinal plants were collected and identified. Besides, 410 folk medicinal claims were also recorded from the tribal and rural inhabitants. Experimental and large scale cultivation of nine important medicinal species also continued at different herb gardens of the Council. Over 150 common species of Unani medicinal plants were maintained in the nurseries of the Council's centres. Of the specimens collected during the surveys, 1926 herbarium sheets were prepared. Besides, 580 kg of raw drugs was also collected. Five farmers' meetings were organized for creating awareness about cultivation and marketing of medicinal plants. During the year the Council published a monograph entitled *Unani Medicinal Plants of Andhra Pradesh, Part-I* based on the survey records. Also, 13 research papers were published in the reputed scientific journals by the Council's researchers.



Under the Drug Standardization Research Programme, work relating to development of Standard Operating Procedures (SOPs) for manufacture of and pharmacopeial standards for 50 compound drugs completed. Besides, pharmacopeial standards for 39 compound drugs were evolved. Quality control data on 31 research formulations, prepared at the pharmacy of Central Research Institute of Unani Medicine (CRIUM), Hyderabad, was also generated. Studies on estimation of heavy metals in 70 compound formulations and microbial load, aflatoxin contamination and pesticidal residue in 84 drugs were also carried out at CRIUM, Hyderabad. Chemical investigations on two drugs namely Chiraita Talkh (*Swertia chiraita*) and Halela Siyah (*Terminalia chebula*) continued at Chemical Research Unit, Aligarh. Three compounds namely methyl swertianin, 8-hydroxy 1,3,7-methoxy xanthone and swertianin in Chiraita Talkh (*Swertia chiraita*) and two compounds namely 2-hydroxy-6-methoxy benzoic acid and flavonol glycoside in Halela Siyah (*Terminalia chebula*) were identified. Safety evaluation of three research drugs was also completed. Spectral analysis and interpretation of compounds isolated from four drugs were done in collaboration with Indian Institute of Integrative Medicine (IIIM), Jammu. Study on evaluation of antidiabetic properties of *Achillea millifolium* and *Berberis lyceum* was conducted in collaboration with Department of Bio-chemistry, University of Kashmir, Srinagar. Biological activity of *Arisaema propinquum* and *Myricaria germanica* was studied in collaboration with University of Kashmir. The second volume of Unani Pharmacopoeia of India, Part-II, consisting of 50 monographs was published during the reporting period. Besides, compilation of National Formulary of Unani Medicine, Part-VI containing 137 formulations also completed. Based on the research work done in this programme, nine research papers were published in the reputed scientific journals.

Under the Clinical Research Programme, preclinical as well as clinical studies continued on different diseases. Significant leads were achieved in the treatment of Zeequn Nafas (Bronchial asthma) 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 two drugs in Iltehab-e-Kabid (Infective hepatitis) and three drugs in Waja-ul-Mafasil (Rheumatoid arthritis) completed. Besides, preliminary studies on three drugs in Kasrat-e-Shahmuddam (Hyperlipidemia) and four drugs in Muzmin Zubeh-e-Sadariya Sabit (Chronic stable angina) and one drug in Qarh-e-Meda-wa-Isna-e-Ashari (Duodenal ulcer) also completed. Patent for a new drug for Zeequn Nafas (Bronchial asthma) was also obtained during the reporting period.

Regimenal therapy experimentation in musculoskeletal disorders also continued. The SOPs for Hajamat (Cupping) – a form of regimenal therapy – were developed for their application in Waja-ul-Mafasil (Rheumatoid arthritis)/ Tahajjur-e-Mafasil (Osteo-arthritis) patients. Besides, experimental studies on leeching in essential hypertension and varicose veins were also conducted.

Collaborative clinical studies continued on Zeequn Nafas (Bronchial asthma) at Vallabh Bhai Patel Chest Institute, New Delhi, on Daus Sadaf (Psoriasis) at All India Institute of Medical Sciences (AIIMS), New Delhi, on Iltehab-e-Kabid (Infective hepatitis) and Qarah-e-Meda wa Isna-e-Ashari (Duodenal ulcer) at Deccan Medical College, Hyderabad, and on Tahajjur-e-Mafasil (Osteo-arthritis) at Jamia Hamdard, New Delhi. Trial of Unani drug as adjuvant therapy to antitubercular treatment (ATT) also continued at Jamia Hamdard. Preclinical safety evaluation of two drugs for Daus Sadaf (Psoriasis) at AIIMS, New Delhi completed. In all these studies, significant leads have been achieved.

Under the extra-mural research (EMR) scheme, 10 new projects on Unani Medicine were approved for financial support whereas 30 projects continued from the previous year. One project was completed during the reporting period.

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 also continued. During the reporting period, a total of 190240 new patients were registered in the general out-patient department (GOPDs) at different centres of the Council. In the GOPDs, for treatment of common and chronic ailments, a good amount of observational data was collected on the efficacy of kit medicines.

The Mobile Clinical Research Programme continued at 10 centres of the Council covering a total population of 3.5 lakh including 1.6 lakh belonging to Scheduled Castes (SC) and Scheduled Tribes (ST) in rural and tribal pockets and urban slums. Under this programme, medicare was provided to the people at their doorsteps. During the reporting period, a total of 17110 new patients were registered. Of them, 12480 patients belonged to Scheduled Castes and Scheduled Tribes. Besides, group meetings and public lectures on health related issues continued with a view to improving health awareness. The whole activity aimed to improve health status of the population under coverage and thereby reduce the morbidity rate.

Research on fundamental aspects of Unani Medicine continued at CRIUM, Hyderabad. Phase-III study on susceptibility to diseases in relation to the temperament of the patients continued.

Under the Literary Research Programme, Urdu translations of two important classical texts completed. Besides, under the project of publication of out-of-print Unani books, 31 classical books were edited and printed during the reporting period.

With a view to disseminating the research findings, 90 research papers based on the studies conducted in different research projects were presented in different international and national seminars/conferences and 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, 55 publications were brought out. 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, 20 schools falling under the adopted pockets were covered. In these schools, health check-ups of 4730 school children were conducted. Of them, 1960 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, 92468 female patients were treated at different centres of the Council. With a view to enhancing health awareness, health education on Unani medical principles for prevention of diseases and promotion of health was provided particularly to women and school children in the adopted pockets/schools through group meetings, lectures



using audio and video means. They were also educated about medicinal uses of plants growing in their vicinity.

The only centre of the Council in the North-Eastern Region, Regional Research Centre of Unani Medicine (RRCUM), Silchar (Assam) with an extension centre at Karimganj (Assam) continued to provide free healthcare through Unani Medicine to the people in the area. The Centre treated 6834 patients during the reporting period.

With a view to providing healthcare facilities through Unani Medicine at Government Allopathic Hospitals, the Council has established two centres in New Delhi. The Council's Unani Medical Centre (UMC) at Dr. Ram Manohar Lohia Hospital, New Delhi has been functioning since 14 January 1998, whereas the Unani Speciality Clinic (USC) at Deen Dayal Upadhyay Hospital started from 1 November 2010. During the reporting period, 22065 patients were registered at the UMC and 4074 at the USC.

The Council organized two conferences – a National Conference of Practitioners of Unani Medicine and 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 so that the benefit of research could reach the practitioners and the masses at large.

The Council also organized an Indo-US Symposium on Methodology of Research in Indian Systems of Medicine at Bangalore on 8 and 9 December 2010 under the aegis of Indo-US joint Centre for Research in Indian Systems of Medicine (CRISM) in collaboration with Indian Institute of Integrative Medicine (IIIM), (CSIR), Jammu Tawi and National Center for Natural Products Research (NCNPR), University of Mississippi, USA.

In order to increase awareness about Unani Medicine as well as propagate its research progress, the Council participated in different international and national events including exhibitions, health fairs, health camps, etc. The Council's centres also actively participated in the national pulse polio programme. Human resource development activities in respect of the Council's researchers also continued.

The Council participated in three Arogya Melas (health 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 2010 by organizing various Hindi contests for its employees at the headquarters and its centres in different parts of the country.

In the coming year, the Council intends to consolidate the work done during the XI Five Year Plan and also to enter new areas of research.

New Delhi
16 December 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

* Union Minister for Health and Family Welfare, in his capacity as President of Governing Body, appointed Union Minister of State for Health and Family Welfare as Vice-President I and Secretary, Department of AYUSH as Vice-President II (vide Department of AYUSH letter No. V-27020/51/2009-Ay.Desk dated 11 April 2011).



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

Member-Secretary:

- Director General, Central Council for Research in Unani Medicine (CCRUM)

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

During the reporting period the Standing Finance Committee (SFC) met twice, first on 30 June 2010 and then on 25 January 2011. In its meeting held on 30 June 2010, the SFC adopted the annual accounts of the Central Council for Research in Unani Medicine (CCRUM) and those of the Councils' Combined Building Complex (CCBC) for the year 2009-10 and referred them to the Director General of Audit for audit under Section 20(1) of the Comptroller and Auditor General's (Duties, Powers and Condition of Service) Act, 1971. In the second meeting held on 25 January 2011, the SFC inter alia noted the actions taken on its recommendations made at the earlier meeting. The SFC also noted the audit report on the accounts of the Council for the year 2009-2010 and recommended them for approval. The Committee considered and recommended Revised Estimates (RE) 2010-11 and Budget Estimates (BE) 2011-12 of the Council.

The SFC also recommended the following important proposals:

- (i) The revised estimates for Rs. 1,27,35,000 including contingencies submitted by Central Public Works Department (CPWD) in respect of construction of the building wall of Regional Research Institute of Unani Medicine (RRIUM), Bhadrak. The Committee reiterated that the work may be expedited.
- (ii) Annual maintenance of the Councils' Combined Building Complex (civil and electrical works) by the CPWD with an expenditure of Rs. 31,83,600 for electrical works.
- (iii) Payment of Fixed Medical Allowance (FMA) to the Pensioners retired from the Council at the enhanced rate of Rs. 300/- per month and to send it to Department of AYUSH for approval.
- (iv) The estimates of CPWD for water proofing of Block A, B and C of Jawaharlal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhavan at Janakpuri, New Delhi at a cost of Rs. 18,07,031/-.
- (v) Construction of vehicle parking cum hostel at CRIUM, Hyderabad at a cost of Rs. 2,84,15,164/- through National Projects Construction Corporation (NPCC).

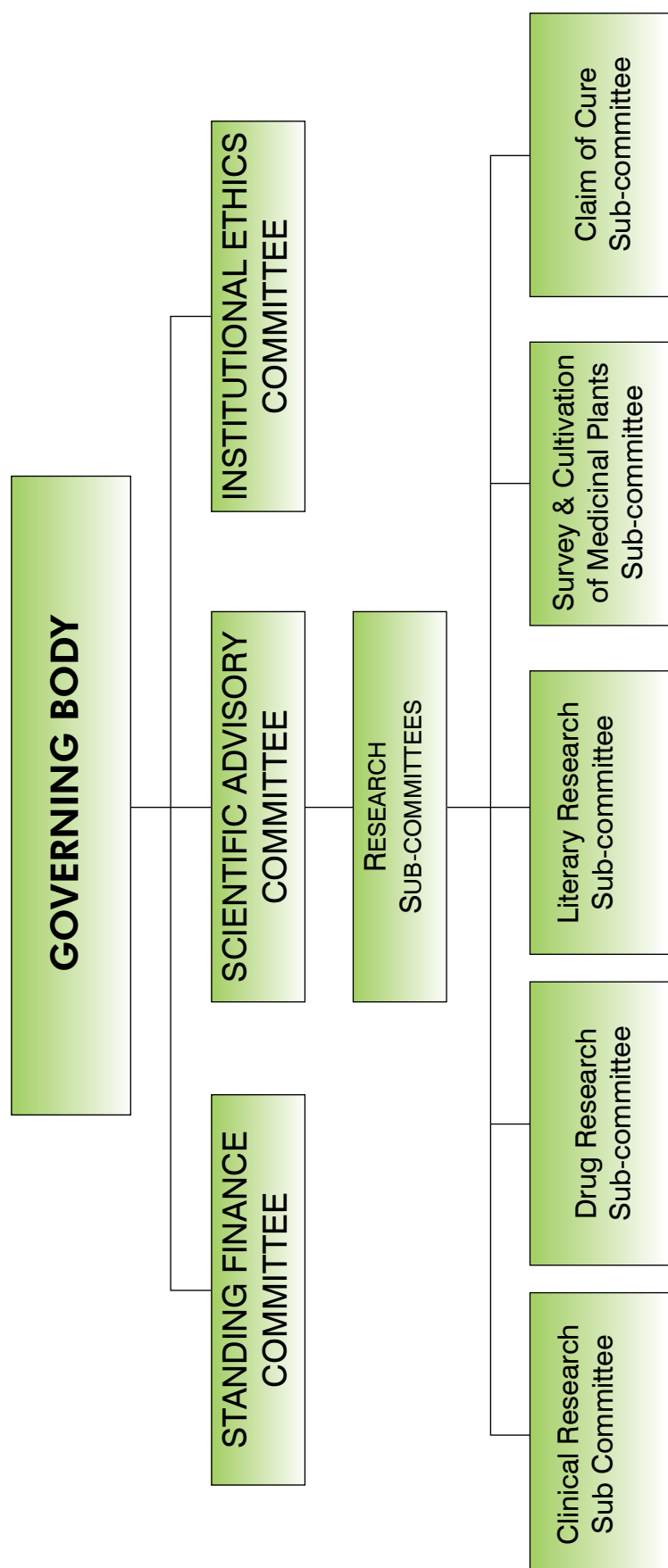
2.3 INSTITUTIONAL ETHICS COMMITTEE (IEC)

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

- | | |
|---|------------------|
| • Dr. C.M. Habibullah
Head, Centre for Liver Diseases
Deccan Medical College & Hospital
Hyderabad | Chairman |
| • Dr. Raj Bala Yadav
Department of Laboratory Medicine
Dr. Ram Manohar Lohia (RML) Hospital
New Delhi | Member |
| • Prof. V.H. Talib
Former Head,
Department of Laboratory Medicine
Safdarjang Hospital
New Delhi | Member |
| • Prof. Hakim Jamil Ahmad
Former Dean, Faculty of Medicine (Unani)
Jamia Hamdard,
New Delhi | Member |
| • Dr. K.S. Anand
Department of Neurology
Dr. RML Hospital
New Delhi | Member |
| • Prof. Akhtarul Wasey
Head, Department of Islamic Studies and
Dean, Faculty of Humanities and Social Sciences
Jamia Millia Islamia
New Delhi | Member |
| • Prof. S.M. Afzal Qadri
Former Dean, Faculty of Law
University of Kashmir
Srinagar | Member |
| • Dr. S.N. Sharma
General Manager, Sigel Laboratories
New Delhi | Member |
| • Director General
CCRUM, New Delhi | Member-Secretary |



MANAGEMENT OF THE COUNCIL



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

2.4.1 RESEARCH SUB-COMMITTEES

The SAC is assisted by five Sub-committees, 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.

2.5 ORGANIZATIONAL SET-UP

The Council has its headquarters at New Delhi, and a network of 22 centres is functioning in different parts of the country. These include:

Centres	Number
Central Research Institutes of Unani Medicine	02
Regional Research Institutes of Unani Medicine	08
Regional Research Centres of Unani Medicine	02
Clinical Research Units	06
Literary Research Institute of Unani Medicine	01
Drug Standardization Research Institute	01
Drug Standardization Research Unit	01
Chemical Research Unit (Grant-in-aid)	01

Besides, a Unani Medical Centre and a Unani Specialty Clinic are working as extension centres of Regional Research Institute of Unani Medicine, New Delhi.

The council's 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
- Clinical Research Unit (CRU), Kurnool

* The SAC was not in office during the reporting period.



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
- Unani Speciality Clinic (extension centre of RRIUM, New Delhi), Deen Dayal Upadhyay 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

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

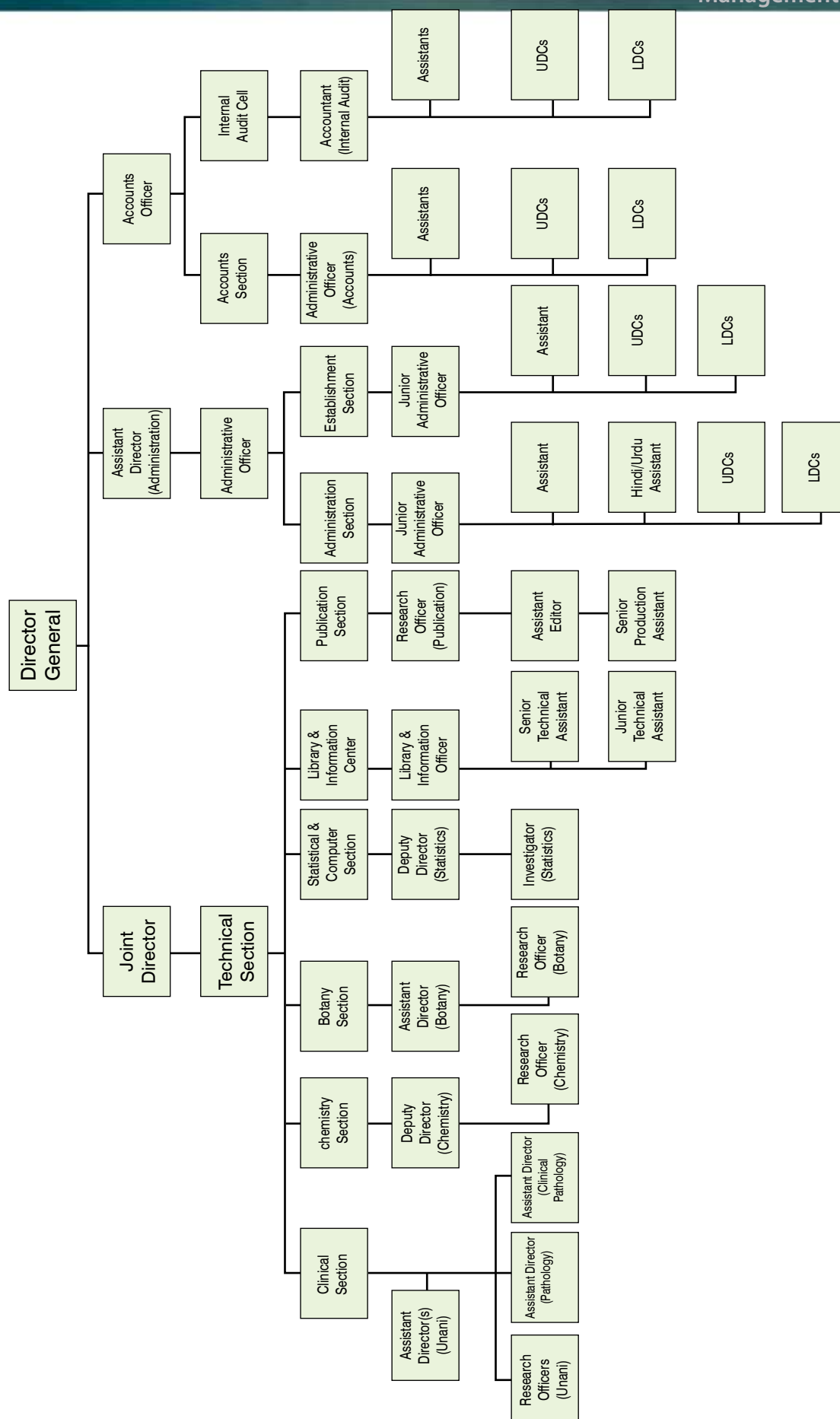
Uttar Pradesh

- 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

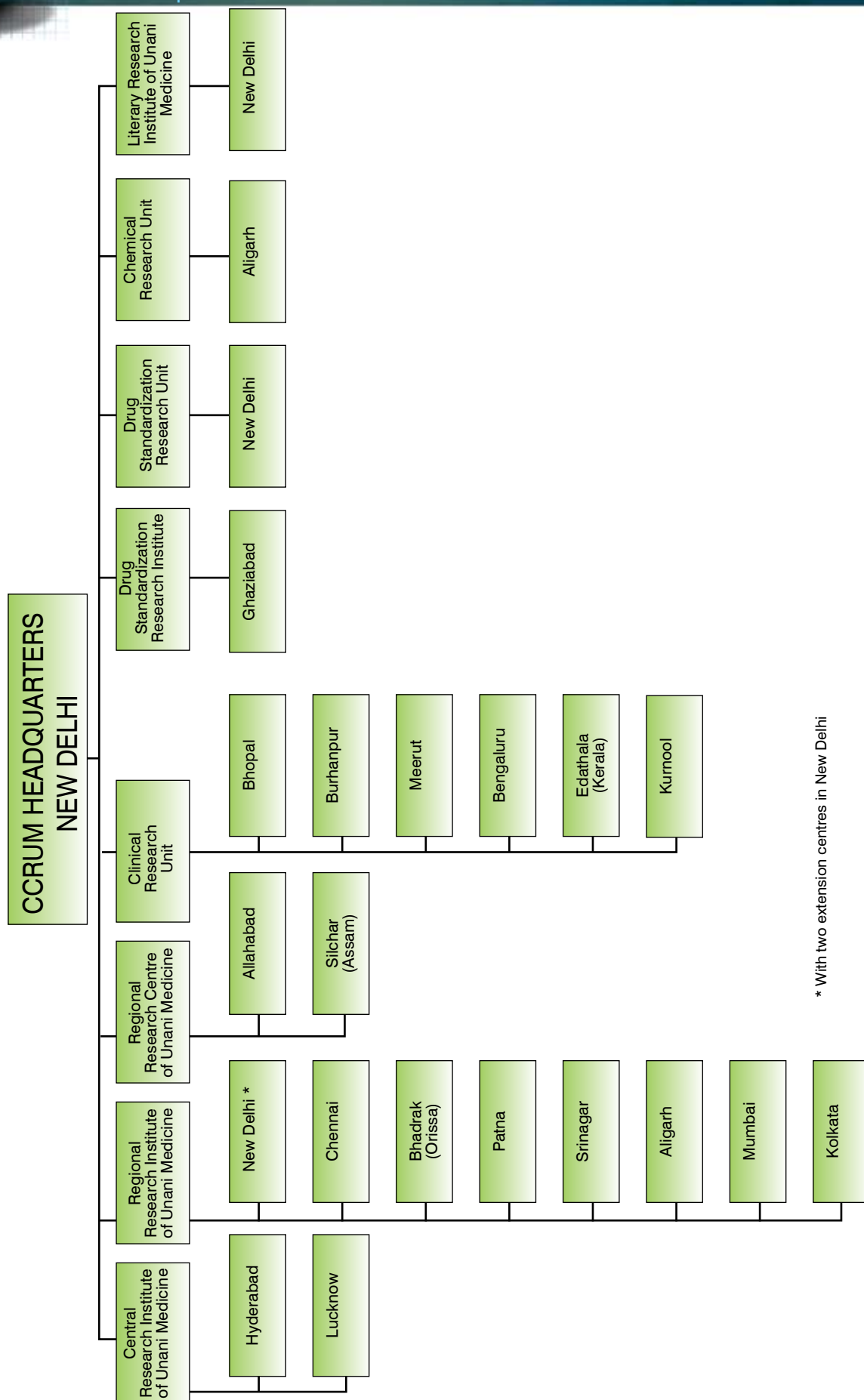
- Regional Research Institute of Unani Medicine (RRIUM), Kolkata

ORGANIZATIONAL SET-UP AT THE HEADQUARTERS





ORGANIZATIONAL SET-UP OF THE COUNCIL



* With two extension centres in New Delhi

Institutional Network of CCRUM



* Extension Centre of RRIUM, New Delhi



2.6 BUDGET (ACTUAL EXPENDITURE)

The centre-wise actual expenditure of the Council during 2010-11 was as follows.

(Rupees in thousands)

	Non-Plan	Plan	Grand Total
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	74469	24370	98839
CRIUM, Lucknow	46	48407	48453
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	17145	3678	20823
RRIUM, Patna	12445	9186	21631
RRIUM, Chennai	30463	14219	44682
RRIUM, Aligarh	16104	11033	27137
RRIUM, Srinagar	20705	11565	32270
RRIUM, Mumbai	7980	8032	16012
RRIUM, Kolkata	-	7980	7980
RRIUM, New Delhi	24618	24290	48908
Regional Research Centre of Unani Medicine (RRCUM), Allahabad	10842	7421	18263
Clinical Research Unit (CRU), Bengaluru	3277	212	3489
CRU, Karimganj	-	9198	9198
CRU, Meerut	-	2712	2712
CRU, Kerala	1353	5787	7140
CRU, Burhanpur	2587	1663	4250
CRU, Bhopal	-	3317	3317
CRU, Kurnool	546	-	546
Unani Speciality Clinic, Deen Dayal Upadhyay Hospital, New Delhi	-	111	111
Drug Standardization Research Unit (DSRU), New Delhi	5497	345	5842
Literary Research Institute of Unani Medicine (LRIUM), New Delhi	12034	745	12779
CCCBC New Delhi	-	57059	57059
CCRUM Headquarters, New Delhi	46119	51123	97242
Other Charges (at Headquarters)		-	
Pension Liabilities	41000	-	41000
Council's contribution to New Pension Scheme, interest thereon	5002	518	5520
Deposit-linked Insurance Scheme	60	-	60

	Non-Plan	Plan	Grand Total
Council's contribution to CPF, interest thereon and interest on GPF/CPF subscription.	4430	-	4430
Advances to Government Servants:			
Scooter	78	138	216
Computer	80	240	320
HBA	250	250	500
Council's contribution to CGHS	3370	-	3370
Publication Charges	-	184	184
Audit Fee	-	209	209
Imprest Advance	5	26	31
Grant-in-aid to CRU, Aligarh	-	308	308
Seminar/Workshops	-	4618	4618
Short-term research enquiry	-	3251	3251
Building funds for construction of building	-	61792	61792
Health Camps	-	472	472
Exhibition	-	72	72
Manuscript expenses	-	9337	9337
Unani Pharmacopoeia expenses	-	1196	1196
Training programme expenses	-	1392	1392
EMR expenses	-	491	491
Arogya expenses	-	5346	5346
TKDL project	-	32	32
Total	352093	393056	745149



3. TECHNICAL REPORT

3.1 INTRAMURAL RESEARCH

3.1.1 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 Programme • Survey and Cultivation of Medicinal Plants 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 Programme • Survey and Cultivation of Medicinal Plants 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 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 Programme • Survey and Cultivation of Medicinal Plants 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 Programme • Survey and Cultivation of Medicinal Plants 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 • Unani Medical Centre at Dr. Ram Manohar Lohia Hospital (Extension Centre of RRIUM, New Delhi) • Unani Speciality Clinic at Deen Dayal Upadhyay Hospital, New Delhi (Extension Centre of RRIUM, New Delhi)
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
Clinical Research Unit (CRU) Kurnool	<ul style="list-style-type: none"> • General Out-patient Department (GOPD) Programme
Drug Standardization Research Unit (DSRU), New Delhi	<ul style="list-style-type: none"> • Drug Standardization Programme
Drug Standardization 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

3.1.2 PROGRAMME-WISE ACTIVITIES

3.1.2.1 SURVEY AND CULTIVATION OF MEDICINAL PLANTS PROGRAMME

The Council has undertaken 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 a 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 and threats of medicinal plants;
- To cultivate medicinal plants experimentally and in the field;
- To maintain a herbarium and an exhibition of medicinal plants and raw drugs for demonstration purposes;
- To maintain a demonstrable herb garden
- To develop nursery of medicinal plants for demonstration purpose with a view to popularize them among masses.

This programme is being carried out at five research centres of the Council, namely Central Research Institute of Unani Medicine (CRIUM), Hyderabad; Regional Research Institute of Unani Medicine (RRIUM), Aligarh; RRIUM, Bhadrak; RRIUM, Chennai; and RRIUM, Srinagar.

Ethnopharmacological Surveys

Under this programme the Council undertook ethnopharmacological surveys in different forest divisions/areas during the period under report. These included Hyderabad Forest Division, Medak Forest Division, Nalgonda Forest Division, Nagarjuna Sagar Forest Division and Paderu Forest Division (Andhra Pradesh); Social Forestry Division, Bijnor (Uttar Pradesh); Bhadrak, Keonjhar and Athagrah Forest Divisions of Cuttack (Orissa); South Wayanad Forest Division, Wayanad (Kerala); and Kashmir Valley Forest Division, Srinagar (J&K). As a result of the survey tours conducted, 3080 specimens belonging to 1037 species of medicinal plants were collected and identified.

Herbarium

Plant specimens collected from the study areas were mounted on herbarium sheets. During the reporting period, 1926 such herbarium sheets were prepared and information pertaining to the plant's botanical name, family, local name, Unani name (wherever available), date of collection, brief morphological features, and medicinal/ other uses of the plant were recorded on each herbarium sheet. Besides, 232 new index cards were prepared and 542 old index cards were updated.

The surveyers collected 389 saplings of important medicinal species for plantation in the nurseries attached to the institutes. The survey teams also collected fresh raw drugs weighing 580 kg and supplied to the pharmacy section of Central Research Institute of Unani Medicine, Hyderabad for preparation of Unani formulations.



Folk Claims

The Council's surveyers gathered information 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. As a result 410 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 has 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.

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 Atrilal (*Ammi majus* L.), Babchi (*Psoralea corylifolia* L.), Gulnar Farsi (*Punica granatum* Linn. abortive var.), Gurmarbuti (*Gymnema sylvestre* R Br.), Irsa (*Iris ensata* Thunb), Khulanjan (*Alpinia galanga* Willd.), Unsul (*Urgenia indica* Kunth.), Sudab (*Ruta graveolens* Linn.), Rasan (*Inula racemosa* C.B.Clarke) etc. As a result of cultivation, 298 kg of raw drugs was yielded.

Farmers' Meets

The Council's research centres organized farmers' meetings to raise their awareness about cultivation and marketing of medicinal plants. During the period under report five such training programmes were organized at block level in different States. The blocks where the training programmes were organized were: Kottur Mandal of Mahboobnagar District and Yadgirigutta (Bongiri) Mandal of Nalgonda District (Andhra Pradesh), Chandaus Development Block, District Aligarh (Uttar Pradesh), Gujdarada Block, District Bhadrak (Odisha), and Perampakkam village, Kadampathur Block, Tiruvallur District (Tamil Nadu).

Nursery of Medicinal Plants

To popularize medicinal plants among masses, the Council has launched a programme of cultivating about 150 common species in its nurseries developed at Aligah, Chennai, Hyderabad and Srinagar. Some of the important and interesting species grown under this activity include: Aatrilal (*Ammi majus* L.), Anar (*Punica granatum* L.), Babchi (*Psoralea corylifolia* L.), Bandranjboya (*Valeriana jatamansi* Jones), Bhangra (*Eclipta alba* Hussk), Mako (*Solanum nigrum* L.), Kasni (*Cichorium intybus* L.), Qurtum (*Carthamus tinctorius* L.), Rasan (*Inula racemosa* C.B.Clarke), Sadabahar (*Vinca rosea* L.), Kasoos (*Cuscuta reflexa* Roxb.), Muqil (*Commiphora mukul* (Hook ex Stocks) Engl.), Marorphali (*Helicteres isora* L.), Tulsi (*Ocimum sanctum* L.), Keora (*Pandanus tectorious* Soland. ex Parkinson.), Sudab (*Ruta graveolens* Linn.), Waj (*Acorus calamus* Linn.), Turbud (*Ipomoea turpethum* R. Br.), Karanjawa (*Caesalpinia crista* L.), Qinnab (*Cannabis sativa* L.), Gulnarfarsi (*Punica granatum* L. abortive var.), Gurmar buti (*Gymnema sylvestre* R. Br.), Hina (*Lawsonia inermis* L.), Konch (*Mucuna pruriens* L.), Khulanjan (*Alpinia galanga* Willd), etc.

Based on the surveys, a monograph entitled *Unani Medicinal Plants of Andhra Pradesh, Part-I* was also published during the reporting period. The Council's researchers also published 13 research papers based on ethnobotanical studies.

3.1.2.2 DRUG STANDARDIZATION RESEARCH

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. Chemical investigations and toxicity studies of Unani medicinal plants are also carried out under this programme. Standardization work on single drugs and compound formulations is carried out in accordance with the format approved by Unani Pharmacopoeia Committee of the Government of India. The standards so developed are incorporated in the *Unani Pharmacopoeia of India*. Drug standardization research is being carried out at the following 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), 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.
- Unani Pharmacopoeia Committee Meeting

Development of Standard Operating Procedures (SOPs) for Manufacture of and Pharmacopoeial Standards for Compound Drugs

At different research centres of the Council and laboratories outside the Council under EMR projects, standard operating procedures (SOPs) for the manufacture of and pharmacopoeial standards for the following 50 compound drugs were developed.



- | | |
|------------------------------------|--------------------------------|
| 1. Arq-e-Ma-ul-Laham Makoh Kasni | 26. Habb-e-Hindi Zeeqi |
| 2. Arq-e-Amber | 27. Habb-e-Kabid Naushadari |
| 3. Arq-e-Chiraita | 28. Habb-e-Leemun |
| 4. Arq-e-Ilaichi | 29. Habb-e-Maghz-e-Badam |
| 5. Arq-e-Ushba | 30. Habb-e-Mudir |
| 6. Arq-e-Zeera | 31. Habb-e-Muqil |
| 7. Dawa-ul-Misk Barid Jawahar Wali | 32. Habb-e-Musaffi-e-Khoon |
| 8. Habb-e- Kattha | 33. Habb-e-Mushil |
| 9. Habb-e- Kibreet | 34. Habb-e-Papita Desi |
| 10. Habb-e- Mubarak | 35. Habb-e-Rasaut 1 |
| 11. Habb-e- Raal | 36. Habb-e-Rasaut |
| 12. Habb-e- Usara | 37. Habb-e-Shifa |
| 13. Habb-e-Ahmar | 38. Habb-e-Surfa |
| 14. Habb-e-Asgandh | 39. Habb-e-Tankar |
| 15. Habb-e-Ayarij | 40. Jawarish Pudina Wilayti |
| 16. Habb-e-Azraqi | 41. Jawarish Safar Jali Mushil |
| 17. Habb-e-Bawaseer Amya | 42. Majoon-e-Gheekawar |
| 18. Habb-e-Bawaseer Badi | 43. Majoon-e-Gul |
| 19. Habb-e-Bawaseer Khooni | 44. Majoon-e-Hafz-ul-Ajsad |
| 20. Habb-e-Dabba-e-Atfal | 45. Majoon-e-Ibn-e-Sarafiyyun |
| 21. Habb-e-Falij | 46. Majoon-e-Luluvi |
| 22. Habb-e-Harsinghar | 47. Majoon-e-Mujarrab |
| 23. Habb-e-Hilteetxxx | 48. Qulai |
| 24. Habb-e-Hindi Mumsik | 49. Roughan-e-Amla Sada |
| 25. Habb-e-Hindi Sual | 50. Roughan-e-Samaat Kusha |

Quality Control of Research Drugs

During the reporting period the following 31 formulations prepared at the pharmacy of CRIUM, Hyderabad, were tested for their quality control.

- | | |
|-------------|---------------|
| 1. UNIM-270 | 9. UNIM-104 |
| 2. UNIM-352 | 10. UNIM-MUNB |
| 3. UNIM-005 | 11. UNIM-268 |
| 4. UNIM-004 | 12. UNIM-318 |
| 5. UNIM-001 | 13. UNIM-941 |

- | | |
|--------------------------|---------------|
| 6. UNIM-220 | 14. UNIM-MUNB |
| 7. UNIM-004 | 15. UNIM-006 |
| 8. UNIM-001 | 16. UNIM-040 |
| 17. UNIM-006 | 25. UNIM-403 |
| 18. UNIM-319 | 26. UNIM-1202 |
| 19. UNIM-104 | 27. UNIM-001 |
| 20. UNIM-314 | 28. UNIM-004 |
| 21. UNIM-004 | 29. UNIM-006 |
| 22. UNIM-006 | 30. UNIM-301 |
| 23. UNIM-104 (P) | 31. UNIM-359 |
| 24. Qurs-e-Sumbul-ut-Tib | |

Besides, studies on estimation of heavy metals in 70 formulations, and microbial load, aflatoxin contamination and pesticidal residue in 84 drugs were also carried out at CRIUM, Hyderabad.

Chemical Investigations of Medicinal Plants

During the reporting period, chemical investigations of two medicinal plants namely Chiraita Talkh (*Swertia chirata*) and Halela Siyah (*Terminalia chebula*) were carried out at the Council's Chemical Research Unit, Aligarh. From Chiraita Talkh (*Swertia chirata*) three compounds namely methyl swertianin, 8-hydroxy 1,3,7-methoxy xanthone and Swertianin were identified. From Halela Siyah (*Terminalia chebula*) two chemical molecules namely 2-hydroxy-6-methoxy benzoic acid flavonol glycoside were identified.

Besides, isolation and characterization of three plants namely *Verbascum thapsus*, *Geranium wallichianum* and *Salix caprea* were carried out at RRIUM, Srinagar. From *Verbascum thapsus* three single molecules – Aliphatic hydrocarbon, β -sitosterol and Diosgenin and from *Geranium wallichianum* two chemical molecules namely Aliphatic hydrocarbon and β -sitosterol were identified. From *Salix caprea* following molecules were identified: 1,2-Cyclohexanediol, Glycerol diacetate, Glycerol monoacetate, Cycloheptatriene, Resorcin, 2-hydroxy cyclohexylacetate, 2,3-Dihydro-benzofuran, Phenethyl acetate, Dicycloxyamine, Cyclohexane 1,2-diacetoxy-trans, Decycloxyamine, Para-hydroxyacetophenone, Hexacosane, 3(4methoxyphenyl)-acetylacetone and ethyl ester of palmitic acid.

Besides, RRIUM, Srinagar also carried out the following work in consultation with other organizations/Departments.

- Work carried out at IIM, Srinagar
 - The RRIUM, Srinagar initiated the work in collaboration with the IIM, Srinagar to take up spectral analysis and interpretation of the compounds isolated from ITA-06 (L), ITA-06 (P), *Verbascum thapsus* and *Geranium wallichianum*. Spectral analysis of the compounds isolated from ITA-06 (L), ITA-06 (P), *Verbascum thapsus* and *Geranium wallichianum* was carried out at IIM, Jammu and different extracts of *Salix caprea* were analysed by GC, GCMS, IR, NMR and UV.



- Work carried out at University of Kashmir, Srinagar
 - The RRIUM, Srinagar initiated work in collaboration with Department of Chemistry University of Kashmir, Srinagar with the objective of extraction, phytochemical investigation and biological activity determination of the extracts of two important folklore medicinal plants of Kashmir valley namely *Arisaema propinquinum* and *Myricaria germanica*. The two plants were collected last year on the basis of folk claims and were later identified. The biological activities of extracts of these plants like cytotoxic and antimicrobial activities were determined at Department of Pharmacy, University of Kashmir, Srinagar. Physiochemical parameters like total ash, water insoluble ash, qualitative tests and organoleptic characters were determined in extracts of both the plants. As part of phytochemical investigation the plant extracts were subjected to column chromatography for isolating the bioactive compounds. Quality profile of *Salix caprea* and its aromatic water was developed at Department of Chemistry, University of Kashmir, Srinagar.
 - The RRIUM, Srinagar initiated work in collaboration with Department of Bio-Chemistry, University of Kashmir, Srinagar to evaluate antidiabetic properties of extracts of two plants namely *Achillea millifolium* and *Berberis lyceum* in alloxan monohydrate-induced diabetic rats and to quantify artemisinin in wild and tissue cultured *Artemisia amygdalina* by HPLC. Studies were conducted on alloxan-induced diabetic albino rats of both sexes. Various biochemical parameters like glucose, cholesterol, triglycerides, LDL and VLDL were estimated. From sacrificed rats, pancreas was removed, and specimens were prepared for histological studies. Besides, quantification of artemisinin from *Artemisia amygdalina* by HPLC was started. The method for quantification was standardized. Plants growing wild and those developed through tissue culture were compared for the presence of different organic constituents.
 - The RRIUM, Srinagar initiated work in collaboration with Department of Pharmacy, University of Kashmir, Srinagar with the objective of Antihyperlipidemic evaluation of *Prunella vulgaris*, *Paeonia emodii* and *Rheum emodii* collected from Kashmir Himalayas. The work is under progress.

Unani Pharmacopoeia Committee

The Council after being designated as Secretariat for *Unani Pharmacopoeia of India* by the Department of AYUSH organized meetings of Unani Pharmacopoeia Committee, sub-committees and two brain storming sessions on reviewing of protocols namely Standardization of Single and Compound Unani Drugs and Development of Format for Single Drugs of Mineral origin and Khushatajat during the reporting period. The Council published second volume of *Unani Pharmacopoeia of India, Part-II* consisting of 50 monographs comprising of Araqiyat, Dawa, Itrifal, Jawarish, Majoon, Sufoof and Tiryaaq. Besides, compilation of *National Formulary of Unani Medicine, Part-VI* consisting of 137 formulations like Huboob and Aqras, Joshanda, Kohal, Majoon, Marham, Raughaniyat, Saiyyalat and Sufoof was in progress.

Following three new projects were sanctioned under UPC Scheme.

S.No	Title of the project	Institution
1.	Development of standardization parameters of some single drugs mentioned in National Formulary of Unani Medicine.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
2.	Standardization and Development of Standard Operative Procedures (SOPs) for compound Unani formulations mentioned in National Formulary.	Department of Pharmacogonosy and Phytochemistry, Faculty of Pharmacy, Jamia Hamdard, New Delhi
3.	Standard Operational Procedures (SOPs) with routine and specific investigative tests of the minerals used in the preparation of Unani drugs and their identification.	Department of Geology, AMU, Aligarh

Following seven projects continued under UPC Scheme.

S.No	Title of the project	Institution
1.	Development of analytical standards, DNA and chromatographic finger prints and determinations of heavy metals, pesticidal residue and aflatoxins of some classical Unani cardioprotective dugs.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
2.	Development of Standard Operational Procedures of compound Unani formulations mentioned in NFUM.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
3.	Development of Standard Operational Procedures and pharmacopoeial standards of some compound Unani formulations.	Faculty of Science, Jamia Hamdard, New Delhi
4.	Standardization and safety evaluation of Unani drugs.	Faculty of Science, Jamia Hamdard, New Delhi
5.	Development of Standard Operational Procedures and chromatographic finger prints of some Unani compound formulations.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
6.	Development of SOPs of manufacturing process, pharmacopoeial standards, stability and shelf life of Unani formulations.	Department of Ilmul Advia, AMU, Aligarh
7.	Development of SOPs of compound Unani formulations mentioned in NFUM.	Faculty of Pharmacy, Jamia Hamdard, New Delhi



3.1.2.3 CLINICAL RESEARCH PROGRAMME

Preclinical Studies

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

Pharmacological activity on coded compound Unani formulations UNIM-210 and UNIM-220 (RRIUM, Aligarh)

Antidiabetic activity in alloxan-induced diabetic rats:

Alloxan (120mg/kg) was injected intraperitoneally to induce diabetes in albino rats. These diabetic rats were divided into six 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 aqueous extract of UNIM-210 at the dose of 1g/kg and 3g/kg. The fifth- and sixth group received aqueous extract of UNIM-210 orally at the dose of 1g/kg and 3g/kg, respectively for a period of one week. Blood samples of all the six 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. Aqueous extract of UNIM-210 at both the doses slightly reduced the elevated blood glucose level, which was found statistically insignificant after four and eight days of treatment. Aqueous extract of UNIM-211 at the dose of 1 g/kg did not reduce the blood glucose level but at the dose of 3 g/kg brought down the elevated blood glucose level significantly after eight days of treatment. It may therefore be concluded that aqueous extract of UNIM-211 at the dose of 3 g/kg is effective in alloxan-induced diabetes in rats.

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 conducted 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)
- Clinical Research Unit (CRU), Kurnool

CENTRE-WISE ONGOING CLINICAL STUDIES

Centre	Disease
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), Gastro-oesophageal reflex disease (GERD) and Daus Sadaf (Psoriasis) and Qillat-e-Laban (Galactostasis)
Central Research Institute of Unani Medicine (CRIUM), Lucknow	Waja-ul-Mafasil (Rheumatoid arthritis), Ziabetes Sukkari (Diabetes mellitus), Tahajjur-e-Mafasil (Osteo-arthritis), Saman-e-Mufrit (Obesity), Takhalkhul-e-lzam (Osteoporosis), Warm-e-Lissa (Gingivitis), and Zahab-o-Mayil Asnan (Tooth hypersensitivity)
Regional Research Institute of Unani Medicine (RRIUM), Chennai	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)



Centre	Disease
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), Ziabetus 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), Tashahhum-e-Kabid (Fatty liver), Daus Sadaf (Psoriasis), Zaghtuddam Qawi (Essential hypertension) and Duali (Varicose veins).
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	Zaheer (Bacillary dysentery)
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 Validation trials of kit medicines in different disease conditions
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	Iltehab-e-Shobaturriyah (Bronchitis)
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
Clinical Research Unit (CRU), Kurnool	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 and Regional Research Institute of Unani Medicine (RRIUM), New Delhi; RRIUM, Aligarh and RRIUM, 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 on Bars (Vitiligo) (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of two coded drugs, UNIM-001 and UNIM-003, was evaluated in 1000 patients of Bars (Vitiligo). The drug UNIM-001 was given in the dose of two tablets (500 mg each) 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 1000 patients registered, 303 completed the study. Eighty-three (27.4%) patients showed 71-90% repigmentation. In 174 (57.4%) patients repigmentation was 51-70%. Forty-six (15.2%) patients showed < 40% repigmentation. Five hundred and forty-five patients were under study whereas 152 patients dropped out of the study. The drugs showed significant effect in arresting the exacerbation in the existing size of the patches and appearance of new patches. Moreover, the drugs produced permanent repigmentation in the depigmented patches.

The response of the treatment was better in 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 the coded drugs UNIM-004 and UNIM-005 on Bars (Vitiligo) (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of two coded drugs, UNIM-004 and UNIM-005, was evaluated in 1085 patients of Bars (Vitiligo). The drug UNIM-004 was given in the dose of 1.5 gm twice daily (morning and evening), preferably on empty stomach. Besides, the paste of the drug UNIM-005 (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 1085 patients registered, 371 completed the study. One hundred and six (28.6%) patients showed 71-90% repigmentation. In 198 (53.4%) patients repigmentation was 51-70% whereas 67 (18.0%) patients showed < 40% repigmentation. Five hundred and sixty-eight patients were under study whereas 146 patients dropped out of the study. There was significant response of the drugs in arresting further appearance of the new patches. The repigmentation process was rapid in this group.

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



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

Preliminary study on the oestrogen and progesterone hormone levels in female patients of Bars (Vitiligo) continued during the reporting period. Thirty-five female patients in the age group of 15-45 years were included in the study. Their baseline oestrogen and progesterone levels were studied. All the patients were within the normal range for both these levels. These patients were treated with coded drug UNIM-001, which was given in the dose of two tablets twice daily along with local application of the drug UNIM-003 as in above studies.

Out of the 35 patients registered, 29 completed the study. Three (10.3%) patients showed 100% repigmentation in the affected parts. In six (20.7%) patients the response was 91-99%. Six (20.7%) patients showed 71-90% repigmentation. In six (20.7%) patients repigmentation was 41-50%. Seven (24.1%) patients showed less than 40% repigmentation whereas one (3.5%) patient did not respond to the treatment. Six patients dropped out of the study. Good response was observed in patients having higher oestrogen level, which indicated that there was some influence of oestrogen and progesterone hormone on the therapeutic outcome.

Study on the oestrogen and progesterone levels in female patients and effect of the coded drugs UNIM-004+UNIM-005 on these levels (CRIUM, Hyderabad)

Preliminary study on the oestrogen and progesterone hormone levels in female patients of Bars (Vitiligo) continued in the reporting period. Eighteen female patients in the age group of 15-45 years were included in the study. Their baseline oestrogen and progesterone levels were studied. All the patients were within the normal range for both the levels. These patients were treated with coded drug UNIM-004 given in the dose of two tablets twice daily along with application of the drug UNIM-005. All the 18 patients were under study.

Preliminary screening of the coded drugs 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 58 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 58 registered patients 24 completed the study. One (4.2%) patient showed 71-90% repigmentation. In four (16.7%) patients repigmentation was 51-70%, six (25.0%) patients showed 41-50% repigmentation, whereas 13 (54.1%) patients showed < 40% repigmentation. Twenty two patients were under study, whereas 12 patients were dropped out from the study.

Multi-centric 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) on Bars (Vitiligo) (CRIUM, Hyderabad and RRIUM, New Delhi; RRIUM, Aligarh and RRIUM, Srinagar)

A multi-centric 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 606 patients. The patients were matched for their age and temperament and 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 in the respective group along with local application of the cream UNIM-044(L), UNIM-045(L), and 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 174 patients registered in Group I, UNIM-044(O)+UNIM-044(L), 72 patients completed the study. Eleven (15.3%) patients showed 71-90% repigmentation. In 13 patients (18.1%) repigmentation was 51-70%, seven (9.7%) patients showed 41-50% repigmentation, whereas 23 (31.9%) patients showed < 40% repigmentation. Eighteen (25.0%) patients did not respond to the treatment. Sixty-four patients were under study whereas 38 patients dropped out of the study.

Out of the 226 patients registered in Group II, UNIM-045(O)+UNIM-045(L), 92 patients completed the study. Two (2.2%) patients showed 91-99% repigmentation, In one (1.1%) patient repigmentation was 71-90%. Thirteen (14.1%) patients showed 51-70% repigmentation. In nine (9.8%) patients repigmentation was 41-50%, whereas 43 (46.7%) patients showed < 40% repigmentation. Twenty-four (26.1%) patients did not respond to the treatment. Seventy-nine patients were under study whereas 55 patients were dropped out of the study.

Out of the 206 patients registered in Group III, UNIM-046(O)+UNIM-046(L), 81 patients completed the study. One (1.2%) patient showed 71-90% repigmentation. In 19 (23.5%) patients repigmentation was 51-70%. Twelve (14.8%) patients showed 41-50% repigmentation, and 32 (39.5%) patients showed < 40% repigmentation, whereas 17 (21.0%) patients did not respond to the treatment. Seventy-two patients were under study whereas 53 patients dropped out of the study.

Validation of efficacy of the coded drugs UNIM-001 and UNIM-003 and UNIM-004 and UNIM-005 in non-progressive cases of Bars (Vitiligo) (CRIUM, Hyderabad)

Efficacy of coded drugs UNIM-001 and UNIM-003 and UNIM-004 and UNIM-005 was validated on a large sample size of non-progressive cases of Bars (Vitiligo). The drug UNIM-001 and UNIM-004 was given separately in the respective group in the dose of two tablets (500 mg) twice daily after an hour of meals. Besides, the paste of the drug UNIM-003 and UNIM-004 (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 separately in each group. The paste was washed off after 30 minutes of the local application. The treatment was given for a period of three months initially, which was extended till the maximum repigmentation was achieved.

The study was conducted on a total of 3767 patients. Seven hundred and ninety patients were in the group UNIM-001 and UNIM-003 whereas 2977 patients were in the group UNIM-004 and UNIM-005.

Out of the 790 patients registered in group UNIM-001 and UNIM-003, 186 completed the study. Twenty-four (12.9%) patients showed 71-90% repigmentation. In 113 (60.7%) patients



repigmentation was 51-71%. Forty-nine (26.4%) patients showed < 40% repigmentation. Two hundred and thirty-four patients were under study whereas 370 patients dropped out of the study.

Out of the 2977 patients registered group UNIM-004+UNIM-005, 796 completed the study. One hundred and two (12.8%) patients showed 71-90% repigmentation. In 654 (82.2%) patients repigmentation was 51-70%. Forty (5.0%) patients showed < 40% repigmentation. One thousand five hundred twenty-eight patients were under study whereas 653 patients dropped out of the study.

NAR-E-FARSI (ECZEMA)

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

Therapeutic evaluation of efficacy of the coded drugs UNIM-401(O) and UNIM-403 (L) in Nar-e-Farsi (Eczema) (CRU, Bengaluru and CRU, Bhopal)

Therapeutic evaluation of efficacy of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) was evaluated in 30 chronic Nar-e-Farsi (Eczema) patients. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17 gm of the drug in 120 ml 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 30 patients registered, 20 completed the study. Of them seven (35.0%) patients were completely relieved and ten (50.0%) partially relieved. Three (15.0%) patients did not respond to the treatment, eight patients were under study whereas two patients dropped out of the study.

Preliminary screening of combination of the code drugs UNIM-416(O)+UNIM-403 (L) in Nar-e-Farsi (Eczema) (CRU, Bhopal)

Therapeutic efficacy of a combination of the coded drugs UNIM-416(O) and UNIM-403 (L) was evaluated in 56 chronic patients. The drug UNIM-416(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 56 patients registered, 34 completed the study. Of them, 13 (38.2%) patients were completely relieved and 18 (52.9%) partially relieved whereas three (8.8%) patients did not respond to the treatment. Thirteen patients were under study whereas nine patients dropped out of the study.

DAUS SADAF (PSORIASIS)

Therapeutic studies on patients of Daus Sadaf (Psoriasis) continued at CRIUM, Hyderabad; RRIUM, Srinagar; CRU, Bengaluru and CRU, 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 (MM) 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 Munzij and Mushil (MM) therapy along with use of oral and local drugs and the other group only on oral and local drugs. This study was conducted on 83 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 the MM therapy the drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17 gm 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 time. 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 37 patients registered, 22 completed the study. Three (13.6%) patients were completely cured. Eight (36.4%) showed relieved whereas eight (36.4%) patients were partially relieved, while three (13.6%) patients showed no response. Eight patients were under study whereas seven patients dropped out of the study.

In Group-II, out of the 46 patients registered, 27 completed the study. Four (14.8%) patients were cured, four (14.8%) patients were relieved, six (22.2%) showed partial relieved, whereas 13 (48.2%) patients showed no response. Seven patients were under study whereas 12 patients dropped out of the study.

Comparative clinical evaluation of the coded drugs UNIM-401(O)+UNIM-403 with and without Munzij and Mushil (MM) therapy in Daus Sadaf (RRIUM, Srinagar)

Preliminary screening of the coded drugs UNIM-401(O) and UNIM-403 (L) was done in two groups of patients, one with Muzij and Mushil (MM) therapy along with use of oral and local drug and the other group only on oral and local drugs. This study was conducted on 36 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 the 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 18 patients registered, eight completed the study. Seven (87.5%) showed partial response, whereas one (12.5%) patient showed no response. Six patients were under study and four patients dropped out of the study.



In Group-II, out of the 18 patients registered, eight completed the study. Seven (87.5%) showed partial response, whereas one (12.5%) patient showed no response. Seven patients were under study and three patients dropped out of the study.

Preliminary screening of a combination of the coded drugs UNIM-401(O) and 777(oil) in Plaque Psoriasis (RRIUM, Srinagar)

Preliminary screening of a combination of the coded drugs UNIM-401(O) and 777(oil) was done in 20 patients of plaque psoriasis. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17 gm of drug in 120 ml of water kept over night) on empty stomach early in the morning. Besides, the 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 20 patients registered, three completed the study. Two (66.7%) patients were completely relieved, one (33.3%) patient partially relieved, two patients were under study whereas 15 patients dropped out of the study.

Clinical evaluation of a combination of the coded drugs UNIM-401(O) and 777(oil) in Plaque Psoriasis (CRU, Bhopal)

Therapeutic evaluation of a combination of the coded drugs UNIM-401(O) and 777(oil) was done in 13 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 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 13 patients registered, 11 completed the study. Seven (63.6%) patients were completely relieved, two (18.2%) patients partially relieved, whereas two (18.2%) patients showed no response. Two patients were under study.

Preliminary screening of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) in Plaque Psoriasis (CRU, Bangalore)

Preliminary screening of combination of coded drugs UNIM-401(O)+UNIM-403(L) was done in 32 patients of plaque psoriasis. The drug UNIM-401(O) was given in the form of infusion (prepared by soaking 17 gm of drug in 120 ml of water kept over night) on empty stomach early in the morning. Besides, the ointment UNIM-403 (L) was applied locally on the affected parts at bed time. The treatment was given for a period of six months.

Out of the 32 patients registered, 12 completed the study. Nine (75.0%) patients were completely relieved, two (16.7%) partially relieved whereas one (8.3%) patient showed no response. Twenty patients were under study.

Preliminary screening of a combination of the coded drugs UNIM-401(O) and UNIM-403 (L) in Plaque Psoriasis (CRU, Bhopal)

Preliminary screening of combination of coded drugs UNIM-401(O)+UNIM-403(L) was done in 21 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) was applied locally on the affected parts at bed time. The treatment was given for a period of six months.

Out of the 21 patients registered, 14 completed the study. Five (35.7%) patients were completely relieved, nine (64.3%) partially relieved whereas four patients were under study and three patients were drop out from the study.

JARB (SCABIES)

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

Comparative study of coded drugs UNIM-401(O)+ UNIM-403 (L) with Gama Benzine Hexachloride was conducted in 20 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 along with the local application of drug UNIM-403 (L) at bed times for seven consecutive days. 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 lukewarm water.

Out of the 13 patient registered in Group-I, eight completed the study. Four (50.0%) patients were completely relieved, three (37.5%) partially relieved whereas one (12.5%) patient showed no response. One patient was under study. Four patients dropped out of the study.

In Group-II, out of the seven patients registered, two completed the study. Both the patients were completely relieved. Five patients dropped out of the study.

AMRAZ-E-TARSEELI (COMMUNICABLE DISEASES)

Clinical and therapeutic studies on Amraz-e-Tarseeli (Communicable diseases) including Daul Feel (Filariasis), Iltehab-e-Kabid (Infective hepatitis) and Kala Azar (Leishmaniasis) continued. 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 with and without Munzij and Mushil (MM) therapy (RRIUM, Chennai)

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 and Mushil (MM) therapy was compared in 23 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, the 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 for 90 days excluding Munzij and Mushil therapy period.

In Group-I, out of the five patients registered, four completed the study. One (25.0%) patient was relieved, two (50.0%) were partially relieved whereas one (25.0%) showed no response. One patient dropped out of the study.

In Group-II, out of the seven patients registered, four completed the study. One (25.0%) patient were relieved, two (50.0%) patients were partial relieved. One (25.0%) showed no response. Two patients were under study. One patient dropped out of the study

In Group-III, out of the five patients registered, all completed the study. Three (60.0%) patients showed complete remission and two (40.0%) showed partial remission.

In Group-IV, out of the six patients registered, five patients completed the study. Three (60.0%) patients showed complete remission and two (40.0%) partial remission. One patient was under study.

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 114 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, the 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, the 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 for 90 days excluding Munzij and Mushil therapy period.

In Group-I, out of the 19 patients registered, seven completed the study. Four (57.1%) patients were completely relieved, two (28.6%) partially relieved whereas one (14.3%) patient showed no response. Eleven patients were under study whereas one patient dropped out of the study.

In Group-II, out of the 39 patients registered, 23 completed the study. Fifteen (65.2%) patients

showed complete remission, one (4.4%) showed partial remission whereas seven (30.4%) patients showed no response. Twelve patients were under study. Four patients dropped out of the study.

In Group-III, out of the 19 patients registered, 13 completed the study. Seven (53.8%) patients showed complete remission, three (23.1%) partial remission whereas three (23.1%) patients showed no response. Four patients were under study. Two patients dropped out of the study.

In Group-IV, out of the 37 patients registered, 21 patients completed the study. 12 (57.1%) patients showed complete remission, four (19.1%) partial remission whereas five (23.8%) patients showed no response. Thirteen patients were under study whereas three patients dropped out of the study.

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 in acute cases of Daul Feel (Filariasis) (RRIUM, Patna)

Therapeutic efficacy of the coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 efficacy was evaluated in two groups of patients with acute duration of < 5 years. The patients were divided in two groups.

In Group-I, the coded drug UNIM-268 was given in the dose of two tablets (500 mg each) twice daily with water on empty stomach. The drug UNIM-270 mixed with UNIM-272 was applied locally on the affected parts at bed times. The drug UNIM-271 was used as Nutool at bed times.

In Group-II, the coded drug UNIM-269 was given in the same dose as in Group-I along with other group as in Group-I. In each group treatment was given for a period of 80 days.

Out of the 50 patients registered, 27 completed the study in both the groups. Fourteen (51.8) patients were relieved, 11 (40.8) partially relieved whereas two (7.4) patients showed no response. Sixteen patients were under study whereas seven patients dropped out of the study.

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 the coded drugs UNIM-180+UNIM-181+UNIM-182+UNIM-183 was done in four 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 four patients registered, one completed the study and showed partial remission. One patient was under study whereas two patients dropped out of the study.



Iltehab-e-Kabid (Infective Hepatitis)

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

Clinical evaluation of the coded drug UNIM-115 in asymptomatic Hepatitis-B positive carriers, (CRIUM, Hyderabad)

Therapeutic efficacy of the coded drug UNIM-115 was done in 15 patients of asymptomatic Hepatitis-B positive carriers. The drug UNIM-115 was given in the dose of two tablets (500 mg each) thrice a day for 180 days.

Out of the 15 Hepatitis 'B' positive patients, one completed the study and showed no response. Nine patients were under study, whereas five patients dropped out of the study.

Preliminary screening of UNIM-104 in asymptomatic Hepatitis-B carriers (RRIUM, Chennai)

Preliminary screening of coded drug UNIM-104 was done in 38 patients. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 180 days.

Out of the 38 patients registered, seven completed the study. These patients showed maintenance in the biochemical markers though no patient became negative for HBsAg. Ten patients were under study whereas 21 patients dropped out of the study.

Preliminary screening of UNIM-104 in acute Hepatitis-B positive patients (RRIUM, Chennai)

Preliminary screening of coded drug UNIM-104 was done in 11 patients. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 60 days.

Out of the 11 patients registered, eight completed the study. All the patients were relieved of their sign and symptoms within 10 days of the treatment whereas bio-chemical parameters became normal in 30 days. HBsAg marker became negative in five patients.

Clinical evaluation of the coded drug UNIM-105 in Iltehab-e-Kabid (Infective hepatitis) (RRIUM, Chennai)

Therapeutic efficacy of the coded drug UNIM-105 was done in 106 patients of Iltehab-e-Kabid (Infective hepatitis). The drug UNIM-105 was given in the dose of two tablets twice daily for a period of one month.

Out of the 106 patients registered, 83 completed the study. All the patients were completely relieved. Four patients were referred to other hospitals. Seven patients were under study whereas 12 patients dropped out of the study.

Clinical evaluation of the coded drug UNIM-115 in Iltehab-e-Kabid (Infective hepatitis) (RRIUM, Chennai)

Therapeutic efficacy of the coded drug UNIM-115 was done in 27 patients of Iltehab-e-Kabid (Infective hepatitis). The drug UNIM-115 was given in the dose of two tablets twice for a period of one month.

Out of the 27 patients registered, 18 completed the study. All the 18 patients were completely relieved. Three patients were referred to other hospitals whereas six patients dropped out of the study.

Preliminary screening of the coded drug UNIM-115 in Iltehab-e-Kabid (Infective hepatitis) (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.

Out of the 19 patients registered, seven completed the study. All the seven patients remained positive for HBsAg after completion of the treatment period. However, UNIM-115 maintained the viral load 50 copi/ml of blood but failed to clear HBsAg. Seven patients were under study whereas five patients dropped out of the study.

Preliminary screening of the coded drugs UNIM-116 and UNIM-117 in acute Hepatitis E positive patients (RRIUM, Mumbai)

Preliminary screening of the coded drugs UNIM-116 and UNIM-117 in hepatitis-E positive patients was conducted in two separate groups on a total of 67 patients. The patients were divided in two groups. In Group-I, the coded drug UNIM-116 was given in the form of Majoon in the dose of 5 gm on empty stomach twice daily whereas in Group-II, the coded drug UNIM-117 was given in syrup form in the dose of 10 ml twice daily on empty stomach. In each group treatment was given for a period of one month.

Out of the 32 patients registered in Group-I, 30 completed the study. All the patients were completely relieved. Two patients dropped out of the study.

In Group-II, out of the 35 patients registered, 28 completed the study. All these patients were completely relieved. One patient was under study whereas six patients dropped out of the study.

Comparative trial of UNIM-104 with a standard Unani coded drug UNIM-116 in cases of Iltehaab-e-Kabid (Infective hepatitis) positive for Hepatitis B, (RRIUM, New Delhi)

Comparative trial of UNIM-104 with a standard Unani drug UNIM-116 was done in 10 patients of Iltehaab-e-Kabid (Infective hepatitis) positive for Hepatitis B. In Group I, 5 gm Unani coded drug UNIM-104 was given twice daily and in Group II, standard Unani coded drug UNIM-116 was given in the dose of 10 ml in syrup form for a period of three weeks.

In Group I, five cases were registered and completed the study. Four (80.0%) patients showed partial remission and one (20.0%) case showed no response.

In Group II, five cases were registered. Four completed the study and showed partial remission whereas one patient dropped out of the study.

Comparative trial of the coded drug UNIM-107 with a standard Unani coded drug UNIM-117 in cases of Iltehaab-e-Kabid (Infective hepatitis) positive for Hepatitis B (RRIUM, New Delhi)



Comparative trial of UNIM-107 with a standard Unani drug UNIM-117 was done in 13 patients of Iltehaab-e-Kabid (Infective hepatitis) positive for Hepatitis B. In Group I, 10 ml syrup of Unani coded drug UNIM-107 was given twice daily and in Group II, standard Unani drug UNIM-117 was given in the dose of 10 ml in syrup form for a period of three weeks.

In Group I, six cases were registered, five completed the study. All patients showed partial remission and one case was under study.

In Group II, out of the seven cases were registered, four completed the study. All patients showed partial remission whereas one case was under study and two cases dropped out of the study.

AMARZ-E-MAFASIL (MUSCULO-SKELETAL DISORDERS)

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

WAJAU MAFASIL (RHEUMATOID ARTHRITIS)

Multicentric evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 with Munzij and Mushil (MM) therapy (CRIUM, Lucknow and RRIUM, Srinagar)

Therapeutic efficacy of a combination of the coded drugs UNIM-318+UNIM-319 was evaluated with the Munzij and Mushil therapy in 87 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 87 patients registered, 32 completed the study. Fifteen (46.8%) patients relieved, six (18.7%) patients were partially relieved and 11 (34.4%) patients showed no response. Thirty-three patients were under study. Twenty-two patients dropped out from the study.

Preliminary screening of UNIM-314+UNIM-319 with Mnnzij and Mushil (MM) therapy in Wajaul Mafasil (Rheumatoid Arthritis) (RRIUM, Chennai)

Preliminary screening of a combination of the coded drugs UNIM-314+UNIM-319 was evaluated with the Munzij and Mushil therapy in 20 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-314 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 20 patients registered, 11 completed the study, six (54.5%) patients relieved, three (27.3%) patients were partially relieved and two (18.2%) patients showed no response. One patient was under study whereas eight patients dropped out of the study.

TAHAJJUR-E-MAFASIL (OSTEO-ARTHRITIS)

Preliminary screening of the coded drugs UNIM-318+UNIM-319 (CRIUM, Lucknow, RRIUMs, New Delhi, Chennai and Srinagar)

Preliminary screening of the coded drugs UNIM-318+UNIM-319 was evaluated in 112 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 112 patients registered, 56 completed the study. Ten (17.8%) patients were completely relieved, 37 (66.1%) partially relieved, whereas nine (16.1%) patients showed no response. Thirty-three patients were under study whereas 23 patients dropped out of the study.

TAKHALKHUL-E-IZAM (OSTEOPOROSIS)

Multi-centric preliminary screening of UNIM-320+UNIM-321 in Takhalkhul-e-Izam (Osteoporosis) (CRIUM, Lucknow; RRIUM, New Delhi and RRIUM, Srinagar)

Preliminary screening of the coded drug UNIM-320+UNIM-321 in patients of Takhalkhul-e-Izam (Osteoporosis) was done in 29 patients at CRIUM, Lucknow, RRIUM, New Delhi and RRIUM, Srinagar. The drug UNIM-320(O)+UNIM-321 was given in the form of one capsule (500 mg each) along with 4 gm of the coded drug UNIM- 321 twice daily for a period of 180 days.

Out of the 29 patients registered, 12 patients completed the study. Three (25.0%) patients were relieved, five (41.7%) patient partially relieved whereas four (33.3%) patients showed no response. Nine patients were under study whereas eight patients dropped out of the study.

AMRAZ-E-DAHAN (ORAL DISEASES)

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 37 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 14 patients registered in Group-I, seven completed the study. Five (71.4%) patients



were partially relieved, whereas two (28.6%) patients showed no response. Five patients dropped out of the study and two patients were under study.

In Group-II, out of the nine patients registered, four completed the study. Three (75.0%) patients were partially relieved whereas one (25.0%) patient showed no response. One patient was under study whereas four patients dropped out of the study.

In Group-III, out of the 14 patients registered, 10 patients completed the study. Four (40.0%) patients were relieved and six (60.0%) partially relieved. Four patients were dropped out of the study.

ZAHAB-O-MAYIL ASNAN (TOOTH HYPERSENSITIVITY)

Comparative study of coded drug UNIM-855 and UNIM-856 in Zahab-o-Mayil Asnan (Tooth Hypersensitivity) (CRIUM, Lucknow)

Therapeutic efficacies of the coded Unani dental powders UNIM-855 and UNIM- 856 were compared in 28 patients attending the dental OPD of CRIUM, Lucknow. The patients were divided in two groups. In each group the patients were advised to use dental powder twice daily over the gums for a period of one month.

Out of 18 patients registered in Group-I, six completed the study. Four (66.7%) patients were relieved; one (16.6%) was partially relieved whereas one (16.6%) patient showed no response. Five patients were under study whereas seven patients dropped out of the study.

In Group-II, out of 10 patients registered, seven completed the study. Five (71.4%) patients were relieved and two (28.6%) partially relieved. Three patients dropped out of the study.

MARZ-E-ANF (NASAL DISEASE)

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

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

Evaluation of the therapeutic efficacy of Munzij and Mushil (MM) therapy in Iltehab-e-Tajaweef-e-Anf (Sinusitis) (CRIUM, Hyderabad)

Therapeutic efficacy of Munzij and Mushil therapy in 53 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 mg each) twice daily along with steam inhalation of UNIM-055(V) at bed times for a period of two months.

In Group-II, the patients were first subjected to Munzij and Mushil therapy for four to five weeks or till maximum "Nuzi" 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. In both the groups the patients were also advised to follow prescribed diet.

Out of 35 patients registered in Group-I, 10 patients completed the study. Three (30.0%)

patients were completely cured, two (20.0%) relieved whereas five (50.0%) patients partially relieved. Twenty-five patients dropped out of the study.

In Group-II, out of 18 patients registered, five completed the study, two (40.0%) patients were relieved and three (60.0%) partially relieved. Five patients were under study whereas eight patients dropped out of the study.

Multi-centric preliminary screening of coded drugs UNIM-054(O)+UNIM-055(V) in Iltehab-e-Tajaweef-e-Anf (Sinusitis) (RRIUM, New Delhi and RRIUM, Srinagar)

Preliminary screening of coded drugs UNIM-054(O)+UNIM-055 (V) was conducted in 74 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. The treatment was given for a period of two months.

Out of the 74 patients registered, 38 completed the study. Eighteen (47.4%) patients were completely relieved, 17 (44.7%) partially relieved whereas three (7.9%) patients showed no response. Thirty-six patients dropped out of the study.

AMRAZ-E-GHAIR-TARSEELI (NON-COMMUNICABLE DISEASES)

ZIABETUS SUKKARI (DIABETES MELLITUS)

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

Preliminary screening of the coded drug UNIM-220(G) as adjuvant therapy to an allopathic drug (RRIUM, Aligarh)

Preliminary screening of the coded drug UNIM-220G as adjuvant therapy to modern anti-diabetic drug tablet metformin was done in 45 patients of Ziabetus Sukkari (Non-insulin Diabetes mellitus). The patients were divided in two groups. In one group, the coded drug UNIM-220(G) was given in the dose of 5 gm twice daily whereas in Group-II, the patients were given tablet metformin as per standard dose. In both the groups, the treatment was given for a period of 180 days.

Out of the 18 patients registered in Group-I, four completed the study. Two (50.0%) patients showed complete control in the blood sugar level, one (25.0%) showed partial control whereas one (25.0%) patient showed no response. Two patients were under study whereas 12 patients dropped out of the study.

In Group-II, out of the 27 patients registered, one patient completed the study and showed no response. Four patients were under study whereas 22 patients dropped out of the study.

Preliminary screening of the coded drug UNIM-220(G) (CRIUM, Lucknow and RRIUM, New Delhi)

Preliminary screening of the coded drug UNIM-220G was done in 41 patients of Ziabetus Sukkari (Non-insulin Dependent Diabetes mellitus). The drug UNIM-220G was given in the dose of 5 gm twice daily for a period of 180 days.



Out of the 41 patients registered, 14 completed the study. One (7.1%) patient showed complete control in the blood sugar level, six (42.9%) patients showed partial control whereas seven (50.0%) patients showed no response. Fourteen patients were under study whereas 13 patients dropped out of the study.

Preliminary screening of the coded drug UNIM-220G as adjuvant therapy to an allopathic drug (RRCUM, Allahabad)

Preliminary screening of the coded drug UNIM-220G as adjuvant therapy to modern anti-diabetic drug tablet metformin was done in 62 patients of Ziaetus Sikkari (Non-insulin Dependent Diabetes mellitus). The drug UNIM-220G was given in the dose of 5 gm twice daily along-with the tablet metformin as per standard drug dose schedule. Treatment was given for a period of 180 days.

Out of the 62 patients registered, 35 completed the study. Eighteen (51.4%) patients showed complete control in the blood sugar level, nine (25.7%) patients showed partial control whereas eight (22.9%) patients showed no response. Twenty patients were under study. Seven patients dropped out of the study.

SAMAN-E-MUFKIT (OBESITY)

Clinical studies on Saman-e-Mufrit (Obesity) continued at CRIUM, Lucknow. During the reporting period following study was conducted.

Development of Standard Operating Procedures (SOPs) for Munzij and Mushil (MM) therapy in patients of Saman-e-Mufrit (Obesity) (CRIUM, Lucknow)

A study was conducted on developing Standard Operating Procedures (SOPs) for Munzij and Mushil (MM) therapy in 10 patients of Saman-e-Mufrit (Obesity). Munzij-e-Balgham was given in these patients. Munzij drugs were given till the maximum "Nuzi" appeared in the urine followed by Mushil and Tabreed drugs once daily alternately for six days. The average duration for appearance of the "Nuzi" came out to be 12 days. 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. The 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 were under study.

AMRAZ-E-QALB (CARDIAC DISORDERS)

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

KASRAT-E-SHAHMUDDAM (HYPERLIPIDEMIA)

Preliminary study of the coded drug UNIM-763 (CRIUM, Hyderabad)

Preliminary screening of coded drug UNIM-763 was conducted in 17 patients of Kasrat-e-Shahmuddam (Hyperlipidemia) at CRIUM, Hyderabad. The coded 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 17 patients registered, eight completed the study. Six (75.0%) patients showed significant reduction in the serum cholesterol, LDL and serum triglyceride levels whereas two (25.0%) patients showed partial reduction. Four patients were under study. Five patients dropped out of the study. In the patients that responded to the treatment, symptoms reduced significantly along with bio-chemical markers

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 ten patients of Muzmin Zubeh-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 10 patients registered, four patients completed the study. Two (50.0%) patients showed partial relief whereas two (50.0%) patients showed no response. Six patients dropped out of the study. In the responding patients, there was significant effect of the drug in subsiding the clinical symptoms.

ZAGHTUDDAM QAWI (ESSENTIAL HYPERTENSION)

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

Clinical study of the coded drug UNIM-902 as adjuvant to an allopathic medicine (RRIUM, New Delhi; RRIUM, Mumbai and RRIUM, Aligarh).

Therapeutic efficacy of coded drug UNIM- 902 as adjuvant to allopathic medicine was given in 53 patients of Zaghtuddam Qawi (Essential Hypertension). The coded drug UNIM-902 was given in the dose of one tablet (500 mg) twice daily for a period of two months along with the allopathic drug.

Out of the 53 patients registered, 24 completed the study. In nine (37.5%) patients the blood pressure was controlled, 12 (50.0%) patients showed partial control whereas three (12.5%) patients showed no response. Fourteen patients were under study whereas 15 patients were dropped out of the study.

AMRAZ-E-NIZAM-E-HAZM (DISEASES OF DIGESTIVE SYSTEM)

TASHAHHUM-E-KABID (FATTY LIVER)

Preliminary screening of the coded drug UNIM-104 in Tashahhum-E-Kabid (Fatty Liver) (RRIUM, Chennai, RRIUM, New Delhi and RRIUM, Srinagar)

Preliminary screening of the coded drug UNIM-104 was conducted at RRIUM, Srinagar, RRIUM, New Delhi and RRIUM, Chennai on 44 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 the 44 patients registered, 23 completed the study. Three (13.0%) patients were relieved,



three (13.0%) partially relieved whereas 17 (74.0%) patients showed no response. Six patients were under study whereas 15 patients dropped out of the study.

ZAHEER (BACILLARY DYSENTERY)

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

Preliminary screening of the coded drug UNIM-1351 was conducted in five patients of Zaheer (Bacillary dysentery). The drug UNIM-1351 was given in the dose of two capsules twice daily for four weeks.

All the five patients registered for study completed the trial. One (20.0%) patient was completely relieved, one (20.0%) patient was partially relieved whereas three (60.0%) patients showed no response. The response of the drug was not very significant.

AMRAZ-E-TANAFUS (RESPIRATORY DISEASES)

ILTEHAB-E-SHOABTURRIYAH (BRONCHITIS)

Preliminary screening of the coded drug UNIM-359 (CRU, Burhanpur)

Preliminary screening of the coded drug UNIM-359 was conducted on 30 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 up to 90 days.

Out of the 30 patients registered, 21 completed the study. 18 (85.7%) patients were completely relieved, whereas three (14.3%) patients showed no response. Nine patients were under study.

Clinical trial on the coded Unani drug UNIM-875 as galactagogue (CRIUM, Hyderabad)

Clinical trial of the coded Unani drug UNIM-875 as galactagogue was conducted at Clinical Research Unit (extension counter of CRIUM, Hyderabad) at Government Nizamiah Tibbi College and General Hospital, Hyderabad on 55 volunteers. Unani coded drug UNIM-875 was given in the form of two capsules (500 mg each) twice daily with milk in the morning and at bed time for the period of four months.

Out of the registered 55 cases, 11 completed the study. In 10 (90.9%) volunteers production of milk increased sufficiently. One (9.1%) volunteer showed no response. Nine volunteers were under study whereas 35 volunteers dropped out of the study.

Validation of Regimenal Therapies

Apart from the simple physical and clinical methods to treat the diseases Unani Medicine also offers regimenal therapies such as Hajamat (cupping), Qai (vomiting), Riyazat (exercise), Taleeq (leeching) etc. for certain conditions. During the reporting period, documentation of four regimenal 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. During the reporting period, validation of regimenal therapies including Hajamat (Cupping) and leeching was done.

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). The study was conducted on 55 patients at RRIUM, New Delhi. These patients were of chronic nature having involvement of multiple joints. Three consecutive applications of cupping were done at regular intervals.

Out of the 55 patients registered, 43 patients responded to the therapy. In these patients there was significant reduction in the severity of pain, tenderness and swelling. This therapy was found to be effective in diverting the morbid material from the affected joints thus reducing the tenderness, swelling and relieving the patient. The therapy was found to be effective in acute cases.

EXPERIMENTAL STUDY ON EFFECT OF LEECHING IN ZAGHTUDDAM QAWI (ESSENTIAL HYPERTENSION) AND DUALI (VARICOSE VEINS) (RRIUM, Srinagar)

Effect of leeching in different disease conditions has been reported in the Unani classics. Based on these references, the Regional Research Institute of Unani Medicine (RRIUM), Srinagar conducted a preliminary experimental study in Essential Hypertension and varicose veins patients. Three to five leeches were applied depending upon the area. These leeches were disposed off after the application. The patients were followed up for a period of one year. Out of the three patients studied in Zaghtuddam Qawi (Essential Hypertension), two patients were relieved and one was partially relieved. In Varicose Veins, out of the six patients registered, two completed the study. One patient showed complete remission, and one got partial remission. Two patients were under study whereas two patients dropped out of the study. Further studies are in progress.

Validation of 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 3158 patients attending the OPD of CRIUM, Hyderabad was done. These included 3023 patients of Bars (Vitiligo), 38 of Iltehab-e-Tajaweef-e-Anf (Sinusitis), four of Muzmin Zubeh-e-Sadariya Sabit (Chronic stable angina), nine of Kasrat-e-Shahmuddam (Hyperlipidemia), 46 of Daus Sadaf (Psoriasis), 11 of Hepatitis-B and 27 under galactagogue study. In these patients, susceptibility to diseases in relation to the different temperaments was studied. An interim analysis of data on 1903 persons revealed that patients of Balghami temperament were more susceptible to Bars (Vitiligo) followed by those of Damavi, Safravi and Saudavi temperament. Similarly, persons of Balghami temperament were most susceptible to Iltehab-e-Tajaweef-e-Anf (Sinusitis). Persons of Damvi temperament were more affected by essential hypertension and chronic stable angina.



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, and 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.

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 healthcare through Unani Medicine to the suffering population near 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 workers 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.

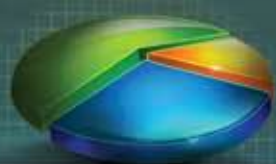
During the reporting period a total population of 3.5 lakh including 1.6 lakh belonging to SC/ST was covered. A total of 17110 new patients were registered. Out of these, 12480 were SC/ST beneficiaries. Research cases of Filariasis, Rheumatoid arthritis, Vitiligo and Bronchial asthma were referred to 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 centres.

Research-Oriented Healthcare

GENERAL OUT-PATIENT DEPARTMENT (GOPD) PROGRAMME

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; 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, 190240 new patients were registered. The drugs prescribed in the treatment of different disease conditions include 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 (Catarrh)	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%
4.	Capsule Habis	Nazfuddam (Haemorrhage) Nakseer/ Ruaf (Epistaxis)	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	75%
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 once 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	Qoolanj (Spasmodic pain), Haiza (Cholera) and Suda (Headache)	Liquid	2 to 5 drops in sufficient water. In case of 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	Instill 2 drops in the eye	2-3 days	90%
24.	Sunoon Katha	Waj-ul-Asnan (Toothache)	Powder	Apply as a tooth powder	3-4 days	80%

3.1.2.4 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 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.

The Literary Research Programme of the Council being carried out through a Literary Research Institute of Unani Medicine functioning at New Delhi. The Programme comprises collation, editing, and translation of classical books/rare manuscripts of Unani Medicine. Besides, compilation of books and booklets/leaflets on preventive, promotive and curative health aspects based on information drawn from the Unani classics is also part of this programme.

With a view to expediting the translation work, it was also outsourced to eminent experts who are well versed in Unani Medicine as well as in Arabic and Persian languages. During the reporting period, Urdu translation of Arabic books Minhaj-ud-Dukkan and Mal Fariq awil Furooq was completed while Urdu translation of another Arabic book Tazkira Ool-il-Albab Volume II and Persian book Muheet-e-Azam Volume I continued.

Under the programme of reprinting of out-of-print books, 31 Unani classical books were published. These included Kitabul Hawi Vol. V (Arabic), Kitabul Hawi Vol. VI (Arabic), Kitabul Hawi Vol. IX (Arabic), Kitabul Hawi Vol. XI (Arabic), Kitabul Hawi Vol. XIV (Arabic), Kitabul Hawi Vol. XV (Arabic), Kitab-ul-Umda Vol. II (Arabic), Kitab-ul-Jami Vol. II (Arabic), Kamil-us-Sana'a Vol. I (Arabic), Kamil-us-Sana'a Vol. II (Arabic), UPI Part 01 Vol. I (Arabic), Sharh-e-Asbab Vol. I (Urdu), Sharh-e-Asbab Vol. II (Urdu), Sharh-e-Asbab Vol. III (Urdu), Sharh-e-Asbab Vol. IV (Urdu), Firdaus-ul-Hikmat (Urdu), Firdaus-ul-Hikmat (Arabic), Kamil-us-Sana'a Part 1 Vol. I (Urdu), Kamil-us-Sana'a Part 2 Vol. I (Urdu), Kamil-us-Sana'ah Part 2 Vol. I (Urdu), Qarabadeen Najmul Ghani (Urdu), Khazain-ul-Advia Vol. I (Urdu), Khazain-ul-Advia Vol. II (Urdu), Khazain-ul-Advia Vol. III (Urdu), Khazain-ul-Advia Vol. IV (Urdu), Khazain-ul-Advia Vol. V (Urdu), Khazain-ul-Advia Vol. VI (Urdu), Khazain-ul-Advia Vol. VII (Urdu), Khazain-ul-Advia Vol. VIII (Urdu), Tibb-ul-Arab (Urdu), Kitabul Hawi Vol. XVIII (Urdu).

A project on 'Standardization of Unani Medicine Terminologies', funded by World Health Organization (WHO), was initiated in January 2011 at two of the Council's Delhi-based centres - Literary Research Institute of Unani Medicine and Regional Research Institute of Unani Medicine. The project was in progress.



3.2 EXTRAMURAL RESEARCH

The Department of AYUSH initiated extra-mural research scheme (EMR) with a view to providing funds to established institutions for research on priority areas. Initially, the EMR scheme was dealt by the Department itself but later it was transferred to respective research Councils. EMR projects related to Unani Medicine are scrutinized by Central Council for Research in Unani Medicine, and evaluated and financed by Department of AYUSH. The objectives of the EMR scheme are mentioned below.

- 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 potential Human Resource in AYUSH systems, especially to inculcate scientific aptitude and expertise relating to AYUSH systems;
- To develop joint research ventures among the AYUSH Department and other Organizations/Institutes.

During the reporting period, over 50 projects were scrutinized and revised, and out of them, the following 10 projects were approved by the Screening Committee chaired by Secretary, Department of AYUSH for financial support.

S. No.	Title of the Project	Institution
1.	Translation, editing and collation of Al Qanoon fit-Tib.	Department of Kulliyat, Ajmal Khan Tibbia College, AMU, Aligarh
2.	Development of herbal formulation from drugs used in Unani System of Medicine for Acne Vulgaris (Basoor-e-Labniyah)	Department of Pharmaceutical Chemistry, Faculty of Pharmacy, Jamia Hamdard, New Delhi
3.	Comparative Evaluation and synergism in hypoglycemic activity of <i>Cichorium intybus</i> Linn. and <i>Swertia chirata</i> Buch.	MCE Society's Allana College of Pharmacy, Pune
4.	Phytochemical screening and anti-hyperlipidemic evaluation of some medicinal plants from Kashmir Himalaya.	Department of Pharmaceutical Sciences, University of Kashmir, Srinagar

S. No.	Title of the Project	Institution
5.	Genotyping of Unani system based Temperament (Mizaj) groups by RAPD fingerprinting	Department of Zoology Aligarh Muslim University (AMU), Aligarh
6.	Experimental studies on the cellular and molecular mechanism of action of UNIM-352, polyherbal Unani formulation, to validate its use as a drug for bronchial asthma	Department of Pharmacology Vallabhbhai Patel Chest Institute, University of Delhi, Delhi
7.	Applicability and cost effectiveness of LAMP based technology as a tool for the authentication of medicinal plants	Department of Ilmul Advia, Faculty of Medicine, Jamia Hamdard, New Delhi
8.	Preparation of electronic herbarium and digital database of the medicinal plants of Unani formulation	Department of Botany Faculty of Science Jamia Hamdard, New Delhi
9.	Classical methods of Tadbeer (Detoxification) of toxic Unani drugs and their comparative chemical analysis	Department of Ilmul Advia, Faculty of Medicine (Unani) Jamia Hamdard, New Delhi
10.	Identification of effective products of Unani medicine through innovative analysis	Indian Council for Medical Research, New Delhi

Besides new projects awarded during the year 2010-11, the following EMR projects are also continuing in various institutions.

S. No.	Title of the Project	Institution
1.	Antileishmanial activity of Unani drugs against <i>Leishmania donovani</i> 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, Ajmal Khan 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, All India Institute of Medical Sciences, New Delhi
6.	Development and evaluation of sugar free capsule dosage form of some Khamiras used in cardiac disorders	Department of Pharmacognosy, Faculty of Pharmacy, Jamia Hamdard, New Delhi



S. No.	Title of the Project	Institution
7.	Development and evaluation of a novel neon emulsion gel for a topical anti-rheumatic Unani formulation	Department of Pharmaceutics, Faculty of Pharmacy Jamia Hamdard, New Delhi
8.	Scientific validation of Mizaj-e-advia (temperament of drugs)	Department of Kulliyat, Ajmal Khan 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, Department of Biotechnology, Jamia Hamdard, New Delhi
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, Ajmal Khan Tibbia College, AMU, Aligarh
12.	Studies on the prevention of Parkinson's disease by some Unani drugs in animals.	Department of Toxicology & Elementology Jamia Hamdard, New Delhi
13.	Screening and scientific evaluation of hypoglycemic effects of some Unani drugs in streptozotocin-induced diabetic rats	Department of Pharmacology, All India Institute of Medical Science, New Delhi
14.	Clinical trial of a Unani formulation in the patients of menorrhagia in reproductive age group	Department of Qabalat-wa-Amraz-e-Niswan, Ajmal Khan Tibbia College, AMU, Aligarh
15.	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, AMU, Aligarh`
16.	A comparative study of new Unani formulation with Majoon Suranjan against experimental arthritis	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi.
17.	Protective effects of Unani drugs against liver toxicity	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi
18.	Isolation and purification of active compounds with anti-leishmanial activity of Unani medicinal plants	Department of Clinical Microbiology, All India Institute of Medical Science, New Delhi
19.	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.

S. No.	Title of the Project	Institution
20.	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.
21.	Analysis of efficacy of <i>in vitro</i> raised plant (<i>Catharanthus roseus</i>) extracts in protecting chemically induced carcinogenesis and diabetes in model rat	Department of Botany, Faculty of Science, Jamia Hamdard, New Delhi
22.	Spermatozoa DNA damage in infertile males: Protective effect of unani preparation	Department of Biochemistry, Chatrapati Shahuji Maharaj University, Lucknow
23.	Clinical efficacy of Unani polyherbal formulation in <i>Helicobacter pylori</i> positive antral gastritis (Warm-e-Meda): A controlled study	Department of Jarahat, Ajmal Khan Tibbia College, AMU, Aligarh
24.	Single blind randomized controlled clinical trial of Unani formulation in cholasma/melasma	Department of Ilmul Advia, Ajmal Khan Tibbia College, AMU, Aligarh
25.	Evaluation of the cardioprotective effects of crocin and safranol, an active constituents of <i>Crocus sativus</i> Linn. in experimental model of myocardial infarction	Department of Pharmacology, All India Institute of Medical Science, New Delhi
26.	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
27.	Therapeutic efficacy and safety evaluation of selected Unani drugs in the treatment of rheumatoid arthritis: An experimental study.	Department of Biochemistry, Univeristy college of medical Sciences, & Guru Teg Bahadur Hospital, Delhi
28.	Screening of anticancer potential of Indian medicinal plants	Department of Biosciences, Jamia Millia Islamia, New Delhi
29.	To study the broncho-dilator and anti-inflammatory property of <i>Nigella sativa</i> Linn. in patient of bronchial asthma.	Department of T.B. and Chest Medicine, Jawaharlal Nehru Medical College, AMU, Aligarh
30.	Pharmacological evaluation and safety profile of Unani antioxidant and hepatoprotective drugs	Department of Pharmacognosy, Faculty of Pharmacy, Jamia Hamdard, New Delhi



EMR PROJECT COMPLETED DURING 2010-11

During the reporting period, one EMR project entitled Hepatoprotective efficacy of few Unani medicines was completed at the School of Studies in Zoology, Jiwaji University, Gwalior (M.P.). This project was allotted in 2007 to evaluate hepato-protective efficacy of five Unani drugs/formulations and to ensure safety of these drugs/formulations to human health. A thorough scientific study was conducted to arrive at vital inferences. Protective efficacy of Majoon Dabeed-ul-ward, Afsanteen (*Artemisia absinthium*), Shahtra (*Fumaria parviflora*), Kalonji (*Nigella sativa*) and Rewand chini (*Rheum emodi*) against three model hepatotoxicants, carbon tetrachloride (CCL₄), acetaminophen and alcohol was studied. The entire study was divided into protocols that included acute, subchronic and chronic exposure to toxicants. Majoon Dabeed-ul-ward, Afsanteen, Shahtra, Kalonji and Rewand chini were screened at three different doses after acute exposure to toxicants on the basis of Unani Pharmacopoeia. CCL₄ (1.5ml/kg i.p.) was administered once only followed by the treatment with Majoon Dabeed-ul-ward, Shahtra, Rewand Chini, Kalonji and Afsanteen after 48 hour of toxicant administration. Result of necropsy revealed significant elevation caused by CCL₄ in the markers of liver, serum transaminase, alkaline phosphatase, lactate dehydrogenase (LDH), lipid peroxidation level and hepatic reduced glutathione level were recovered. Majoon Dabeed-ul-ward depicted significant effectiveness at 1000 mg/kg dose, Shahtra was effective at 300 mg/kg, Afsanteen showed efficacy at 2.5 mg/kg, Rewand chini showed protection at 154mg/kg and Kalonji was effective at 514 mg/kg. Various blood and tissue biochemical parameters (LFTs, RFTs, antioxidant markers, GSH cycle enzymes) were performed which showed significant recoupment when analysed statically by ANOVA. BSP retention was significantly reduced after treatment with Majoon Dabeed-ul-ward, Shahtra, Afsanteen, Kalonji and Rewand chini indicating improved excretory capacity of liver. In other experiments, administration of Majoon Dabeed-ul-ward (1000 mg/kg) and Shahtra (300 mg/kg) excreted slightly more bile than DHC (standard drug) which indicate no adverse effect of on liver cells. Further studies were conducted to evaluate the mechanism of recovery after chronic exposure to alcohol at different concentrations for 8 weeks. Treatment with Majoon Dabeed-ul-ward and Shahtra recovered the alterations in all the GSH cycle enzymes (glutathione reductase, glutathione peroxidase, glucose-6-phosphate dehydrogenase and glutathione-S-transferase). It is concluded that Majoon Dabeed-ul ward and Shahtra have strong hepatoprotective potential. Based on the above study the following papers were published in the reputed journals.

- (i) Shakya, A.; Sharma, N.; Saxena, M.; Shukla, S. Evaluation of the antioxidant and hepatoprotective effect of Majoon-e-Dabeed-ul-ward against carbon tetrachloride induced liver injury. Experimental and Toxicologic Pathology.
- (ii) Shakya, A.; Shukla, S. (2011). Evaluation of hepatoprotective efficacy of Majoon-e-Dabeed-ul-ward against acetaminophen-induced liver damage: A Unani herbal formulation. Drug Dev Res 72,

3.3 COLLABORATIVE RESEARCH

Besides, intramural research projects are allotted to different centres, the Council is also working in collaboration with other scientific organizations 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 Vallabhbhai Patel Chest Institute (VPCI), Delhi

The collaborative controlled trial of the coded drug UNIM-352 in Zeequn Nafas (Bronchial asthma) at Vallabhbhai Patel Chest Institute (VPCI), Delhi continued during the year. The study aimed to critically evaluate the effects of UNIM-352, a poly-herbal Unani formulation, in patients of bronchial asthma, using clinical and investigational methodology in established cases of bronchial asthma. A total of 40 patients were enrolled for the study to date, out of which five dropped out during the treatment. Except for one case that dropped out, the patients showed good compliance to both the test drug and placebo. Preliminary analysis of the data showed that out of the 30 patients who completed the study, 14 belonged to the placebo group, whereas 16 belonged to the test drug (UNIM-352) group. An interim analysis of the data showed that there was improvement in clinical symptoms like tightness in chest, wheezing, cough and difficulty in breathing in the patients receiving the test drug as compared to the placebo treated group. Spirometry data showed that the FEV1 was more in the test drug treated group than the placebo. The frequency of use of emergency bronchodilators, viz. levosalbutamol inhaler was appreciably lower in the test drug group as compared to the placebo group. Biochemical assay of blood samples showed that liver function test parameters like SGOT, SGPT, bilirubin, alkaline phosphatase, and kidney function markers like urea and creatinine, were not significantly different in test drug and placebo treated groups. No other general parameters like body weight, food intake, body temperature, etc. were influenced to any appreciable extent by UNIM-352 across both groups of asthma patients. This indicated good tolerability of UNIM-352 in this study. Taken together, the data of the on-going pilot study revealed that UNIM-352 has potentiating effects of the existing anti-asthma drug therapy. It is also safe as no untoward incidents were reported, except in one case where the patient withdrew due to gastrointestinal problems. The initial results are of great significance, particularly in view of the fact that UNIM-352 has good potential to act as a useful adjuvant to modern drug in bronchial asthma. This drug, which is well tolerated and safe, could help to reduce the frequency of emergency bronchodilator use and also may facilitate reduction in the dose and duration of glucocorticoid therapy. It is note worthy that UNIM-352 has been shown to possess anti-inflammatory effects in experimental animal models.

Comparison of clinical efficacy and safety of PUVA sol and Unani formulation UNIM-401 (oral) and UNIM-403 (oil) and UVA in the treatment of chronic plaque psoriasis

The study is being conducted at Department of Dermatology, All India Institute of Medical Sciences (AIIMS), New Delhi. The primary objective of the study was to establish non-inferiority and safety of Unani treatment to standard allopathic treatment in chronic plaque psoriasis by comparing the reduction in Psoriasis area severity index (PASI) at 12 weeks. The secondary objective was to find the percentage of patients who relapse in the follow up period in each group. The toxicological evaluation of UNIM 401 and UNIM 403 on 57 animals was done in the Department of Pharmacology, AIIMS, New Delhi in a separate project awarded to Prof. Y.K. Gupta. These drugs were found safe. The study is a randomized, parallel group, active controlled, outcome assessor trial with a sample size of 160 patients/group with 20% loss to follow up. Patients of chronic plaque psoriasis aged more than 18 years with PASI or Body surface involvement (BSA) of >10% are included in the study. After baseline investigations patients are randomly allocated. In the study group A (Unani medicine group) patients are



given UNIM-401 orally twice a day and UNIM-403 oil for local application once a day along with sun exposure. Active control group B (PUVA sol group) patients are given 8 MOP on alternate days, followed by (two hours later) application of petroleum jelly and sun exposure. Response is assessed by reduction in PASI at 2, 4, 8, 12 weeks. Fifty-four subjects have so far been included and the study is in progress.

Collaborative study on preliminary screening of coded Unani drug in Qarah-e-Meda wa Isna-e-Ashari (Duodenal Ulcer) at Centre for Liver Research & Diagnostics, 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 six patients registered for study, one (16.7%) was cured and five (83.3%) relieved. There was significant subsidence in all the clinical sign and symptoms. Healing in the size of the ulcer was also noted in all the six cases. The ulcer healed completely in the cured case, whereas in the relieved patients the size of the ulcer was reduced. There was no recurrence in the symptoms.

Collaborative study on preliminary screening of three coded Unani drug in acute viral hepatitis at Centre for Liver Research & Diagnostics, 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 20 patients. These included five patients positive for HBsAg, eight for HEV and seven for HAV. The coded drug UNIM-107 was given in the dose of 10 ml thrice daily in syrup form in the patients positive for HEV whereas the coded drug UNIM-115 was given in the dose of two tablets thrice daily in HBsAg positive cases. The coded drug UNIM-117 was given in HAV positive patients 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 20 patients registered for study, 15 completed the study. All the patients in all the treatment groups responded well to the treatment. In group UNIM-107 all the seven patients were relieved. In group UNIM-117 out of the six patients, five were relieved and one was partially relieved. In group UNIM-115, both the patients were relieved. All the clinical signs and symptoms subsided within three weeks of the treatment in all the three groups. There was significant improvement in the liver functions. Reduction in serum bilirubin, serum alkaline phosphatase SGPT, and SGOT levels was noted in all the relieved patients. One patient was under study whereas four patients dropped out of the study.

Collaborative study on preliminary screening of a coded 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 10 diagnosed patients of GERD. Endoscopy was done in six patients. Out of the six patients, four were of Oesophagitis Grade-I, two 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 for six weeks.

Out of the 10 patients registered, six completed the study. One (16.7%) patient was cured and five (83.3%) relieved. Three patients were under study and one patient dropped out the study.

There was significant subsidence in all the clinical signs and symptoms but endoscopically erythema/hyperemia was present in the after treatment endoscopic findings in relieved patients. However, in cured patient normal mucosa with no abnormality was noted.

Clinical evaluation of a coded Unani formulation UNIM-104 as an adjuvant to anti-tubercular treatment (ATT) (Department of Moalejat, Jamia Hamdard, New Delhi)

A short-term project entitled “Clinical evaluation of the coded Unani formulation UNIM-104 as an adjuvant to antitubercular treatment (ATT) was awarded to Department of Moalejat, Jamia Hamdard, New Delhi in the year 2009 for a period of two years. The objective of the study was to evaluate the efficacy of a coded Unani formulation UNIM-104 as adjuvant to anti-tubercular treatment in Pulmonary Tuberculosis patients. The study planned was a placebo controlled study. Patients attending the OPD of Majeedia Hospital, Jamia Hamdard, New Delhi were enrolled for the study. The patients were randomly allocated in two groups. One group was receiving ATT along with the coded drug UNIM-104 whereas the other group was given ATT and the identical placebo. ATT was given in the standard dose. The coded drug UNIM-104 was given in the dose of 5 gm twice daily for six months. During the reporting period, 31 patients in each group were enrolled. Out of these, 27 in the test group and 25 in the controlled group completed the study, respectively. There was significant in the patients in the test group in the clinical symptoms as well as reduction in the adverse effects of ATT.

Clinical evaluation of coded Unani formulations (UNIM-301, UNIM-302 and UNIM-304) in the treatment of osteoarthritis with special reference to evaluation of its antioxidant activities (Department of Moalejat, Jamia Hamdard, New Delhi)

A short term collaborative project entitled “Clinical evaluation of Unani formulations (UNIM-301, UNIM-302 and UNIM-304) in the treatment of osteoarthritis with special reference to evaluation of its antioxidant activity” was awarded to Department of Moalejat, Jamia Hamdard, New Delhi in July, 2009 for a period of two years. The objective of the study was to evaluate the efficacy of a combination of the coded Unani formulations UNIM-301+UNIM-302+UNIM-304 in the treatment of Osteoarthritis. The study was a single blind controlled trial. Patients attending the OPD of Majeedia Hospital were enrolled for the study. They were randomly allocated in two groups. In one group, test drug UNIM-301+UNIM-302+UNIM-304 was given. UNIM-301 was given in the dose of two tablets (500 mg each) twice daily along with the hot fomentation of UNIM-302 at bed times. Besides, local application of oil UNIM-304 was also done twice daily on the affected parts. In group-II, standard controlled drug Ibuprofen in the dose of 400 mg was given thrice daily. In each group, the treatment was given for a period of eight weeks. During 2010-11, 53 patients were registered for study. Out of these, 20 patients in each group completed the study. There was significant improvement in the patients of test groups in the clinical signs and symptoms including pain, swelling, tenderness and morning stiffness compared to the controlled group where reduction in the pain severity was more but subsidence in the swelling, tenderness and reduction in the morning stiffness were



not significant. There was no drug intolerance/adverse effects in the patients receiving the test group.

Documentation of global status of Unani botanicals (Indian Foundation for Rediscovering Traditional Knowledge, Bengaluru)

Global status of Unani botanicals is a short term project of CCRUM. The main objective of this project is to saturate the available Unani botanicals around the globe which have been used from a long time, and their import and export values, their availability status in fresh form or in processed form and the cost variable.

The main objectives for the first phase was to list botanicals used by Unani fraternity, botanicals used by Unani and Ayurvedic fraternity, botanicals used by Unani and Siddha fraternity, botanicals used by Unani and Homeopathic fraternity, Unani botanicals which are on trade, Unani botanicals which are available in British Pharmacopeia, and Unani botanicals which are in market along with the internationally used botanical identity.

At the end of the Phase I, the following compilations were prepared: List of globally used Unani botanicals with botanical identities and nomenclature matching British Pharmacopeia, list of Unani botanicals with botanical identities which are available for trade, list of globally used Unani botanicals with botanical identities which are only used in Unani Medicine, list of globally used botanicals with botanical identities which are only used in Ayurveda and Unani Medicine, list of globally used botanicals with botanical identities which are used in Homeopathy and Unani Medicine, and list of globally used botanicals with botanical identities which are used in Siddha and Unani Medicine.

A compilation of 5000 photos of available plants collected from five countries was prepared. About 3000 botanicals were photographed and their soft copies preserved.

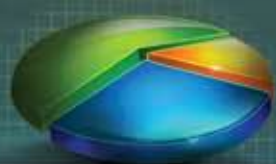
3.4 PUBLICATIONS

3.4.1 BOOKS, MONOGRAPHS AND REPORTS

During the reporting period the Council brought out the following books, monographs and reports.

1. National Formulary of Unani Medicine, Part-I (Hindi)
2. Unani Pharmacopeia of India, Part – II, Volume-II (English)
3. Prasuti Shishu Swasthiya Suraksha (Hindi)
4. Unani Medicine in Epidemiological Diseases – Some Experience (English)
5. Rural Health and Unani Medicine (English)
6. Unani Medicine in India (English)
7. Database of Post Graduate Studies in Unani Medicine –Kulliyat-e- Tib (Basic Principles of Unani Medicine) – Part-I (English)
8. CCRUM Newsletter, Volume-XXXI, Issue-1 & 2
9. Tibb-e-Unani – Imkanat Aur Challenges (Urdu)

10. Programme & Abstract of Papers – Indo-US Symposium on (English)
Methodology of Research in Indian Systems of Medicine
11. CCRUM Annual Report 2009-10 (English & Hindi)
12. Unani Treatment for Bars (Vitiligo) – A Success Story (English)
13. Unani Treatment for Nar-e-Farsi (Eczema) & Daus Sadaf (Psoriasis) (English)
– A Success Story
14. Unani Treatment for Waja-ul-Mafasil (Rheumatoid arthritis) – A (English)
Success Story
15. Unani Treatment for Some Common Disorders (English)
16. Unani Medicine – An Introduction (English)
17. Regional Research Centre of Unani Medicine, Allahabad (Activities (English)
and Achievements) – A Bird's Eye View
18. Contemporary Research in Traditional Drugs & Medicinal Plants :
Unani Medicine (Part-III) Abstracts 1980-2009
19. Monograph on Medicinal Plants of Andhra Pradesh, Part-I English
20. Kitab al Hawi Volume V (Arabic)
21. Kitab al Hawi Volume VI (Arabic)
22. Kitab al Hawi Volume IX (Arabic)
23. Kitab al Hawi Volume XI (Arabic)
24. Kitab al Hawi Volume XIV (Arabic)
25. Kitab al Hawi Volume XV (Arabic)
26. Kitab al Umdah fil Jarahat Volume II (Arabic)
27. Kitab al Jami li Mafradat al Adviya wal Aghzia Volume II (Arabic)
28. Kamil al Sana'ah Volume I (Arabic)
29. Kamil al Sana'ah Volume II (Arabic)
30. Unani Pharmacopeia of India, Part I, Volume I (Arabic)
31. Sharh-e-Asbab Volume I (Urdu)
32. Sharh-e-Asbab Volume II (Urdu)
33. Sharh-e-Asbab Volume III (Urdu)
34. Sharh-e-Asbab Volume IV (Urdu)
35. Firdaus al Hikmat (Urdu)
36. Firdaus al Hikmat (Arabic)
37. Kamil al Sana'ah Part 1 Volume I (Urdu)
38. Kamil al Sana'ah Part 1 Volume II (Urdu)
39. Kamil al Sana'ah Part 2 Volume I (Urdu)
40. Kamil al Sana'ah Part 2 Volume II (Urdu)
41. Qarabadeen Najmul Ghani (Urdu)
42. Khazain al Advia Volume I (Urdu)
43. Khazain al Advia Volume II (Urdu)



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| 44. | Khazain al Advia Volume III | (Urdu) |
| 45. | Khazain al Advia Volume IV | (Urdu) |
| 46. | Khazain al Advia Volume V | (Urdu) |
| 47. | Khazain al Advia Volume VI | (Urdu) |
| 48. | Khazain al Advia Volume VII | (Urdu) |
| 49. | Khazain al Advia Volume VIII | (Urdu) |
| 50. | Tibb al Arab | (Urdu) |
| 51. | Kitab al Hawi Volume XVIII | (Urdu) |

3.4.2 JOURNALS

During the reporting period, the Council published the following journals, besides the bi-monthly Newsletters.

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| 1. | Quarterly Journal Jahan-e-Tibb, Volume 11, Issue 3 | (Urdu) |
| 2. | Quarterly Journal Jahan-e-Tibb, Volume 11, Issue 4 | (Urdu) |
| 3. | Quarterly Hippocratic Journal of Unani Medicine, Volume 5, Issue 3 | (English) |
| 4. | Quarterly Hippocratic Journal of Unani Medicine, Volume 5, Issue 4 | (English) |

3.4.3 RESEARCH PAPERS

1. Adhami, S.M.; Siddiqui, K.M.; Siddiqui, M.K. "Epidemiological studies in Uttar Pradesh some experiences" National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
2. Ahmad, B.(2010). "Tadabeer-e-Atfal aur Ibn sina-Alarjuzah Alsinayiah ke Hawala se ek Mutala, Jahan-e-Tib, 11(4) 81-87.
3. Ahmad, M. "Efficacy of UNIM-051+UNIM-053 and UNIM-052+UNIM-053 (Coded Unani drugs) in the treatment of sinusitis (Iltehab-e-Tajaweef-e-Anf)–Comparative clinical study" 3rd Indo-US Symposium on Indian systems of medicine, 8-9 December 2010 at Bangalore.
4. Ahmad, S.; Rehman, S.; Ahmad, M.A.; Siddiqui, K.M.; Shaukat, S.; Khan, M.S.; Kamal, Y.T.; Jahangir, T. (2010) "Khamiras, a natural cardiac tonic: an overview" J. Phar. Bio. All. Sci., 2(2): 93-99.
5. Ahmad, S.G. "A clinical study on Iltehab-e-Tajaweef-e-Anf (sinusitis) with coded Unani formulation" International conference of integrative medicine and 1st SAARC conference on Unani Medicine, (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh, 2-4 February 2011.
6. Akhtar, J. Bi, S.; Amanullah, Siddiqui, K.M.; Siddiqui, M.K. "Preventive aspect of nutritional deficiencies in rural India" National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
7. Akhtar, J.; Bi, S.; Amanullah, Siddiqui, K.M.; Jamil, S.S. "Role of Unani medicine as an adjuvant therapy in the management of tuberculosis" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.
8. Akhtar, J.; Siddiqui, K.M.; Bi, S.; Mujeeb, M. (2010) "A review on phytochemical and pharmacological investigations of Miswak (*Salvadora persica* Linn.)" Journal of Phar. and Bio.-All. Sci., Vol. 3 (1), 113-117.

9. Akram, U.; Akhtar, J.; Azhar, M.U.; Siddiqui, K.M. "Bio-piracy in Unani medicine and its prevention" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February 2011.
10. Ahmad, W. Qaumi dehi sehat aur Tibb-e-Unani, All India Unani Tibbi Conference at India Islamic Centre, New Delhi on 2-3 January 2011.
11. Alam, M. "Effect of oleo-gum-resin of *Boswellia serrata* (Kundur) on renal functions in albino rats" International conference on integrative medicine and 1st SARRC conference on Unani medicine, (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February 2011.
12. Ali, Z.A.; Ahmad, S. (2010). "A contribution to the ethnobotanical flora of the Pithoragarh forest of Kumaun region, Uttarakhand". Hippocratic Journal of Unani Medicine, 5 (2):109-116.
13. Ali, Z.A.; Ahmad, S.; Alam, M.; Khan, L.A. (2010). "Ethno-pharmacological study of the Champawat forests of Kumaon Region, Uttarakhand". Hippocratic Journal of Unani Medicine 5 (3): 39-49.
14. Ali, Z.A.; Ahmad, S.; Alam, M.; Khan, L.A. (2010). "Observations on ethno-medicinal flora of Bageshwar forests in Kumaon Himalaya, Uttarakhand". Hippocratic Journal of Unani Medicine 5 (4): 155-165.
15. Ali, S. A. "Sample size and power analysis in clinical research", International conference of integrative medicine and 1st SAARC conference on Unani medicine, (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February 2011.
16. Ali, Z.A.; Ahmad, S.; Khan, L.A. (2011). "A contribution to the ethno-medicinal flora of Bijnor district, U.P." Hippocratic Journal of Unani Medicine 6 (1): 55-61.
17. Amanullah; Akhtar, J.; Siddiqui, K.M.; Jamil, S. "Bihishti Zever, an Islamic scriptural reform classic, as a presentation of authentic Unani knowledge for health seeking behaviour of muslim women" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.
18. Anjum, N.; Quddusi, N.; Fazil, M. (2010). "Tadabeer naumolood", Jahan-e-Tib, 11 (4) 213-219.
19. Ansari, R.I.; Alam, M.; Khan, L.A.; Ansari, A.A. (2010). "Asbab-e-Sitta zarooriya (Six essential factors) for prevention of lifestyle diseases", Hippocratic Journal of Unani Medicine, 5 (2): 9-15.
20. Ara, I.; Siddiqui, M.K., (2010). "Breakthrough in the aetio-pathogenesis of bars (Vitiligo) - A preliminary clinical study by DA6+BSL3 therapy", Hippocratic Journal of Unani Medicine, 5 (2).
21. Arfeen, S.; Ahmad, W. "Tibbi adab ki tarweej wa ishat main takmeel-ut-tibb college ka hissa", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil-ut-Tibb College, Lucknow on 12-13 March 2011.
22. Arfeen, S. "Role of akhlat (Humors) in the development of human mizaj (temperament)", International conference of integrative system of medicine & 1st SAARC conference on Unani Medicine, (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February 2011.
23. Arshad, M.; Ahmad, W.; Khan, M.A.; "Hakim Abdul Aziz Lucknowi: Hindustan main Buqrat tibb ke naqeeb", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil-ut-Tibb College, Lucknow on 12-13 March 2011.
24. Aslam, M. "Unani medicine as an adjuvant therapy in the trial of AIDS in primary health



- centres at villages”, National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
25. Aslam, M. “Unani treatment of eczema and psoriasis, National seminar and workshop on Unani medicine, RRIUM, Srinagar on 11-14 June, 2010.
 26. Azhar, M.U.; Quddusi, N.; Anjum, N.; Siddiqui, K.M.; Siddiqui, M.K. (2010). Kala-azar (Leishmaniasis) and its management in Unani medicine, Hippocratic Journal of Unani Medicine, 5 (4):51-57.
 27. Azhar, M.U., Quddusi, N., Parveen, S.; Tajuddin, Siddiqui, K.M., Siddiqui, M.K. (2010) “Daa-us-sadaf (Psoriasis) and role of herbal drugs” Hamdard Medicus, 53(1): 51-57.
 28. Azhar, M.U.; Anjum, N.; Quddusi, N. “Hakim Khwaja Shamsuddin Lucknawi –hayat aur khidmaat”, National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ut Tibb College, Lucknow on 12-13 March, 2011.
 29. Azhar, M.U.; Anjum, N.; Quddusi, N. “Unani medical manuscripts of Persian language at Hakim Mohd Said library- an illustrated review, International conference of integrative medicine and 1st SAARC conference on Unani medicine, (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February, 2011.
 30. Azhar, M.U.; Quddusi, N.; Hannan, A.; Siddiqui, K.M.; Siddiqui, M.K. “Role of common Unani drugs in skin care” National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June, 2010 at Allahabad.
 31. Azma, Ahmad, W. (2010), “Sailan-ur-reham-ek makhsoos arza” Jahan-e-Tib, 11(4) 213-219.
 32. Bari, A.; Azhar, M.U.; Siddiqui, K.M. “Chronic obstructive pulmonary diseases in smokers” National seminar on Unani medicine in rural health, organized by CCRUM, New Delhi on 19-20 June, 2010 at Allahabad.
 33. Bari, B. “Hyperlipidimia a common life style disease”, National seminar on emerging trends in the development of Unani system of medicine organised by State Takmil-ut-Tib College and Hospital, Lucknow on 12-13 March, 2011.
 34. Devi, N.M.K.; Kazmi, M.H.; Ahmad, G.; Yadav, P.K.; Siddiqui, K.M.; Siddiqui, M.K. (2010). “Retrospective study of clinical exacerbations and eosinophilic inflammation in patients with stable, well controlled asthma treated with Unani coded drugs UNIM-352 and UNIM-353”, Hippocratic Journal of Unani Medicine, 5 (1): 1-10.
 35. Girach, R.D.; Aminuddin; Ahmad, P. (2011). “Plants used in the management of oral and dental hygiene among tribal of Orissa”. Hippocratic Journal of Unani Medicine, 6 (1): 63–78.
 36. Girach R.D.; Aminuddin (2010). “Threatened Unani medicinal plants of Orissa”. Hippocratic Journal of Unani Medicine, 5 (4): 127–142.
 37. Girach, R.D.; Aminuddin; Hussaini, S.A.; Kumar, M. (2011). “Ethnomedicinal studies on *Alangium salvifolium* (L.F.) Wang. from Orissa”, Hippocratic Journal of Unani Medicine, 6 (1): 35– 42.
 38. Gupta V.C.; Ahmad, M.; Singh, V.K.; Aminuddin, Alam, M.D. (2010). “Ethnobotanical survey of Khammam and Bhadrachalam forests of Andhra Pradesh”. Hippocratic Journal of Unani Medicine, 5 (3): 21–29.
 39. Gupta V.C.; Ahmad, M.; Singh, V.K.; Aminuddin, Rasheed N.M.A.; Khanum, A. (2010). “Ethno-botanical studies of Nalgonda District of Andhra Pradesh”. Hippocratic Journal of Unani Medicine, 5 (4): 95–105.
 40. Gupta, V.C.; Singh, V.K.; Aminuddin; Shareef, M.A.; Alam, M. D.; Khanum, A. (2010). “Ethnobotanical survey of Anantpur forest division and Nallamalla forest range of Andhra Pradesh”. Hippocratic Journal of Unani Medicine, 5 (2): 149–159.

41. Haque, M.; Amanullah, Siddiqui, K.M. "Certain revealing facts about *Risalah Al Fasad* commonly attributed to Ibn Sina/Razi" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani Medicine, AMU, Aligarh on 2-4 February 2011.
42. Hussain, M.; Qureshi, M.A.; Devi, N.; Khan, P.; Bano, H. (2010). "Clinical evaluation of Unani compound coded drug (UNIM-353) on Zeequn nafas (Bronchial asthma): A preliminary clinical study", Hippocratic Journal of Unani Medicine, 5 (3): 9-14.
43. Jabeen, A. "Effect of coded Unani formulations UNIM-401+UNIM-403 on Da-us sadaf (psoriasis) with and without munzij mushil therapy – a clinical study", International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.
44. Akhtar, J.; Azhar M.U.; Siddiqui, K.M.; Siddiqui, M.K. (2010). Evidence Based Unani anti-diarrhoeal Drugs – A Review, Indian Journal of Unani Medicine, 3 (2), 97-103.
45. Kareemullah, S. "ZN-1 + ZN-7 and ZN-5+ ZN-7 (coded Unani drugs) in the treatment of Zeeq-un-nafas (Bronchial asthma): A comparative clinical study", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ul Tibb College, Lucknow on 12-13 March 2011.
46. Lari, H.A.; Jaleel, A. "Khandan Yaqoobi ka akhri numainda-e-tabeeb", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ul Tibb College, Lucknow on 12-13 March 2011.
47. Khatoon, A.; Fatima, Y.; Ahmad, W. "Aamal-e-yad aur madarsa takmeel-ut-tibb, National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ul Tibb College, Lucknow on 12-13 March 2011.
48. Khatoon, S. "Cupping (Ilaj bil hajamat) – A unique method of treatment in Unani medicine", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ul Tibb College, Lucknow on 12-13 March 2011.
49. Mageswari, S.; Meena, R.; Ahmad, S.; Arfin, S.; Sultana, G. (2010). "Evaluation of pharmacognostical standards on leaves of *Couroupita guianensis* Aubi": Hippocratic Journal of Unani Medicine, 5(2): 75-84.
50. Mateen, A.; Gupta, V.C.; Waheed, M.A.; Rasheed, N.M.A.; Ahmed, S.; Arfin, S.; Aminuddin (2010). "A study of anti-Salmonella activity of neem (*Azadirachta indica*) stem bark using different extracts" Hippocratic Journal of Unani Medicine, 5(3): 87.
51. Mateen, A., Ahmed, P.; Gupta, V.C.; Ahmed, M.; Aminuddin; Arfin, S.; Khan, J. (2010), "A study of antimicrobial activity of few medicinally important herbal single drugs extracted in ethanol, methanol and aqueous solvents" Phcog. 10 (2), 54-57.
52. Mohd, S.N.; Sami, M.; Siddiqui, K.M.; Adhami, S.M.; Siddiqui M.K. "Mother and child health care scenario of tribal population of Burhanpur and Khaknar block and intervention of Unani medicine - A report based on baseline and endline survey conducted by CCRUM", National Seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
53. Munshi, Y.I.; Siddiqui, K.M.; Ishaq, M.; Rafique, H.; Ahmad, Z. (2010). "Reduction of joint swelling and symptomatic relief of osteoarthritis of the knee by leech therapy - A randomized uncontrolled study", Hippocratic Journal of Unani Medicine, 5 (2) 31-39.
54. Munshi, Y.I.; Ahmed, Z. (2010). "Leeching in osteoarthritis", Hippocratic Journal of Unani Medicine, 5(3) 1-5.
55. Parveen, S.; Siddiqui, K.M.; Siddiqui, M.K. "Family welfare in Unani system of medicine" National Seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
56. Murgeswaran, R.; Meena, R.; Sultana, G.; Singh, V. K. (2010). "Useful Unani medicinal



- plant of Kodaikanal forest areas of Dindigul District, Tamil Nadu" Hippocratic Journal of Unani Medicine, 5 (2): 85– 92.
57. Negi, K.; Aminuddin; Singh, V.K. (2010). "Ingredient identification in Majun Brahmi – A Unani brain tonic" Hippocratic Journal of Unani Medicine, 5 (4): 143–153.
58. Nawab, M.; Sherwani, F.; Siddiqui, K.M.; Jamil, S.S.; "Unani medicinal plants with antidiabetic potential-an overview" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.
59. Qamaruddin. "Breast feeding and child health" National seminar on Maternal & Child Health" organised by department of Niswan Wa Qabalat, Faculty of Unani Medicine, AMU, Aligarh on 21-22, March 2011.
60. Qasim, S.M.; Bari, B.; Ahmad, W.; Yaqoob, M. "Khandan-e-Azizi key mooris-e-aala aur Lucknowi Dabistan-e-tib ke sarkhel", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil ul tibb College, Lucknow on 12-13 March 2011.
61. Quddusi, N.; Azhar, M.U.; Anjum, N.; Hannan, A. (2010). "Some rare Unani medical manuscripts of Salarjung museum library – An insight view", Indian Journal of Unani Medicine, 3 (2) 85-88.
62. Qureishi M.A.; "A clinical study of Unani formulation Safoof Jawahar Mohra on CD4 count in HIV/AIDS patients" International conclave of Unani medicine organized by Deptt. of Kulliyat, A.K. Tibbia College, AMU, Aligarh on 25 - 26 March 2011.
63. Rasheed, N.M.A.; Mateen, A.; Shareef, M.A.; Alam, M.D.; Gupta, V.C.; Ahmed, S.; Arfin, S.; Aminuddin. (2010). "Role of chromatography in identification and quality control of herbal drugs. HPTLC finger prints of "Qurs-e-Kundur" a Unani compound formulation" Hippocratic Journal of Unani Medicine 5(3): 71.
64. Rasheed, N.M.A.; Shareef, M.A.; Waheed, M.A.; Ahmad, M.; Khan, S.A.; Arfin, S.; Rao, N. (2010). "Standardization of herbal Unani drug- *Aegle marmelos* Corr. with modern analytical equipment" Journal of Herbal Science and Technology, 6 (9): 20-23.
65. Rasheed, N.M.A.; Shareef, M.A.; Waheed, M.A.; Ahmad, M.; Gupta, V.C.; Khan, S.A.; Arfin, S. (2010). "HPTLC finger print profile of dried fruit of *Physalis alkekengi* Linn., Pharmacognosy Journal, 12 (3): 464-469.
66. Rasheed, N.M.A.; Waheed, M.A.; Ahmad, M.; Shareef, M.A.; Chakraborty, A.; Khan, S.A.; Arfin, S.; Aminuddin. (2010). "HPTLC fingerprint profile of extracts from gum, bark and leaf of *Boswellia serrata* Linn in different solvents", Pharmacognosy Journal, 12 (3): 543-553.
67. Rasheed, N.M.A.; Ayesha, M.; Waheed, M.A.; Alam, M.D.; Khan, S.A.; Arfin, S. (2010). "Chemical standardization of a Unani single drug - Ood-e-saleeb (*Paeonia emodi* Wall.) and evaluation of its antimicrobial activity against bacterial strains", Hippocratic Journal of Unani Medicine, 5(3): 93.
68. Rasheed, N.M.A. "Chemical examination and standardization of Sapistan (Unani drug) fruit of *Cordia dichotoma* Forst. F". National seminar on recent advances in analytical sciences-Indian perspective (RAASI) at Indian Institute of Chemical Technology, Hyderabad on 20-21 January, 2011.

69. Rasheed, N.M.A. "Standardization of Unani drug –Javetri (*Myristica fragrans* Houtt.) with modern analytical techniques", International conclave on Unani medicine: strength and strategies for globalization, organized by Dept. of Kuliyat, AMU, Aligarh on 25-26 March 2011.
70. Bi, S.; Akhtar, J. (2010), Aurtoo mei sailan ur Reham-ek aam preshani, Science ki Duniya, 36(4) 31-33.
71. Bi, S.; Akhtar, J. (2010), Dauran-e-Hamal Khoon ke Dabaw ki ziyadti, Science ki Duniya, 36(3) 35-37.
72. Bi, S.; Akhtar, J. (2011), Inqatae Haiz, Science ki Duniya, 37(1) 37-39.
73. Siddiqui, K.M.; Amanullah; Siddiqui, M.K. (2010), Deehi aur Qabaili Ilaqon mein Madar wa Atfal ki Riwayti Nigahdaasht, Jahan-e-Tib, 11 (4): 72-75
74. Salam, M. (2010). "Daud Antaki aur Tadabeer e hawamil wa sibyan: Alnuzhat ul mabahhajah ki roshni mein, Jahan-e-Tib, 11(4) 123-29.
75. Sayeed, A.; Siddiqui, K.M.; Jamil, S.S. "Globalization and Unani system of medicine – A review with interrelating facts and future potentials" International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.
76. Sayeed, A.; Siddiqui, K.M.; Siddiqui, M.K. "Banaras wa atraaf ke dehi ilaqon mein khawateen mein raaij zebaaish ke tareeqe-ek jaaizah" National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
77. Shaheen, Q. "Implications of Hepatitis B viral infection along with a clinical study on asymptomatic Hepatitis B carriers with UNIM-115 (coded Unani herbal drugs)", National seminar on emerging trends in the development of Unani system of medicine, Lucknow, 12-13 March, 2011.
78. Shareef, M.A. "UNIM-754, UNIM-755, UNIM-756 & UNIM-757 (coded Unani formulations) in the treatment of chronic stable angina", 4th World Ayurveda congress and Arogya 2010, 9-13 December, 2010 at Bangalore.
79. Siddiqui, S.A. "Tibbi Unani ki ilmi khidmat", "All India Persian teacher's conference" organized by Persian teachers association held on 2 - 4 December 2010.
80. Siddiqui, S.A. "Hammam – Therapy used in modern days" 4th World Ayurveda congress and Arogya 2010, 9-13 December, 2010 at Bangalore.
81. Amanullah. Bunyadi Sehati Nigahdasht aur Asbab-e-Sitta Zaruriyah, International seminar on Unani Medicine in primary health care, India Islamic Cultural Centre, New Delhi, 2-3 November, 2010.
82. Amanullah. Hakim-Patient Relationship: A Review with Reference to Unani Journals of Early Twentieth Century, National seminar on emerging trends in the development of Unani system of Medicine, State Takmeel-ut-Tib College, Lucknow on 12-13 March, 2011.
83. Siddiqui, S.A. "Tibb-e-Unani main markazi council ki tehqeeqi khidmat", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil-ut-Tibb College, Lucknow on 12-13 March 2011.



84. Siddiqui, Z.H. "Mother and child health care with Unani medicine in rural India" National seminar on Unani medicine on rural health, organized by CCRUM, New Delhi on 19-20 June, 2010 at Allahabad.
85. Siddiqui, Z.H.; Ahmad, W.; Arshad, M. "Hakim Ghulam Hasnain Kantoori ki tibbi khidmat ka tanqidi jaiza", National seminar on emerging trend in the development of Unani system of medicine, organized by state Takmil-ut Tibb College, Lucknow on 12-13 March 2011.
86. Siddiqui, K.M.; Parveen, S.; Siddiqui, M.K. "Traditional health practices in rural and tribal area" National seminar on Unani medicine in rural health organized by CCRUM, New Delhi on 19-20 June 2010 at Allahabad.
87. Venkatesan, K.; Murgeswaran, R.; Sultana, G.; Siddiqui, M.K.; Singh, V. K.; Aminuddin (2010). "Some Unani medicinal plants used for hepatitis and jaundice by Kanni tribals of Kanniyakumari District (Tamil Nadu), India" Hippocratic Journal of Unani Medicine, 5 (2): 65– 74
88. Wahiduzzaman, Ahmad, W.; Waheed, A. "Haziq tabeeb, mumtaz muallim munafrad muallif", National seminar on emerging trend in the development of Unani system of medicine, organized by State Takmil-ut-Tibb College, Lucknow on 12-13 March 2011.
89. Wajid, M.A. "Scope of nano forms of Unani drugs – A literary review". International conference of integrative medicine & 1st SAARC conference on Unani medicine (UNICON 2010) organized by Faculty of Unani medicine, AMU, Aligarh on 2-4 February 2011.

3.5 HEALTHCARE SERVICES

3.5.1 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 healthcare 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. Thereafter, health education is provided 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, Mumbai, RRCUM, Allahabad and CRU, Burhanpur. The Council's team of physicians visited 20 schools that were adopted under the School Health Programme particularly those falling in the pockets adopted under mobile clinical research programme. Four-thousand seven hundred and thirty school children were checked up. Out of these, 1960 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 through the children. The most common diseases found among the school children included skin infection, helminthiasis, otorrhea, cough and cold, conjunctivitis and dental carries. Significant reduction in the incidence of these diseases among the children was observed during the reporting period.

3.5.2 UNANI MEDICAL CENTRE AT DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

A Unani Medical Centre was opened at the Capital's Dr. Ram Manohar Lohia Hospital on January 14, 1998 with a view to providing AYUSH healthcare facilities at Government Allopathic Hospitals. This centre is being run by the CCRUM.

Besides the general out patient department (GOPD) facilities, the centre provides specilaized Unani treatment for some selected disorders like vitiligo, eczema, psoriasis, rheumatoid arthritis, bronchial asthma, sinusitis, infective hepatitis, diabetes mellitus, etc.

During the reporting period, a total of 22065 new patients were registered. A large number of patients were referred to the centre from Allopathic hospitals particularly for treatment of different chronic ailments. Also, counseling of patients, particularly the senior citizens, was done to improve their physical and mental health.

3.5.3 UNANI SPECIALITY CLINIC AT DEEN DAYAL UPADHYAY HOSPITAL, NEW DELHI

The Council started another facility, Unani Speciality Clinic, at Deen Dayal Upadhyay Hospital, New Delhi in November 2010. During the reporting period, 4074 new patients were registered for treatment of different ailments.

3.5.4 HEALTH CAMPS

The Council's Regional Research Institute of Unani Medicine (RRIUM), Chennai organized four free health camps in different localities of the metropolis – Thyagarajapuram, Pattalam, Tolgate and Cherian Nagar, Puduvannai in May and June 2010. At these camps a total of 704 patients suffering from different diseases were treated.

The first camp was organized at Thyagarajapuram on 1 May where 151 patients were attended to. Another camp was organized at Yaadgaar Marriage Hall, Pattalam on 15 May where 163 people suffering from different diseases were attended to by the Institute's Unani physicians. The third camp was put up at Thangam Marriage Hall, Tolgate on 31 May. A total of 203 patients benefited from the activity. The fourth health camp was organized at Cherian Nagar, Puduvannai on 19 June. At this camp the Institute's Unani physicians examined and treated 187 patients suffering from different diseases. At all these camps the patients were treated with Unani kit medicines developed by the Council.

3.5.5 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 to women.



Besides, female patients in the pockets adopted under mobile clinical research programme were also treated by the physicians in the mobile OPD scheme. During the reporting period a total of 92468 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 every week at the Council's GOPDs. Health lectures/group meetings on preventive and promotive health aspects were also organized in the pockets adopted under the mobile clinical research programme. Information, Education and Communication (IEC) material on preventive, promotive and curative health aspects was also provided in different languages.

3.5.6 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 with an extension centre at Masjid Road, Karimganj continued the OPD located at S.M. Dev Civil Hospital, Silchar. These centres continued the GOPD programme and scientifically validated the efficacies of kit medicines developed by the Council. During the reporting period 6834 new patients were registered. The most commonly occurring diseases were fever, malaria, diarrhoea, dysentery, gastritis and joints pain. The patients were treated with the kit medicines.

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 Unani system.

During the reporting period, services of the library remained automated through local area network, and 613 books, 02 CDs, 15 photocopies of rare books and 382 issues of journals including 97 issues of Unani journals, 19 serials, and 31 Hindi magazines were added to the existing stock of the library. Under the WHO global subscription schemes 08 books, 21 journals and 49 serials were added to the collection.

Fifty-six books and 24 journals were purchased under the centralized purchase for institutes and units of the Council. One thousand nine hundred and thirty-two books were classified, 4837 consulted and 1049 circulated, 27 books were issued under inter-library loan service. Over 163 non-members and 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 : 12 Issues
- Publication of Current Contents of Journals (Unani) : 03 Issues

- Catalogue or Bibliographical searches : 6075 titles
- CDs : 44 times
- Reference services (long- and short-range) : 1558 queries
- Collection of relevant news items : 8591 news
- Photocopying (important articles and routine work) : 967 copies
- Spiral binding : 78 documents

4.2 ORGANIZATION OF CONFERENCE/WORKSHOP

4.2.1 INDO-US SYMPOSIUM ON METHODOLOGY OF RESEARCH IN INDIAN SYSTEMS OF MEDICINE

The CCRUM organized a two-day Indo-US Symposium on Methodology of Research in Indian Systems of Medicine at Bangalore on 8 and 9 December 2010 under the aegis of Indo-US joint Centre for Research in Indian Systems of Medicine (CRISM) in collaboration with Indian Institute of Integrative Medicine (IIIM), (CSIR), Jammu Tawi and National Center for Natural Products Research (NCNPR), University of Mississippi, USA.

The symposium was inaugurated by Mr. Shankaralinge Gowda, Secretary, Medical Education Department, Government of Karnataka in the presence of Mr. Roshan Baig, Member of Legislative Assembly from Shivaji Nagar, Bangalore, who presided over the function, and Dr. E. V. Ramana Reddy, Secretary, Health & Family Welfare Department, Government of Karnataka.

In his inaugural remarks Mr. Shankaralinge Gowda laid emphasis on scientific validation of the concepts and strengths of indigenous systems of medicine in order to convince the general public as well as the scientific community in the USA and other developed countries for their global acceptability.

Presiding over the function, Mr. R. Roshan Baig, Member of Karnataka Legislative Assembly underscored the need to provide essential healthcare to the people of the country at an affordable price through the time-tested Indian systems of medicine.

Delivering the keynote address to the symposium, Prof. S. S. Handa, Chairman, Pharmacopoeia Commission for Indian Medicine said that proper execution and implementation of the provisions of the Drugs and Cosmetics Act were essential both at the State and Central Government levels for ensuring genuine and standardized drugs. He emphasised the need for quality assurance of the single as well as compound drugs used in Ayurveda, Unani and Siddha systems.

Dr. G. N. Qazi, Vice Chancellor, Jamia Hamdard, New Delhi said that the CRISM is to be developed as a centre of scientific information on the various Indian systems of medicine to demystify misconceptions about them, besides designing and formulating policy for promotion and propagation and advocacy of these systems. He said the CRISM was trying to facilitate cooperation for research endeavours between the scientific community and regulatory bodies of the two countries.

Speaking on the occasion, Prof. Ikhlās A. Khan, Director of FDA Program at NCNPR, University of Mississippi and Director of CRISM-USA said that the scientists at the CRISM were endeavouring



to develop Ayurveda, Unani, Siddha herbal and botanical products of global standards and position them in markets of the US and other developed countries for getting recognition to Indian systems of medicine.

Dr. S.K. Sharma, Adviser (Ayurveda), Department of AYUSH, Ministry of Health & Family Welfare, Government of India highlighted the key elements of the holistic approach of Indian systems of medicine and said that drug-related research and clinical trials in these systems were also important areas in the present scenario.

Dr. Ram Vishwakarma, Director, IIM, Jammu said that research in Indian systems should develop in accordance with the advances taking place in systems biology, cell biology and microbiology. He said that it was necessary to upgrade regulatory environment and quality control in respect of these systems.

In his welcome and introductory remarks Prof. Shakir Jamil, Director General, CCRUM said that the ISM viz. Ayurveda, Unani Medicine and Siddha have a long and cherished history of providing essential healthcare in our country. He said that there was a need to develop sound scientific methodology of research in these systems aiming at finding empirical evidence to validate their concepts and strengths.

The symposium mainly focused on research methodology adopted for validation of Ayurveda, Siddha and Unani (ASU) systems and their products for market authorization in the global market. It also took stock of the current status of research in these systems and discussed strategies for developing these systems and their products in tune with the global demand. The symposium also provided a platform to the Indian herbal and the ASU industry and the other Research & Development institutions to showcase their strengths and approaches in clinical research and manufacture of ASU products. It was attended by eminent national and international scientists, scholars of Indian Systems of Medicine, and experts from the US FDA, NCNPR, University of Mississippi, National Institute of Health (NIH), American Botanical Council, US Pharmacopoeia and National Center for Complimentary and Alternative Medicine (CAM).

Delivering the valedictory address to the symposium on 9 December, Mrs Shailaja Chandra, Former Secretary to Government of India, Ministry of Health & Family Welfare, Department of AYUSH (then Department of Indian Systems of Medicine & Homoeopathy) said that there was a need to review objectively the benefits that the researches conducted in AYUSH systems in the country had given to the public. She also stressed the need for promoting collaborative ventures for the development of scientific research in Indian Systems of Medicine at international level.

In his presidential remarks, Prof S. S. Handa emphasized that there was a need for taking a pragmatic approach in clinical trials on drugs used in Indian Systems of Medicine. He said that a clear understanding of the science of drugs was essential for having quality products.

Prof Ikhlās A. Khan said that both inter-disciplinary and intra-disciplinary communication relating to Indian Systems of Medicine needed to be encouraged. He stressed the need for ensuring safety, efficacy and quality of the drugs used in these systems for their worldwide acceptance.

Dr. Mohammed Khalid Siddiqui, former Director General, CCRUM said that researchers of Indian systems of medicine should adopt modern scientific parameters but without compromising on the basics of these systems.

Prof. Syed Shakir Jamil, Director General, CCRUM presented the summary of the presentations.

4.2.2 NATIONAL CONFERENCE OF PRACTITIONERS OF UNANI MEDICINE

There is a need for holistic and futuristic development of Unani Medicine through scientific validation of its various concepts and strengths. This was emphasized by Mr. S. Gandhiselvan, Minister of State for Health and Family Welfare, Government of India in New Delhi on 29 April. He was inaugurating the national conference of practitioners of Unani Medicine organized by Central Council for Research in Unani Medicine (CCRUM).

The Minister urged the CCRUM to emerge as a nodal agency of all research and development in various fields of Unani Medicine in the country. Research priorities in Unani Medicine should include maternal and child health and the health of the elderly. He stressed that the practitioners of Unani Medicine must be involved in various national health programmes.

Mr. Gandhiselvan urged the practitioners of Unani Medicine to share their tested prescriptions with the CCRUM so that these could be scientifically validated and their acceptance could grow globally.

In his presidential address, Dr. Syed Khaleefathullah, Vice-President, Governing Body, CCRUM and Vice-President, Central Council of Indian Medicine (CCIM) said that the CCRUM had gone a long way in re-establishing various strengths as well as fundamental concepts of Unani Medicine, and is now in a position to share its successes with modern scientific community as well as the practitioners of Unani Medicine the world over.

Others who spoke on the occasion included Prof. Anis Ahmad Ansari, Professor of Kuliyat at Ajmal Khan Tibbia College, Aligarh Muslim University (AMU), Aligarh; and Prof. Hakim Syed Zillur Rahman, President, Ibn Sina Academy, Aligarh.

Earlier, welcoming the guests and delegates, Dr. Mohammed Khalid Siddiqui, Director General, CCRUM said that during the three decades of its functioning the CCRUM had emerged as a leading research organization of Unani Medicine. And today India is the world leader in Unani Medicine with its own very well-developed and functional educational, research, healthcare, and pharmaceutical institutions.

Dr. Siddiqui said that the CCRUM had filed patents on 24 Unani formulations. Besides, 18 other formulations are being considered for patenting. The Council has also developed standards for 277 single and 385 compound drugs, which is a new record in the history of Unani system of medicine. Of these standards, 122 have been adopted by the Unani Pharmacopoeia Committee for their inclusion in the Unani Pharmacopoeia of India.

The conference had four technical sessions and a plenary session, besides the inaugural and valedictory sessions.

Delivering the valedictory address to the conference on 30 April, Dr. G.N. Qazi, Vice Chancellor, Jamia Hamdard, New Delhi stressed the need for creating good quality environment for research in Unani Medicine. He requested the Government to create better opportunities for entrepreneurs of Unani medicines. He said that the standard of education and teaching must be improved.



Dr. Syed Khaleefathullah, Vice-President, Governing Body, CCRUM and Vice-President, CCIM in his presidential address demanded the Government to set up a separate Central Council of Unani Medicine for governing education and practice of Unani Medicine.

The guest of honour for the occasion Mrs. Meenakshi Negi, Director, Department of AYUSH, Ministry of Health & Family Welfare, Government of India in her address said that a Central University of Unani Medicine was under active consideration of the Government. She said that a Unani Pharmacopoeia Commission was also in the offing. She said that the Government of India through Department of AYUSH had launched Central Schemes for Unani drug industry and urged the manufacturers to take full advantage of these schemes.

Earlier in his opening remarks, Dr. Mohammed Khalid Siddiqui, Director General, CCRUM presented the summary of the recommendations. He said that Unani kit medicines developed by the CCRUM should be made available to the dispensaries and research centres of Unani Medicine. He said that 17 of these medicines were already being commercially exploited.

4.2.3 WORKSHOP FOR HEALTH ADMINISTRATORS AND PRINCIPALS

The Central Council for Research in Unani Medicine (CCRUM) organized a workshop for State Health Administrators and Principals of Unani Colleges in New Delhi on 28th April 2010 to make them aware of the various initiatives taken by the Department of AYUSH for the development of Unani Medicine at national and international level.

Dr. Mohammed Khalid Siddiqui, Director General, CCRUM, in his welcome address, stressed the need to develop better interaction between the academics of Unani Medicine and health administrators in different States.

Hakim Shoeb Qasmi, Director, Directorate of Unani Medicine, Uttar Pradesh explained the various departmental programmes initiated by the State Government. Dr. Asad Pasha, Deputy Advisor (Unani), Department of AYUSH explained the Department's national and international initiatives for the development of Unani Medicine. Representatives from the Andhra Pradesh, Tamilnadu, Karnataka, Uttar Pradesh, Madhya Pradesh and Delhi states informed about the status of Unani Medicine in their respective states and discussed the problems related with the system.

4.2.4 WORKSHOP ON RESEARCH METHODOLOGY

The Council's Regional Research Institute of Unani Medicine, Aligarh organized a 'Workshop on Research Methodology' from 27 to 29 March 2011 at Aligarh. Thirty-two trainees from different Institutes/centres of the Council attended this programme. The three-day workshop had 18 lectures by the experts on various issues relating to methodology for research in Unani Medicine.

Prof. S.C. Jain, Vice Chancellor, Mangalayatan University, Aligarh inaugurated the workshop on 27 March. Other guests who spoke on the occasion were Prof. M. Abrar Hasan, Dean, Faculty of Medicine, AMU, Aligarh; Prof. Shagufta Aleem, Dean, Faculty of Unani Medicine, AMU, Aligarh and Prof. Hakim Syed Zillur Rahman, President, Ibn Sina Academy, Aligarh. Prof. S. Shakir Jamil, Director General, CCRUM in his presentation highlighted the problems in clinical research in Unani Medicine and their solutions.

On 29 March Prof. Syed Zillur Rahman presided over the concluding session. Other experts present on the occasion were Dr. Mushtaq Ahmed, Director, CRIUM, Hyderabad; Prof. M. Ather Ansari, Chairman, Community Medicine, JN Medical College, AMU, Aligarh; and Prof. Anis Ahmed Ansari, Department of Kuliyat, Ajmal Khan Tibbia College, AMU, Aligarh. Dr. Shariq Ali Khan, Assistant Director (Unani), RRIUM, Aligarh presented a report of the workshop and Dr. Latafat Ali Khan, Deputy Director Incharge, RRIUM, Aligarh thanked.

4.2.5 NATIONAL SEMINAR ON UNANI MEDICINE IN RURAL HEALTH

The Council's Regional Research Centre of Unani Medicine (RRCUM), Allahabad organized a two-day National Seminar on Unani Medicine in Primary Health on 19 and 20 June at Allahabad.

Inaugurating the seminar, Uttar Pradesh Revenue Minister Mr. Nand Gopal Gupta Nandi emphasized the need for optimal use of the potential of Unani Medicine and other Indian systems of medicine in improving the healthcare services in villages and far-flung areas where the availability of these services is not satisfactory.

Prof. Syed Zillur Rahman, President, Ibn Sina Academy, Aligarh in his presidential address expressed his gratitude to Government of Uttar Pradesh for establishing a separate Directorate of Unani Medicine in the State.

Speaking on behalf of the Director General of the CCRUM, Mr. Mehr-e-Alam Khan, Research Officer (Publication) said that the Council was busy developing collaborations with leading institutions of scientific and medical research and trying to validate various concepts and strengths of Unani Medicine.

The seminar had 300 participants from different centres of the Council and other institutions. The Council's researchers presented 36 research papers. Besides, ten guest lectures were delivered by the experts on various aspects of rural health.

Addressing the valedictory session, Prof. J.N. Mishra, Registrar, Allahabad University, Allahabad said that Unani Medicine was an invaluable heritage of the country. He said that possibilities of collaboration between the CCRUM and different departments under the science faculty of the University will be explored.

Prof. Syed Zillur Rahman, President, Ibn Sina Academy, Aligarh in his presidential remarks appreciated the research work being conducted under the aegis of the CCRUM. He said that it was essential to propagate the Council's success stories widely, and the people should be educated about the medicinal uses of plants growing in their vicinity.

Two officers from the CCRUM headquarters – Mr. Mehr-e-Alam Khan, Research Officer (Publication) and Dr. Khalid Mehmood Siddiqui, Assistant Director (Unani) spelt out the success stories of the Council in its various research programmes. Dr. Mohammed Ayub Khan, Deputy Director in charge of RRCUM, Allahabad presented the vote of thanks.

4.2.6 BRAINSTORMING ON STANDARDIZATION OF UNANI HERBO MINERAL DRUGS

The CCRUM organized a brainstorming session on standardization of Unani herbo-mineral and metallic drugs at its headquarters in New Delhi on 10 February 2011. The session was



held as a follow-up of the recommendations of Unani Pharmacopoeia Committee (UPC). The Council's Director General Prof. Syed Shakir Jamil chaired the session.

Welcoming the participants, Prof. Shakir Jamil stressed the need for developing pharmacopoeial standards as well as standard operating procedures (SOPs) for manufacture of Kushtajat. Dr. Shamshad Ahmad Khan, Deputy Director (Chemistry) made a presentation on the status of the work being carried out in this area.

The experts attending the meeting recommended for approving the proposed format for standardization of mineral origin drugs.

4.2.7 BRAINSTORMING ON STANDARDIZATION OF UNANI DRUGS

The Council organized a brainstorming session to review the existing parameters of standardization of Unani single drugs and formulations on 5 March 2011 at the headquarters. The Council's Director General Prof. Syed Shakir Jamil chaired the session.

Welcoming the participants, Prof. Shakir Jamil gave a brief introduction to the on-going pharmacopoeial work under the UPC. Dr. Shamshad Ahmad Khan, Deputy Director (Chemistry) made a presentation on the subject. Prof. S.S. Handa, Chairman, Pharmacopoeia Commission for Indian Medicine appreciated the work carried out by UPC. He suggested that the UPC may prepare an atlas of HPTLC finger printing for all the drugs included in different volumes of Unani Pharmacopoeia of India, Part-I. Prof. M.S.Y. Khan, Dr. G.P. Garg, Dr. Rajeev Sharma, Dr. Asad Pasha and Prof. Tajuddin actively participated in the discussion.

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

4.3.1 WORKSHOP ON URDU TRANSLATION

Mr. Mehr-e-Alam Khan, Research Officer (Publication) at the CCRUM headquarters participated in a five-day workshop on preparing modules and guidelines for Urdu translation held at Jamia Millia Islamia (JMI), New Delhi from 23 to 27 August 2010.

The workshop was organized by National Translation Mission (NTM), Central Institute of Indian Languages (CIIL), Mysore at the Academy of Professional Development of Urdu Medium Teachers (APDUMT) at JMI.

The workshop brought together about 30 Urdu translators working with different institutions in various parts of the country, besides the resource persons coming from various academic institutions like JMI, New Delhi; AMU, Aligarh etc. The deliberations covered the basic conceptual framework, principles and methodology of translation of knowledge-based texts and creative writings.

Mr. Mehr-e-Alam Khan shared with fellow participants his experiences in translating technical reports as well as popular literature on Unani Medicine and related sciences and the success stories of the CCRUM. He also contributed to the guidelines for Urdu translators engaged in scientific translations.

4.3.2 INTERNATIONAL FAIR AT IZMIR, (TURKEY)

The CCRUM participated in the 79th Izmir International Fair held at Izmir, Turkey from 27 August to 5 September 2010. The fair was organized by Izmir International Fair Organization's (IZFAS).

The Department of AYUSH had an active participation in the fair. Besides, ten other agencies from India, including few governmental agencies, showcased their progress and products at the show.

At the fair, the CCRUM exhibition, which formed a major portion of the AYUSH pavilion, highlighted the Council's progress in its research programme. The Department's pavilion also displayed achievements of research councils of Ayurveda, Siddha, Yoga & Naturopathy, and Homoeopathy. The AYUSH display also aimed to generate awareness about traditional Indian systems of medicine among the visitors. Among those who represented Ministry of Health & Family Welfare, Government of India were Mr. P. K. Jha, Director, Department of AYUSH, and Mr. P. A. Sawant, Director (IF), Ministry of Health & Family Welfare. Mr. Aminuddin, Research Officer (Botany) at CCRUM headquarters represented the Council at the fair.

4.3.3 TRADITIONAL MEDICINE CONFERENCE IN THAILAND

The CCRUM participated in the Business and Regulators Conference on Indian Traditional Medicine held at Bangkok, Thailand on 24 August 2010.

The conference was jointly organized by Department of AYUSH, Ministry of Health & Family Welfare, Government of India; Indian Embassy in Bangkok, Thailand and Federation of Indian Chamber of Commerce and Industry (FICCI). Mr. J. Majumdar, Under Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India also attended the conference.

In his inaugural remarks Ambassador of India in Thailand Mr. Pinak Ranjan Chakravarty said that Indo-Thailand relations should go beyond India-ASEAN agreement, and Indian medicinal products should come to Thailand and Thai products should go to the Indian market.

President of Herbal Club of Thailand Mr. Juan Dharmasurya welcomed the Indian delegates and stressed upon the need for friendly relations between the two countries.

At the conference, the CCRUM was represented by Dr. Shamshad Ahmad Khan, Deputy Director (Chemistry) at CCRUM headquarters. At a session, he made a presentation on the legal framework of Ayurveda, Unani and Siddha drugs in India.

4.3.4 GLP INSPECTORS' TRAINING

Dr. Seema Akbar, Assistant Director (Chemistry) at the Council's Regional Research Institute of Unani Medicine (RRIUM), Srinagar attended a training course held in New Delhi from 3 to 9 October 2010 for good laboratory practice (GLP) inspectors. The programme was organized by Department of Science and Technology (DST), Government of India in New Delhi. Thirty-two candidates selected from different government organizations underwent the training.

The training course comprised a series of presentations, discussion sessions and workshops. It provided guidance on the inspection of all key GLP systems to include inspections of facilities including Toxicology, Quality assurance, Archives, Study audits, Computer system, etc. The participants were also trained to organize and run an inspection. The trainers included Indian and foreign experts of GLP and senior members of the Organization for Economic Co-operation and Development (OECD) working group. The GLP system has been evolved by the OECD member countries and helps to ensure the quality of data produced by laboratories (test facilities).



4.3.5 PARTICIPATION IN RAJ BHASHA SAMMELAN

The Central Council for Research in Unani Medicine (CCRUM) participated in the Sixteenth Akhil Bhartiya Rajbhasha Sammelan - All India Official Language Conference – held at Ooty, Tamilnadu from 10 to 12 June.

At the conference, the CCRUM was represented by two officers from the headquarters - Mr. Mehr-e-Alam Khan, Research Officer (Publication), who also heads the Council's Hindi Samiti, and Mr. Athar Ali, Assistant Director (Administration). Mr. Abdul Bari, Hindi Assistant at the Council's Central Research Institute of Unani Medicine (CRIUM), Hyderabad also attended the conference.

Mr. R.D. Nazeem, Executive Director, Tea Board, Coonoor inaugurated the Conference on 10 June. He stressed the need to develop Hindi for promoting national integration, secularism and other positive Indian values. Mr. K. Ranganath, Chairman and Managing Director, Kudremukh Iron Ore Project, Bangalore presided over the function.

Mr. T.S. Bhatia, Deputy Secretary, Department of AYUSH, Ministry of Health & Family Welfare, Government of India said that the Department was making concerted efforts to increase the use of Hindi in official work

Mr. Mehr-e-Alam Khan took active part in the discussion and emphasized the need to develop Hindi dictionary of technical terms relating to Unani Medicine and other traditional healthcare systems. He said that existing Hindi dictionaries needed to be constantly updated.

Delivering the valedictory address on 12 June, Mr. Gyan Giri, General Manager, Nilgiri Dairy Development Board said that Hindi should be developed as national language rather than official language, and for doing so persuasive approach should be adopted.

4.4 TRAINING PROGRAMME

During the reporting period, the Council deputed its medical and non-medical scientists and investigators to following training programmes for capacity building and updating their knowledge:

1. Training programme for research officers of the Council under Department of AYUSH, organized by Indian Institute of Integrative Medicine (IIIM), (CSIR), Jammu from 30 March to 2 April, 2010.
2. National Conference on Unani practitioners and Workshop of Health Administrators organized by CCRUM, New Delhi during 28 and 30 April, 2010.
3. Short-term training course on management of herbarium and arboretum organized by Forest Research Institute, Dehradun during 10 and 14 May, 2010.
4. Workshop on Quantitative Research Methods organized by Indian Institute of Public Health, Gurgaon from 24 to 28 May, 2010.
5. Training programme for research officers of the Council under Department of AYUSH, organized by Indian Institute of Integrative Medicine (IIIM), (CSIR), Jammu during 15 and 18 June, 2010.
6. Workshop on Quantitative Research Methods organized by Indian Institute of Public Health, Gurgaon from 28 June to 2 July, 2010.

7. NABH accreditation for AYUSH hospitals, organized by Quality Council of India (QCI) and National Accreditation Board for Hospitals & Healthcare Providers (NABH) at Delhi on 25 September, 2010.
8. Training-cum-Workshops on counselling skills for health professionals organized by National Institute of Health and Family Welfare at New Delhi from 25 to 29 October, 2010.
9. National Workshop on Biotechnological Approaches for Conservation of Unani herbs and enhancing their medicinal efficacy, organized by Jamia Hamdard, New Delhi during 8 and 11 November, 2010.
10. National Workshop on Post Graduate Education, Research Methodology and Manuscript Studies in Unani Medicine organized by Ibn Sina Academy, Aligarh during 22 and 23 November, 2010.
11. Workshop on Application on Chromatographic and Spectroscopic techniques in drug development of traditional medicine, organized by Jamia Hamdard, during 22 and 24 November, 2010.
12. Continuing medical education (CME) in pharmacovigilance for ASU Drugs, sponsored by Department AYUSH, organized by National Pharmacovigilance Consultative Committee for ASU drugs & Department of Moalejat, Faculty of Medicine, Jamia Hamdard, New Delhi on 30 December, 2010.
13. National Symposium on Translational research in new drug delivery system, organized by Vallabhbhai Patel Chest Institute (VPCI), Delhi University, during 12 and 13 January, 2011.
14. Training programme on uploading of data for AYUSH portal, organize by CCRAS, New Delhi 10 February, 2011.
15. Workshop on role of GCMS Flash chromatography & HPTLC in botanical garden drug development, organized by Jamia Hamdard, New Delhi on 17 January 2011.
16. Emerging trends in natural product research, organized by Jadavpur University, Kolkata, during 12 and 13 February, 2011.

4.5 COUNCIL'S PARTICIPATION IN AROGYA FAIRS

During the reporting year the Central Council for Research in Unani Medicine (CCRUM) participated in Arogya fairs held at Aizwal (Mizoram), Chennai (Tamilnadu) and Uni (Himachal Pradesh). These health fairs are organized by Department of AYUSH, Ministry of Health & Family Welfare, Government of India to showcase different Indian systems of medicine including Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) and to impart awareness among the general public and professionals about promotion of Health, prevention and curative aspects of ill health and also to provide free consultancy and treatment to the visiting people.

Arogya at Aizwal, Mizoram

The Council participated in the Arogya fair organized at Aizwal (Mizoram) from 13 to 15 April 2010. The fair was organized jointly by the Department of AYUSH and the State Government of Mizoram. The fair highlighting research and development taking place in the AYUSH sector



in the country was inaugurated by Governor of Mizoram Lt. Gen. (Retired) Mr. M.M. Lakhera on 13 April. The Governor emphasized the importance of AYUSH systems in catering to the health needs of the people.

Mrs. S. Jalaja, Secretary, Department of AYUSH, Ministry of Health & Family Welfare, Government of India highlighted the importance of medicinal plants and similar products. Mr. Vanhela Pachuau, Chief Secretary, Government of Mizoram declared that the State AYUSH Department and Medicinal Plants Board would be upgraded. Those present on the occasion included Mr. D.D. Sharma, Director, Department of AYUSH.

The Council's pavilion displayed its research progress and publications, and raw drugs used in Unani Medicine. Video films produced by the Council on skin care, medicinal plants, and some other health aspects were also screened. The Council's physicians also extended health check-up and consultancy to the visitors. Besides, health lectures by experts of Unani Medicine as well as other Indian systems of medicine formed part of the fair. Other organizations under the Department of AYUSH also put up their show.

The Council's Unani specialty clinic was managed by Dr. Anwarul Islam, Assistant Director (Unani), Regional research Institute of Unani Medicine (RRIUM), New Delhi and Dr. Javed Inam Siddiqui, Research Officer (Unani), Regional Research Centre of Unani Medicine (RRCUM), Silchar (Assam). Over 1200 patients suffering from different ailments were attended to in the specialty clinics and were provided with free Unani treatment.

Arogya at Chennai, Tamil Nadu

The Council participated in the Arogya fair held at Chennai (Tamil Nadu) from 27 to 30 May. The programme was jointly organized by Department of AYUSH, Tamil Nadu Directorate of Indian Medicine and Homoeopathy, and India Trade Promotion Organisation (ITPO).

The fair was inaugurated by Tamil Nadu Finance Minister Mr. K. Anbazhagan in the presence of Union Minister of State for Health and Family Welfare Mr. S. Gandhiselvan and Tamil Nadu Health Minister Mr. MRK Panneerselvam. Mr. Ramesh Kumar Khanna, Principal Secretary/Commissioner, Department of Indian Medicine and Homoeopathy, Government of Tamil Nadu; Mr. V. K. Subburaj, Principal Secretary, Department of Health & Family Welfare, Government of Tamil Nadu; Dr. S. K. Sharma, Advisor (Ayurveda), Department of AYUSH, Government of India and Mrs. Naseem Ishaque, General Manager, ITPO, New Delhi were also present on the occasion.

Mr. K. Anbazhagan emphasized the need for promoting research in Indian Systems of Medicine (ISM) aiming at their scientific validation and optimal use of their potential in public health.

Mr. S. Gandhiselvan said that under the 11th Five year Plan, allocation for AYUSH had been stepped up to Rs. 4,000 crore. In addition, Rs. 750 crore had been allotted for medicinal plants alone.

Mr. M.R.K. Panneerselvam said that the State Government attached great importance to development of indigenous systems of medicine.

The CCRUM pavilion showcased the Council's research progress, publications, samples of raw drugs and live medicinal plants. It also offered to the visitors free health check-up and Unani

treatment. Besides, experts of Unani Medicine as well as other Indian systems of medicine delivered public lectures on different aspects of health. The Council's show was managed by Dr. N. Zaheer Ahmed, Dr. K. Kabeeruddin Ahmad, both Assistant Directors (Unani), and Mr. R. Murugeswaran, Research Officer (Botany) at RRIUM, Chennai. The management team also included Mr. Aminuddin, Research Officer (Botany) and Mr. Haseeb Ahmad, Senior Production Assistant, both from the Council's headquarters.

Arogya at Una, Himachal Pradesh

The Council participated in the Arogya fair held at Una, Himachal Pradesh during 25 and 27 September 2010. The fair, jointly organized by the Department of AYUSH and Himachal Pradesh Directorate of Indian Medicine and Homoeopathy, was inaugurated by Himachal Pradesh Chief Minister Prof. Prem Kumar Dhumal in the presence of Himachal Pradesh Health Minister Dr. Rajeev Bindal and some other officials of State Government and Department of AYUSH.

Prof. P.K. Dhumal declared that his Government would further develop facilities and infrastructure for Indian Systems of Medicine in the State.

4.6 PROMOTION OF OFFICIAL LANGUAGE

Hindi should be promoted as the country's national language as well as its official language. Mrs. Meenakshi Negi, Director, Department of AYUSH, Ministry of Health and Family Welfare, Government of India emphasized this at the Hindi Fortnight Prize Distribution ceremony organized by Central Council for Research in Unani Medicine (CCRUM) at its headquarters in New Delhi on 28 September 2010.

Addressing the CCRUM staff, Mrs. Negi, who was the chief guest for the occasion, said that all States should be actively involved in the development and propagation of Hindi and its use in official work should further increase. She said that India had the richest linguistic diversity, and well-planned efforts to preserve and promote different languages of the country should be made. She appreciated the CCRUM for increasingly enhancing the use of Hindi in its official work as well as publishing its success stories in Hindi and other Indian languages.

Prof. Syed Shakir Jamil, Director General, CCRUM said that the Council had been promoting information, education and communication (IEC) about the Council's research progress as well as the strengths of Unani Medicine through Hindi language as well. The Council also plans to publish its research findings in Hindi as well as other languages. It had taken lead in the use of Hindi in official work and had been encouraging its staff for using Hindi in their inter-personal communication.

Mr. J.L. Bhalla, Deputy Director (Official Language), Department of AYUSH, Ministry of Health & Family Welfare, Government of India, who was the guest of honor for the occasion, appreciated the CCRUM's activities in the area of promotion of Hindi as official language. Mr. Mehr-e-Alam Khan, Research Officer (Publication), CCRUM headquarters who was the coordinator for the Council's Hindi Fortnight Celebrations anchored the function.

During the Hindi fortnight, the Council had organized debate, essay writing, poetry, and translation competitions in Hindi for its staff. Besides, a Shrutlekh (dictation) competition was also organized for the Class IV employees. The competitions were open for the Council's employees



at the headquarters and its centres in Delhi - Regional Research Institute of Unani Medicine (RRIUM), Literary Research Institute of Unani Medicine (LRIUM), and Drug Standardization Research Unit (DSRU), and the Ghaziabad-based Drug Standardization Research Institute (DSRI). Competition-wise details of the winners of prizes are as follows:

Debate Competition

First Prize: Mr. Masooduz Zafar Khan, Library and Information Assistant (LIA) at CCRUM headquarters. Second Prize: Mrs. Kiran Negi, DSRU, New Delhi. Third Prize: Mr. S. Shuaib Ahmad, LIA, CCRUM headquarters. Consolation Prize: Mr. Mohammed Shahnawaz, Junior Stenographer at CCRUM headquarters and Mrs. Veena Sharma, LRIUM, New Delhi.

Hindi Poetry Competition

First Prize: Miss Shabnam Siddiqui, Coordination Cell at the headquarters. Second Prize: Mrs. Gayatri Chawla, UDC at the CCRUM headquarters. Third Prize: Mrs. Veena Sharma, LRIUM, New Delhi and Mr. S. Shuaib Ahmad, LIA at CCRUM headquarters. Consolation Prize: Mr. Riyaz Ahmad, LDC, CCRUM headquarters and Mr. Manveer Singh, DSRI, Ghaziabad.

Essay Writing Competition

First Prize: Mrs. Kiran Negi, DSRU, New Delhi. Second Prize: Mrs. Gayatri Chawla, UDC at the CCRUM headquarters. Third Prize: Mohammed Shahnawaz, Junior Stenographer at CCRUM headquarters. Consolation Prize: Mr. Mohammed Danish, Media Consultant at CCRUM headquarters and Mrs. Akhtar Parveen, Hindi Assistant at the headquarters.

Hindi Translation Competition

First Prize: Mr. Mohammad Azhar Khan, LIA at the CCRUM headquarters. Second Prize: Mr. Shahnawaz from the headquarters. Third Prize: Mrs. Kiran Negi, DSRU, New Delhi and Mr. Irshad Raza, Data Entry Operator at the headquarters. Consolation Prize: Mr. Ritesh Kumar and Mr. Riyaz Ahmad, both working at the headquarters.

Hindi Shrutlekh (Dictation) Competition

First Prize: Mr. Sompal, Messenger at Unani Treatment Centre at Dr. RML Hospital, New Delhi. Second Prize: Mr. Ritesh Kumar, Messenger at the headquarters. Third Prize: Mr. Ishrat Ali, Messenger at the headquarters. Consolation Prize: Mr. Ramanand and Mr. Ranbir Singh, both Messengers at the headquarters.

Other centres of the Council functioning in different parts of the country also organized Hindi contests and celebrated the Hindi fortnight.

4.7 RETIREMENTS

Dr. Mohammed Khalid Siddiqui, Director General, Central Council for Research in Unani Medicine (CCRUM) retired on superannuation on 30 June 2010. Dr. Siddiqui joined the erstwhile Central Council for Research in Indian Medicine & Homoeopathy (CCRIMH) as Research Assistant (Unani) on 23 December 1974. After the split of CCRIMH in 1978, he opted to serve the newly formed CCRUM. He rose to become Assistant Director (Unani) in October 1985, and became Deputy Director on 9 April 1992. He took charge as Director,

CCRUM on 9 July 1993 and served in that capacity till 12 September 1993. On 18 November 1993 he joined as full-time Director of the Council. On 12 June 2009, the post of Director was re-designated and he became the first Director General of the Council.

Mr. Rahat Usmani, Library & Information Officer at CCRUM headquarters retired on superannuation on 31 March 2011 after serving the Council since 21 September 1979.

Ms. P. Hemlata, Staff Nurse, Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 May 2010. She joined the erstwhile CCRIMH on 2 February 1974.

Ms. Roseline J. Steyen, Staff Nurse, Regional Research Institute of Unani Medicine, Chennai retired on superannuation on 30 June 2010. She served the Council since 7 December 1981.

Dr. Chand Sultana, Research Officer (Unani), Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 30 June 2010. She joined the Council on 4 September 1979.

Mr. S. H. Siddiqui, Senior Scientific Assistant (Chemistry), Drug Standardization Research Institute, Ghaziabad retired on superannuation on 31 July 2010. He served the Council since 2 June 1979.

Dr. M. D. Alam, Deputy Director Incharge, Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 July 2010 after serving the Council for over 30 years. He joined the Council on 3 October 1979.

Dr. Najma Arshad Sheikh, Research Officer (Unani), Regional Research Institute of Unani Medicine, Mumbai retired on superannuation on 31 August 2010 after serving the Council for over 30 years. She joined the Council on 13 July 1982.

Mr. S. Eshwariah, UDC, Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 December 2010 after serving the Council since 25 March 1974.

Mr. Athar Ali, Assistant Director (Administration) at CCRUM headquarters retired on superannuation on 31 December 2010. He joined the Council on 31 January 1979.

Mr. V.C. Thomas, Senior Stenographer at CCRUM headquarters retired on superannuation on 31 January 2011 after serving the Council since 13 July 1982.

Dr. P.V. Goud, Assistant Director (Pathology) at Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 January 2011. He served the Council since 3 January 1981.

Ms. C.C. Gracy, Staff Nurse at Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 28 February 2011. She joined the Council on 1 February 1974.

Dr. Mohammad Ishaq, Deputy Director (Unani), Regional Research Institute of Unani Medicine, Srinagar retired on superannuation on 31 March 2011 after serving the Council for more than 31 years. He joined the Council on 9 June 1979.

Dr. V. C. Gupta, Assistant Director (Botany), Central Research Institute of Unani Medicine,



Hyderabad retired on superannuation on 31 March 2011 after serving the Council for more than 31 years. He joined the Council on 21 August 1979.

Mr. Rahat Shareef, Labourer, Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 March 2011 after serving the Council for more than 38 years. He joined the CCRIMH on 12 September 1972.

Dr. M.H. Chowdhary, Research Officer (Unani), Clinical Research Unit, Karimganj retired on superannuation on 31 March 2011 after serving the Council for more than 25 years. He joined the Council on 2 August 1980.

4.8 DEATH

Mr. Mohd. Waijuddin, U.D.C/Store Keeper, Regional Research Institute of Unani Medicine, Patna expired on 20 November 2010. He joined the Council on 10 October 1979.

4.9 APPOINTMENTS

Mrs. Meenakshi Negi takes additional charge of DG, CCRUM

Mrs. Meenakshi Negi, Director, Department of AYUSH, Ministry of Health & Family Welfare, Government of India took over additional charge of Director General, Central Council for Research in Unani Medicine (CCRUM) on 1 July 2010. She worked in that capacity till 10 September 2010.

Prof. Syed Shakir Jamil joins as DG, CCRUM

Prof. Syed Shakir Jamil, Head, Department of Moalajat, Faculty of Medicine (Unani), Jamia Hamdard (Hamdard University), New Delhi joined as Director General, Central Council for Research in Unani Medicine (CCRUM) on 10 September 2010. He has been serving as Head of the Department since 2003.

Prof. Shakir Jamil brings with him 30 years of experience in teaching, research and clinical practice of Unani Medicine. He has also worked on different administrative posts. From March 2005 to November 2007 he was Dean, Faculty of Medicine (Unani). He also served as the University's Assistant Proctor from 1994 to 1998, and Provost from 2000 to 2002.

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 (CCRM) FOR THE YEAR ENDED 31 MARCH 2011

We have audited the attached Balance Sheet of Central Council for Research in Unani Medicine (Council) as at 31 March 2011 and the Income & Expenditure Account/Receipts & Payments Account for the year ended on that date under Section 20(1) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971. The audit has been entrusted for the period upto 2013-14. These financial statements include the accounts of nine regional offices of the Council. 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 and Auditor General of India 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/Comptroller and Auditor Generals' 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, evidences 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 and Income & Expenditure Account/Receipt & Payment Account dealt with by this report have not been drawn up in the format approved by the Ministry of Finance.
- iii. In our opinion, proper books of accounts on double entry system of accounting have been maintained by the Council 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 Overstatement of liabilities (GPF/CPF)

An amount of Rs. 23.69 crore has been shown as liability of General Provident Fund (GPF)/ Contributory Provident Fund (CPF) in the Balance Sheet. However, as per the Broadsheet of GPF/CPF, the total liability as on 31.3.2011 was only Rs. 17.35 crore. This has resulted in overstatement of liability by Rs. 6.34 crore.

A.2 Assets

A.2.1 Understatement of current assets

Accrued interest of Rs. 31.31 lakh on the investment of GPF, NPS, GIS and Pension Fund for the year 2010-11 has not been shown as current asset in the Balance Sheet. This has resulted in understatement of current assets and liabilities by Rs. 31.31 lakh.

A.2.2 Incorrect calculation of depreciation on fixed assets

The method of charging depreciation on fixed assets was not correct as depreciation was being charged only on the addition to the fixed assets during the year. Further, the depreciation charged has not been shown as expenditure in the Income and Expenditure Account. This resulted in understatement of depreciation and overstatement of fixed assets and excess of income over expenditure for the extent of Rs. 2.48 crore.

A.2.3 Investments

Investments of GPF/Pension Fund of Rs. 26.85 crore had not been made as per the pattern prescribed by Ministry of Finance, vide notification no. F.No. 5-88/2006-EPR dated 14.8.2008.

B. GRANT-IN-AID

The Council had received grant of Rs. 74.08 crores (Plan: Rs. 38.32 crore & Non Plan : Rs. 35.76 crore) from Ministry of Health and Family Welfare. Out of which it received Rs. 4.68 crore under Non-plan and Rs. 9.25 crore in March 2011. It utilised Rs. 74.60 crore (Plan: Rs. 39.43 crore and Non Plan : Rs. 35.17 crore). The excess expenditure under plan head was met by the Council through its own resources.

It received grant of Rs. 136.59 lakh for specific projects from Ministry of Health and Family Welfare, Department of AYUSH during the year and had an opening balance of Rs. 361.21 lakh in these projects. The Council had miscellaneous receipt of Rs. 7.51 lakh under these projects. Out of the total of Rs. 505.30 lakh, an expenditure of Rs. 309.45 lakh was incurred by the Council during the year on these projects leaving a balance of Rs. 195.85 lakh as on 31 March 2011.

C. MANAGEMENT LETTER

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

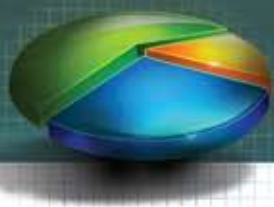
- v. Subject to our observations in the preceding paragraphs, we report that the Balance Sheet and Income and Expenditure Account/Receipts and Payments Account dealt with by this report are in agreement with the books of accounts.
- vi. In our opinion and to the best of our information and according 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 2011; and
 - b. In so far as it relates to Income and Expenditure Account of the surplus for the year ended on that date.

For and on behalf of the C & AG of India

Place : New Delhi

Date : 9.11.2011


Director General of Audit
Central Expenditure



ANNEXURE-I

1. Adequacy of internal audit system

- The internal audit of the Council was conducted upto 2008-09 by Ministry of Health and Family Welfare.
- 25 audit paras pertaining to the years 2000-01 to 2008-09 were outstanding.

2. Adequacy of internal control system

- As per Rule 292 of General Financial Rules, the advances given for contingent and miscellaneous purposes should be adjusted within fifteen days from the date of drawal of advance. Audit scrutiny revealed that contingent advances amounting to Rs. 3.34 crore were lying unadjusted as of 31.3.2011 pertaining to period of 1998-99 to 2010-11. In addition TA/LTC/Vehicle advance of Rs. 10.74 lakh pertaining to period of 1984-85 to 2010-11 were also lying unadjusted.
- The management's response to audit objections is not effective as 26 paras pertaining to the period 2000-01 to 2010-11 were outstanding.

3. System of physical verification of fixed assets

- The physical verification of fixed assets had been conducted upto 2010-11.

4. System of physical verification of inventory

- The physical verification of stationery and consumables etc. had been conducted upto 2010-11.

5. Regularity in payment of statutory dues

- No payment over six months in respect of statutory dues were outstanding as on 31.3.2011.

5.2 AUDITED STATEMENT OF ACCOUNTS

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Index of the Annual Account for the Year 2010-11

S.No.	Name of the accounts	Page No.	Schedules at Page No.
1	Receipt & Payment account	94-95	98-144
2	Income & Expenditure account	96	145-147
3	Balance Sheet	97	148-153
4	Notes on Accounts	154	

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Receipt & Payment Account for the Year ended 31 March 2011

S.No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
1	Opening balance			1.	Establishment expenses	42,59,28,722.00	40,04,61,170.00
	(i) Cash in hand	1,45,449.75	10,200.00	2.	Administrative expenses	11,38,46,790.13	6,93,69,699.50
			1,34,712.75	3.	Other expenses		
	(ii) Cash at bank	8,23,26,581.27	5,88,75,661.52		(i) Material & Supplies	9,68,35,683.00	9,02,12,402.50
	Total Opening balance	8,24,72,031.02	5,90,20,574.27		(ii) Advance to Govt. Servants	10,36,000.00	38,90,500.00
2	G.I.A. received				(iii) Outstanding advances	2,03,57,837.20	1,21,83,024.22
	(i) From Government of India	75,44,27,750.00	71,83,73,000.00		(iv) Other charges	2,55,74,665.00	5,04,84,625.00
	(ii) From other sources		-	4.	Investments (Out of own funds)	48,60,26,681.68	16,00,45,987.78
3	Bank interest	2,02,62,093.09	4,11,07,024.12	5.	Fixed assets	1,91,16,395.80	8,21,75,651.35
4	Interest on refundable advances	4,20,727.00	3,00,470.00	6.	Work in progress	6,17,92,430.00	3,78,20,865.00
5	Other receipts	5,55,81,515.10	3,97,47,818.60	7.	Publications (Priced)	1,83,651.00	6,50,334.00
			2,11,383.00	8.	Remittance of recoveries	3,77,18,074.00	4,58,94,822.00
6	By adjustment of Advances pertaining to previous years	68,37,500.90	75,87,585.20	9.	Refund of unspent balance to concerned Deptts./ Offices		941.00
7	Recoveries for remittance	3,77,53,262.00	4,58,94,822.00	10.	Un-disbursed amount in previous year disbursed		1,43,100.00
8	Sale of publications (Priced)	2,81,883.50	4,29,118.00	11.	Amount to be received from concerned a/c, Instts.	80,964.00	7,418.00

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(D.S. Negi)
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Director General

9	Miscellaneous receipts to be transferred to pension fund a/c	73,907.00	55,461.00		-do-	8,395.00	1,046.00
10	Recovery of subscription & advances	4,59,27,163.00	4,13,42,420.00	12.	LIC amount disbursed	2,00,000.00	4,60,000.00
11	Investment received	38,16,49,268.92	11,53,83,035.98	13.	Other miscellaneous payments	5,02,10,737.00	2,11,383.00
12	Amount receivable received	49,71,586.00	89,26,810.00		-do-		4,75,97,270.00
13	Security deposit	17,000.00	2,43,650.00	14.	Expenses paid in advance	33,089.00	5,208.00
14	Advance from Viyapeeth through RRIUM, Srinagar	-	-	15.	Arogya (North East)	19,29,600.00	1,21,88,800.00
15	In transit in previous year received	-	36,23,055.00	16.	Miscellaneous receipts transferred to pension fund a/c	2,34,766.00	30.00
16	Payable to other accounts	11,69,203.00	10,500.00	17.	Amount payable paid	44,75,690.00	32,14,718.80
17	Recovery of refundable advances	26,18,027.00	24,05,900.00	18.	Transferred to AXIS Bank from Bank of India		2,70,00,000.00
18	Undisbursed amount		2,50,000.00		Closing Balance		
19	LIC for disbursement	2,00,000.00	4,60,000.00		Cash in hand	2,19,373.75	1,45,449.75
20	Amount of North East Arogya	-	1,41,18,400.00		Cash at bank	4,88,53,372.97	8,23,26,581.27
21	Transferred from Bank of India to AXIS Bank	-	2,70,00,000.00		Total Rs.	1,39,46,62,917.53	1,12,64,91,027.17

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Income & Expenditure Account for the Year ended 31 March 2011

S.No.	Expenditure	Current Year	Previous Year	S.No.	Income	Current Year	Previous Year
1	Establishment expenditure	42,54,03,856.00	40,04,61,170.00	1	GIA	76,76,27,750.00	71,89,29,000.00
2	Administrative expenditure	21,12,07,339.13	15,97,32,060.00	2	Other income	1,10,52,634.70	1,25,34,662.92
3	Other charges	2,55,74,665.00	5,47,44,229.00	3	Less : Capitalised expenditure	(-) 1,93,00,046.80	(-) 8,24,00,079.35
4	Balance being Excess of Income over Expenditure :	9,71,94,477.77	3,41,26,124.57				
	Total Rs.	75,93,80,337.90	64,90,63,583.57		Total Rs.	75,93,80,337.90	64,90,63,583.57

Sd/-
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(D.S. Negi)
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Sd/-
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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Balance Sheet as on 31 March 2011

S.No.	Liabilities	Schedule No.	Current Year	Previous Year	S.No.	Assets	Schedule No.	Current Year	Previous Year
1	Capital fund	(S/1)	50,12,93,701.21	38,74,30,963.62	1	Fixed assets	(S/3)	25,55,50,232.35	23,94,81,972.53
2	Current Liabilities	(S/2)	33,22,98,979.88	27,59,34,759.89	2	Investments (Others)	(S/5C)	31,64,54,948.13	21,20,77,535.37
					3	Current assets:			
						(i) Loans & advances	(S/5B)	21,25,14,753.89	12,93,34,184.59
						(ii) Bank/Cash balance	(S/5A)	4,90,72,746.72	8,24,72,031.02
	Total Rs.		83,35,92,681.09	66,33,65,723.51		Total Rs.		83,35,92,681.09	66,33,65,723.51

Sd/-
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(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Receipts for the Year ended 31 March 2011

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						
(a) Cash in hand	10,200.00	10,200.00				
(b) Cash at bank	3,993.11	90,269.11				
Total (Non-Plan) S.No. 1	14,193.11	1,00,469.11	35,75,69,000.00	39,38,99,000.00	32,090.00	44,207.00
2						
PLAN						
(i) Health Scheme a/c						
(a) Cash in hand	1,30,167.60	1,30,167.60	38,32,00,000.00	30,95,45,000.00	23,54,121.00	9,03,467.32
	5,082.15	4,545.15				

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Sd/-
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Director General

(b) Cash at bank	3,04,215.74	3,19,835.62				
Total (H) PLAN	4,39,465.49	4,54,548.37	30,95,45,000.00	23,54,121.00	9,03,467.32	
(ii) ROTP a/c	-	2,071.90			73.00	
(iii) Herb Garden a/c	9,39,147.00	9,07,120.00		33,326.00	32,027.00	
(iv) Publication of Text Books a/c	11,303.00	46,83,313.00		30,826.00	1,34,118.00	
(v) UPS a/c I	41,908.68	3,68,646.35		2,745.00	12,687.00	
(vi) Seminar a/c	-	3,154.00			111.00	
(vii) DSOP a/c	1,86,140.00	185,708.00		6,561.00	5,388.00	
	(+) 3,215.05	(+) 3,215.05				
(viii) EMR a/c		1,51,659.00			2,434.00	
(ix) Digitization of Manuscripts a/c	13,02,345.00	43,74,430.00		28,903.00	1,34,126.00	
(x) WHO a/c	28,977.00	4,07,576.00	1,58,750.00	1,710.00	14,391.00	
(xi) NMPB a/c		-				
(xii) UPS a/c II	861.00	861.00				
(xiii) ICST a/c		1,59,666.00			5,637.00	
(xiv) Donation a/c	38,978.75	37,649.75		1,381.00	1,329.00	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Sd/- (S. Asif Mian) Accountant (I/A) </div> <div style="text-align: center;"> Sd/- (D.S. Negi) Administrative Officer </div> <div style="text-align: center;"> Sd/- (Prof. S. Shakir Jamil) Director General </div> </div>						



	(xv) International Events, conference a/c	5,21,975.00	3,00,000.00			17,267.00	10,592.00
	(xvi) DST a/c	2,27,45,464.00	2,71,87,832.00			2,58,683.00	6,84,551.00
	(xvii) CRISM a/c	77,95,772.00	-	1,00,00,000.00	1,19,29,000.00	2,48,543.00	24,142.00
	(xviii) CICISM a/c	25,47,579.00	-	35,00,000.00	30,00,000.00	1,22,729.00	41,149.00
	Total (Plan) S.No. 2	3,66,03,130.97	3,92,27,450.42	39,68,58,750.00	32,44,74,000.00	31,06,795.00	20,06,222.32
3	(i) NPS a/c	1,38,15,458.00	54,21,523.00			12,90,908.48 (-) 5,92,166.67	3,69,837.27
	(ii) CPF/GPF a/c	2,93,93,591.61	85,24,501.61			1,46,18,431.64	3,37,81,149.88
						(-) 938.00	3,69,15.00
	(iii) GIS a/c	5,12,838.65	9,19,488.65			9,92,493.70	31,31,588.48
	(iv) Pension fund a/c	21,32,818.68	48,27,141.48			(+) 8,14,557.94 (-) 79.00	17,37,104.17
	Total S.No. 3	4,58,54,706.94	1,96,92,654.74			1,71,23,208.09	3,90,56,594.80
	Grand Total S.No. 1 to 3	8,24,72,031.02	5,90,20,574.27	75,44,27,750.00	71,83,73,000.00	2,02,62,093.09	4,11,07,024.12

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

Sd/-
(D.S. Negi)
Administrative Officer

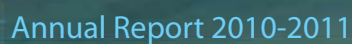
Sd/-
(Prof. S. Shakir Jamil)
Director General

S.No.	Miscellaneous Receipts	Interest on refundable advances		By adjustment of Advances pertaining to previous years	
		Current Year	Previous Year	Current Year	Previous Year
		(4)	(5)	(6)	
1	Health Scheme a/c				
	(1) NON-PLAN				
		6,63,476.00	21,40,357.00	4,05,128.00	4,57,836.00
	Total (Non-Plan) S.No. 1	6,63,476.00	21,40,357.00	4,05,128.00	4,57,836.00
2	PLAN				
	Health Scheme a/c	65,47,663.20	80,06,605.60	27,30,228.00	71,29,749.20
	Total (H) PLAN	65,47,663.20	80,06,605.60	27,30,228.00	71,29,749.20
	(ii) ROTP a/c			2,144.90	-
	(iii) Herb Garden a/c				
	(iv) Publication of Text Books a/c				
	(v) UPS a/c I				

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

(iii)	GIS a/c								
(iv)	Pension fund a/c	4,10,00,000.00	2,40,00,000.00						
		1,11,959.90	1,06,000.00						
		72,58,416.00	54,94,846.00						
	Total S.No. 3	4,83,70,375.90	2,96,00,856.00						
	Grand Total S.No. 1 to 3	5,55,81,515.10	3,97,47,818.60	4,20,727.00	3,00,470.00	68,37,500.90	75,87,585.20		

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
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)	
1	Health Scheme a/c						
	(1) NON-PLAN						
	Health Scheme	24,69,836.00	21,28,700.00		3,212.00		
	Total (Non-Plan) S.No. 1	24,69,836.00	21,28,700.00		3,212.00		
	PLAN						
	(i) Health Scheme a/c	1,48,191.00	2,77,200.00	2,81,883.50	4,25,906.00		1,41,18,400.00
	Total (H) PLAN		2,77,200.00		4,25,906.00		1,41,18,400.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Publication of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

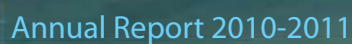
Sd/-
(S. Asif Mian)
Accountant (I/A)

	(ix) Digitization of Manuscripts a/c								
	(x) WHO a/c								
	(xi) NMPB a/c								
	(xii) UPS a/c II								
	(xiii) CST 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	1,48,191.00	2,77,200.00	2,81,883.50	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	26,18,027.00	24,05,900.00	2,81,883.50	4,29,118.00	1,41,18,400.00	-		

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE | 107



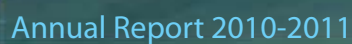
						26,77,835.00			
	(iii) GIS a/c					9,26,750.00			
	(iv) Pension fund a/c								
						7,09,271.00			
						3,32,411.00			
	Total S.No. 3					10,41,682.00			
						4,68,608.00			
	Grand Total S.No. 1 to 3					3,77,53,262.00			
						4,58,94,822.00			
						4,59,27,163.00			
						4,13,42,420.00			
						73,907.00			
									55,461.00

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE | 109



Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

(iii) GIS a/c									
(iv) Pension fund a/c	2,34,766.00								
Total S.No. 3	46,65,200.00	83,70,880.00							
Grand Total S.No. 1 to 3	49,71,586.00	89,26,810.00	17,000.00	2,43,650.00					

Sd/-
(Prof. S. Shakir Jamil)
Director General

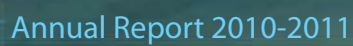
Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(S. Asif Milan)
Accountant (I/A)

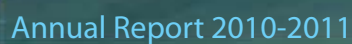


S.No.		In transit amount received		Un-disbursed amount		Payable amount	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(16)		(17)		(18)
1	Health Scheme a/c						
	(1) NON-PLAN					4,606.00	
	(i) Health Scheme		26,185.00			1,00,000.00	
			19,696.00				
	Total (Non-Plan) S.No. 1		45,881.00			1,04,606.00	
2.	PLAN						
	(i) Health Scheme a/c		30,87,000.00		2,50,000.00	720.00	
						58,184.00	
	T.D.S					2,575.00	
	Total (H) PLAN		30,87,000.00		2,50,000.00	-	
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Publication of Text Books a/c						
		Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General	

Sd/- (S. Asif Mian) Accountant (I/A)	Sd/- (D.S. Negi) Administrative Officer	Sd/- (Prof. S. Shakir Jamil) Director General
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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE | 115



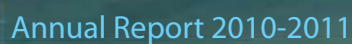
<p>Sd/- (S. Asif Mian) Accountant (I/A)</p>	<p>Sd/- (D.S. Negi) Administrative Officer</p>	<p>Sd/- (Prof. S. Shakir Jamil) Director General</p>
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(iv) Pension fund a/c	6,70,88,066.57	51,06,249.73				
Total S.No. 3	38,16,49,268.92	11,53,83,035.98	2,00,000.00	4,60,000.00		
Grand Total S.No. 1 to 3	38,16,49,268.92	11,53,83,035.98	2,00,000.00	4,60,000.00		2,70,00,000.00

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

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	(vi) Seminar a/c				3,265.00
	(vii) DSOP a/c			1,95,916.05	1,94,311.05
	(viii) EMR a/c				1,67,134.00
	(ix) Digitization of Manuscripts a/c			13,73,792.00	45,83,299.00
	(x) WHO a/c			1,89,437.00	4,22,720.00
	(xi) NMIPB a/c				-
	(xii) UPS a/c II			861.00	861.00
	(xiii) ICST a/c				1,65,303.00
	(xiv) Donation a/c			40,359.75	38,978.75
	(xv) International Events, conference a/c		2,11,383.00	5,39,242.00	5,21,975.00
	(xvi) DST a/c			2,60,13,228.00	2,78,72,383.00
	(xvii) CRISM a/c			1,97,89,937.00	1,19,85,372.00
	(xviii) C(CISM) a/c			61,70,308.00	30,41,149.00
	Total (Plan) S.No. 2		2,11,383.00	45,64,24,872.57	43,38,49,405.54
3.	(i) NPS a/c			3,12,86,368.75	1,44,90,234.68

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



(ii) CPF/GPF a/c			36,48,73,872.54	18,35,38,790.63
(iii) GIS a/c			2,89,89,175.47	1,50,60,077.83
(iv) Pension fund a/c			11,91,12,232.09	4,23,59,694.38
Total S.No. 3			54,42,61,648.85	25,54,48,797.52
Grand Total S.No. 1 to 3		2,11,383.00	1,39,46,62,917.53	1,12,64,91,027.17

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Payments for the Year ended 31 March 2011

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	34,31,25,539.00	37,30,89,000.00	31,28,370.00	44,06,815.00	3,49,633.00	2,14,981.00
	Total (Non-Plan) S.No. 1	34,31,25,539.00	37,30,89,000.00	31,28,370.00	44,06,815.00	3,49,633.00	2,14,981.00
	Plan			+240.00			
	(i) Health scheme a/c	8,20,98,317.00	2,03,09,392.00	9,46,82,044.23	11,54,032.00	9,64,65,406.00	2,01,76,204.50
				+5,208.00	5,49,57,038.50		1,67,85,889.00
					(-) 258.00		
	Health scheme a/c		12,43,621.00		14,93,621.00		3,81,57,878.00
	Health scheme a/c		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			2,144.90	-		
	(iii) Herb Garden a/c			9,00,000.00	-		

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



(iv) Publication of Text Books a/c									
(v) UPS a/c I							33,839.00	8,091.00	
(vi) Seminar a/c									
(vii) DSOP a/c						26,529.00	2,858.00	5,477.00	2,098.00
(viii) EMR a/c					1,51,613.00		1,320.00		
(ix) Digitization of Manuscripts a/c					2,91,943.00	11,19,415.00	29,14,268.00		
(x) WHO a/c						67,600.00	1,64,051.00		32,762.00
(xi) NMPB a/c									
(xii) UPS a/c II									
(xiii) CSJ a/c									
(xiv) Donation a/c									
(xv) International Events, conference a/c									
(xvi) DST a/c							3,76,744.00		
(xvii) CRISM a/c					5,24,866.00	70,93,598.00	25,72,673.00	7,076.00	1,794.00

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

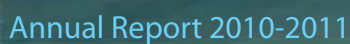
<div>Sd/- (S. Asif Mian) Accountant (I/A)</div>		<div>Sd/- (D.S. Negi) Administrative Officer</div>
<div>Sd/- (Prof. S. Shakir Jamil) Director General</div>		

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



S. No.	Name of the Scheme	Assets		Publication (Pried)		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	99,788.00	75,046.00			4,08,000.00	38,89,000.00
	Total (Non-Plan) S. No. 1	99,788.00	75,046.00			4,08,000.00	38,89,000.00
2.	Plan						
	(i) Health scheme a/c	1,79,02,666.80	7,49,56,346.20	1,83,651.00		6,28,000.00	
			14,04,962.00		6,50,334.00		1,500.00
			3,38,406.00				
	Health scheme a/c		8,46,956.00				
	Health scheme a/c		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) Publication of Text Books a/c						
	(v) UPS a/c I		3,04,720.35				
	(vi) Seminar a/c						
	(vii) DSOP a/c						
Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer				Sd/- (Prof. S. Shakir Jamil) Director General	

Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General
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(iii) Herb Garden a/c									
(iv) Publication of Text Books a/c							48,06,128.00		
(v) UPS a/c I	34,794.00		865.32						
(vi) Seminar a/c			3,265.00						
(vii) DSOP a/c									
(viii) EMR a/c			219.00						
(ix) Digitization of Manuscripts a/c									
(x) WHO a/c	10,000.00								
(xi) NMPB a/c									
(xii) UPS a/c II									
(xiii) ICSJ a/c									
(xiv) Donation a/c									
(xv) International Events, conference a/c									
(xvi) DST a/c	60,21,843.00		20,00,000.00						
(xvii) CRISM a/c	46,241.00		13,04,000.00						
(xviii) CICISM a/c									
Total S. No. 2	1,98,62,046.20		1,09,84,824.22		2,55,14,665.00		3,68,04,376.00	6,17,92,430.00	3,78,20,865.00

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



3.	(i) NPS a/c								
	(ii) GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c								
	Total S. No. 3	2,03,57,837.20	1,21,83,024.22	2,55,74,665.00	5,04,84,625.00	6,17,92,430.00	3,78,20,865.00		

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

S. No.	Name of the Scheme	Expenses paid in advance		Excess paid to be received /adjusted		North East Argya	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(10)		(11)		(12)
1	Non-Plan						
	(i) Health scheme a/c			57,569.00			
	Total (Non-Plan) S. No. 1			57,569.00			
2.	Plan						
	(i) Health scheme a/c	33,089.00	5,208.00	4,787.00	4,103.00	19,29,600.00	1,05,88,800.00
				18,608.00	2,000.00		16,00,000.00
					1,315.00		
	Health scheme a/c						
	Health scheme a/c						
	Total (H) Plan		5,208.00		7,418.00		1,21,88,800.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



(iv) Publication of Text Books a/c									
(v) UPS a/c I									
(vi) Seminar a/c									
(vii) DSOP a/c									
(viii) EMR a/c									
(ix) Digitization of Manuscripts a/c									
(x) WHO a/c									
(xi) NMPB a/c									
(xii) UPS a/c II									
(xiii) CSI 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	33,089.00	5,208.00	23,395.00	7,418.00	19,29,600.00	1,21,88,800.00			

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

3.	(i) NPS a/c									
	(ii) GPF a/c									
	(iii) GIS a/c									
	(iv) Pension fund a/c									
	Total S.No. 3	33,089.00	5,208.00	80,964.00	7,418.00	19,29,600.00	1,21,88,800.00			

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
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	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(13)	(14)	(15)		
1	Non-Plan						
	(i) Health scheme a/c	3,19,90,755.00 + 1,62,612.00	3,80,72,128.00				87,000.00
	Total (Non-Plan) S. No. 1	3,21,53,367.00	3,80,72,128.00				87,000.00
2.	Plan						
	(i) Health scheme a/c (Gen)	49,13,652.00	82,087.00				56,100.00
		(+) 85,200.00	65,77,461.00				
	Total (H) Plan		66,59,548.00				56,100.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Publication of Text Books a/c						
	(v) UPS a/c I		697.00				
	(vi) Seminar a/c						

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

	(vii) DSOP a/c						
	(viii) EMR a/c		13,041.00			941.00	
	(ix) Digitization of Manuscripts a/c	42,544.00					
	(x) WHO a/c		753.00			-	
	(xi) NMPB a/c					-	
	(xii) UPS a/c II						
	(xiii) CSI a/c						
	(xiv) Donation a/c						
	(xv) International Events, conference a/c						
	(xvi) DST a/c	9,081.00					
	(xvii) CRISM a/c	45,622.00	32,230.00				
	(xviii) CISM a/c						
	Total S. No. 2	50,96,099.00	67,81,012.00				
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



(iv) Pension fund a/c	4,68,608.00	7,09,271.00				
		3,32,411.00				
Total S. No. 3	4,68,608.00	10,41,682.00				
Grand Total S.No.1 to 3	3,77,18,074.00	4,58,94,822.00	-	941.00	-	1,43,100.00

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

S. No.	Name of the Scheme	Amount receivable		Investments a/c		Bank balance transferred to international event/ Conference a/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(16)		(17)		(18)
1	Non-Plan						
	(i) Health scheme a/c	255.00	1,046.00				
	(+) 3,186.00						
	(+) 1,045.00						
	(+) 6.00						
	Total (Non-Plan) S.No. 1	4,492.00	1,046.00				
2.	Plan						
	(i) Health scheme a/c	1,783.00					
	(+) 2.00						
	Health scheme a/c						
	Health scheme a/c						
	Total (H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Publication of Text Books a/c						
		Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General	



	(v) UPS a/c I								
	(vi) Seminar a/c								
	(vii) DSOP a/c								
	(viii) EMR a/c								
	(ix) Digitization of Manuscripts a/c								
	(x) WHO a/c							46,080.00	
	(xi) NMPB a/c								
	(xii) UPS a/c II								
	(xiii) CSJ a/c							1,65,303.00	
	(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	1,785.00							2,11,383.00
3.	(i) NPS a/c					3,12,81,836.42	6,19,944.68		
	(ii) GPF a/c					-	36,915.00		
						33,99,81,825.93	13,23,70,075.02		

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

(iii) GIS a/c				2,70,07,243.82	1,27,51,541.18		
(iv) Pension fund a/c	2,118.00			8,77,55,775.51	1,42,67,511.90		
Total S. No. 3	2,118.00			48,60,26,681.68	16,00,45,987.78		
Grand total S.No. 1 to 3	8,395.00		1,046.00	48,60,26,681.68	16,00,45,987.78	-	2,11,383.00

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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



S. No.	Name of the Scheme	Received from LIC disbursed		Misc. receipt transferred to pension fund a/c		Amount payable paid	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
1	Non-Plan						
	(i) Health scheme a/c					44,30,434.00	24,65,166.00
						(+) 4,606.00	
	Total (Non-Plan) S. No. 1					44,35,040.00	24,65,166.00
2.	Plan						
	(i) Health scheme a/c			2,34,766.00	30.00	15,650.00	43,825.00
							1,06,480.00
	Health scheme a/c						
	Health scheme a/c						
	Total (H) Plan				30.00		1,50,305.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Publication of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						
	Sd/- (S. Asif Mian) Accountant (I/A)						Sd/- (Prof. S. Shakir Jamil) Director General

	(ix) Digitization of Manuscripts a/c						18,000.00	-
	(x) WHO a/c							1,50,097.00
	(xi) NMPB a/c							
	(xii) UPS a/c II							
	(xiii) CSJ 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					2,34,766.00	33,650.00	3,00,402.00
3.	(i) NPS a/c							
	(ii) GPF a/c						7,000.00	4,00,000.00
	(iii) GIS a/c	2,00,000.00			4,60,000.00			5,833.00
	(iv) Pension fund a/c							43,317.80
	Total S. No. 3	2,00,000.00			4,60,000.00		7,000.00	4,49,150.80
	Grand Total S. No. 3	2,00,000.00			4,60,000.00	2,34,766.00	30.00	32,14,718.80

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
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)
1	Non-Plan				
	(i) Health scheme a/c				
	Total (Non-Plan) S. No. 1	-		-	
2.	Plan				
	(i) Health scheme a/c		2,70,00,000.00		
	Health scheme a/c				
	Health scheme a/c				
	Total (H) Plan		2,70,00,000.00		
	(ii) RQTP a/c				
	(iii) Herb Garden a/c				
	(iv) Publication of Text Books a/c				
	(v) UPS a/c I				
	(vi) Seminar a/c				
	(vii) DSOP a/c				
	(viii) EMR a/c				
Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General	

	(ix) Digitization of Manuscripts a/c				
	(x) WHO a/c				
	(xi) NMMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICSJ a/c				
	(xiv) Donation a/c				
	(xv) International Events, conference a/c				
	(xvi) DST a/c				
	(xvii) CRISM a/c				
	(xviii) CICSIM 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			29,21,629.00	27,18,572.00
	-do-			1,40,83,000.00	1,44,92,200.00
	-do-			68,30,074.00	40,07,437.00
	-do-				1,20,000.00
	(iii) GIS a/c			3,91,265.00	7,99,865.00
				6,70,000.00	5,30,000.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Sd/- (S. Asif Mian) Accountant (I/A) </div> <div style="width: 45%;"> Sd/- (D.S. Negi) Administrative Officer </div> <div style="width: 10%;"> Sd/- (Prof. S. Shakir Jamil) Director General </div> </div>					



(iv) Pension fund a/c			26,684.00	2,48,74,364.00
			2,52,88,085.00	
Total S.No. 3	-	-	5,02,10,737.00	4,75,97,270.00
Grand Total S.No. 1 to 3	-	-	5,02,10,737.00	4,75,97,270.00

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

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	96,58,807.11	14,193.11	39,39,76,396.11	43,71,92,824.11
	Total (Non-Plan) S. No. 1	96,58,807.11	14,193.11	39,39,76,396.11	43,71,92,824.11
2.	Plan				
	(i) Health scheme a/c	7,91,457.96	4,39,465.49	40,10,50,391.19	37,87,11,901.49
	Total (H) Plan		4,39,465.49		37,87,11,901.49
	(ii) RQTP a/c			2,144.90	2,144.90
	(iii) Herb Garden a/c	17,473.00 (+) 55,000.00	9,39,147.00	9,72,473.00	9,39,147.00
	(iv) Publication of Text Books a/c	42,129.00	11,303.00	42,129.00	48,17,431.00
	(v) UPS a/c I	1,768.68	41,908.68	44,653.68	3,82,030.35
	(vi) Seminar a/c	-	-		3,265.00
	(vii) DSOP a/c	3,215.05 (+) 1,60,695.00	1,89,355.05	1,95,916.05	1,94,311.05
	(viii) EMR a/c				1,67,134.00
	Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General



	(ix) Digitization of Manuscripts a/c	13,833.00	13,02,345.00	13,73,792.00	45,83,299.00
	(x) WHO a/c	1,11,837.00	28,977.00	1,89,437.00	4,22,720.00
	(xi) MMPB a/c	-	-	-	-
	(xii) UPS a/c II	861.00	861.00	861.00	861.00
	(xiii) ICSJ a/c	-	-	-	1,65,303.00
	(xiv) Donation a/c	40,359.75	38,978.75	40,359.75	38,978.75
	(xv) International Events, conference a/c	5,39,242.00	5,21,975.00	5,39,242.00	5,21,975.00
	(xvi) DST a/c	1,16,06,252.00	2,27,45,464.00	2,60,13,228.00	2,78,72,383.00
	(xvii) CRISM a/c	1,25,97,400.00	77,95,772.00	1,97,89,937.00	1,19,85,372.00
	(xviii) CICISM a/c	60,85,912.00	25,47,579.00	61,70,308.00	30,41,149.00
	Total S.No. 2	3,20,67,435.44	3,66,03,130.97	45,64,24,872.57	43,08,08,256.54
3.	(i) NPS a/c	4,532.33	1,38,15,458.00	3,12,86,368.75	1,44,90,234.68
	(ii) GFP a/c	10,50,343.61	2,93,93,591.61	36,48,73,872.54	18,35,38,790.63
	(iii) GIS a/c	7,20,666.65	5,12,838.65	2,89,89,175.47	1,50,60,077.83
	(iv) Pension fund a/c	55,70,961.58	21,32,818.68	11,91,12,232.09	4,23,59,694.38
	Total S. No. 3	73,46,504.17	4,58,54,706.94	54,42,61,648.85	25,54,48,797.52
		4,90,72,746.72	8,24,72,031.02	1,39,46,62,917.53	112,64,91,027.17

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Income for the Year ended 31 March 2011

S. No.		Grant-in-aid	Miscellaneous Receipts	Capital Expenditure
1.	ROTP a/c	-	-	-
2.	Herb Garden a/c	-	33,326.00	-
3.	UPS a/c I	-	2,745.00	-
4.	Seminar a/c	-	-	-
5.	DSOP a/c	-	6,561.00	-
6.	WHO a/c	1,58,750.00	1,710.00	-
7.	I.C.S.J. a/c	-	-	-
8.	Donation a/c	-	1,381.00	-
9.	EMR a/c	-	-	-
10.	Publication of text books a/c	-	30,826.00	-
11.	DST a/c	-	2,58,683.00	11,13,941.00
12.	International events a/c	-	17,267.00	-
13.	Health a/c (Plan)	39,64,00,000.00	92,05,494.70	1,80,86,317.80
14.	CRISM a/c	1,00,00,000.00	2,48,543.00	-
15.	CICISM a/c	35,00,000.00	1,22,729.00	-
16.	Digitization of Manuscripts a/c	-	28,903.00	-
17.	Health a/c (N.P.)	35,75,69,000.00	10,94,466.00	99,788.00
	Total	76,76,27,750.00	1,10,52,634.70	1,93,00,046.80

Sd/- (S. Asif Mian) Accountant (I/A)	Sd/- (D.S. Negi) Administrative Officer	Sd/- (Prof. S. Shakir Jamil) Director General
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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Expenditure for the Year ended 31 March 2011

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	-	2,144.90				2,144.90
2.	Herb Garden a/c	-	9,00,000.00				8,66,674.00
3.	UPS a/c I	-	-	8,091.00			5,346.00
4.	Seminar a/c	-	-				-
5.	DSOP a/c	-	26,529.00	5,477.00			25,445.00
6.	WHO a/c	-	67,600.00			92,860.00	
7.	I.C.S.J. a/c	-				-	
8.	Donation a/c	-				1,381.00	
9.	EMR a/c	-				-	
10.	Publication of text books a/c	-				30,826.00	
11.	DST a/c	-	72,62,111.00			-	81,17,369.00
12.	International events a/c	-				17,267.00	
13.	Health a/c (Plan)	8,20,98,317.00	240.00 (+) 5,208.00 (-) 9,46,82,044.23	9,64,65,406.00	2,55,14,665.00	8,87,53,296.67	
	Sd/- (S. Asif Mian) Accountant (I/A)			Sd/- (D.S. Negi) Administrative Officer			Sd/- (Prof. S. Shakir Jamil) Director General

14.	CRISM a/c	-	70,93,598.00	7,076.00		31,47,869.00	
15.	CICISM a/c	-	84,396.00			35,38,333.00	
16.	Digitization of Manuscripts a/c	1,80,000.00	11,19,415.00				12,70,512.00
	Total						
17.	Health a/c (N.P.)	34,31,25,539.00	31,28,370.00	3,49,633.00	60,000.00	1,19,00,136.00	
	Total	34,31,25,539.00	31,28,370.00	3,49,633.00	60,000.00	1,19,00,136.00	
	Total	42,54,03,856.00	11,43,71,656.13	9,68,35,683.00	2,55,74,665.00	10,74,81,968.67	1,02,87,490.90
			21,12,07,339.13			9,71,94,477.77	

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Assets of Balance Sheet as on 31 March 2011

S. No.	Name of Schemes	Fixed assets (\$/3)	Excess of Expenditure over Income (\$/4)	Current assets (\$/5A)	Current assets (\$/5B)	Investments (\$/5C)	Total assets
4.	ROTP a/c		3,748.00	-	2.00		3,750.00
5.	Herb Garden a/c	4,37,694.00		72,473.00	2,00,000.00		7,10,167.00
6.	Patent a/c	10,493.00		-			10,493.00
7.	UPS a/c I	8,21,899.35		1,768.68	55,659.32		8,79,327.35
8.	Seminar a/c	-		-	3,265.00		3,265.00
9.	DSOP a/c	76,519.00		1,63,910.05	5,000.00		2,45,429.05
10.	WHO a/c	-		1,11,837.00	1,56,873.00		2,68,710.00
11.	NMPP a/c	28,243.00		-			28,243.00
12.	ICSI a/c	-		-	1,65,303.00		1,65,303.00
13.	EMR a/c	-		-	219.00		219.00
14.	Digitization of Manuscripts a/c	2,53,500.00		13,833.00			2,67,333.00
15.	UPS a/c II			861.00			861.00
16.	Donation a/c			40,359.75			40,359.75
17.	Publication of text books a/c			42,129.00			42,129.00
18.	DST a/c	29,91,765.00		1,16,06,252.00	60,21,843.00		2,06,19,860.00
Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer					Sd/- (Prof. S. Shakir Jamil) Director General

19.	International Events, conference a/c			5,39,242.00				5,39,242.00
20.	Health a/c	25,08,87,313.29		1,04,50,265.07	20,03,20,756.65	-		46,16,58,335.01
21.	CRISM a/c			1,25,97,400.00	2,50,241.00			1,28,47,641.00
22.	CICISM a/c			60,85,912.00				60,85,912.00
23.	F.W. a/c	42,805.71	15,042.06		2,047.94			59,895.71
24.	NPS a/c			4,532.33			3,37,96,669.97	3,38,01,202.30
25.	CPF/GPF a/c			10,50,343.61	33,852.98	23,05,82,457.78		
	-do-				52,64,310.00			23,69,30,964.37
	-do-	-						
26.	GIS a/c	-		7,20,666.65	180.00	1,41,96,823.88		1,49,21,170.53
	-do-	-			3,500.00			
27.	Pension fund a/c	-		55,70,961.58	2,118.00	3,78,78,996.50		
					(+) 6,557.00			
	-do-	-			11,156.00			4,34,81,659.08
	-do-	-			11,870.00			
	Total	25,55,50,232.35	18,790.06	4,90,72,746.72	21,25,14,753.89	31,64,54,948.13		83,36,11,471.15

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Liabilities of Balance Sheet as on 31 March 2011

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	4,37,694.000	2,72,473.00		7,10,167.00
3.	Patient a/c	10,493.00			10,493.00
4.	UPS a/c I	8,21,899.35	46,928.00	10,500.00	8,79,327.35
5.	Seminar a/c	-	3,265.00		3,265.00
6.	DSOP a/c	76,519.00	1,68,910.05		2,45,429.05
7.	WHO a/c	-	1,75,586.00	93,124.00	2,68,710.00
8.	NMPB a/c	28,243.00			28,243.00
9.	ICSTC a/c		1,65,303.00		1,65,303.00
10.	EMR a/c		219.00		219.00
11.	Digitization of Manuscripts a/c	2,53,500.00	13,833.00		2,67,333.00
12.	UPS a/c II		861.00		861.00
13.	Donation a/c		8,703.00	31,656.75	40,359.75
14.	Publication of text books		42,129.00		42,129.00
15.	DST a/c	29,91,765.00	1,66,28,095.00	10,00,000.00	2,06,19,860.00

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General

16.	International Events, conference a/c		3,27,859.00	2,11,383.00	5,39,242.00
17.	Health a/c	25,08,87,313.29	20,89,74,541.87	17,96,479.85	46,16,58,335.01
18.	CRISM a/c		1,28,47,641.00		1,28,47,641.00
19.	CICISM a/c		60,85,912.00		60,85,912.00
20.	F.W. a/c	42,805.71		17,090.00	59,895.71
21.	NPS a/c			3,22,58,510.00	
	-do-			15,36,110.30	3,38,01,202.30
	-do-			6,582.00	
22.	CPF/GPF a/c			15,65,11,787.49	
	-do-			78,904.00	
	-do-			52,64,310.00	23,69,30,964.37
	-do-			7,50,75,962.88	
23.	GIS a/c			43,67,073.40	
	-do-			1,05,53,071.13	1,49,21,170.53
	-do-			1,026.00	
24.	Pension fund a/c			4,34,44,136.08	
	-do-			10.00	4,34,81,659.08
	-do-			37,513.00	
	Total	25,55,50,232.35	24,57,62,258.92	33,22,98,979.88	83,36,11,471.15

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

Sd/-
(D.S. Negi)
Administrative Officer

Sd/-
(Prof. S. Shakir Jamil)
Director General



	Excess of Income over Expenditure :	24,57,43,468.86			
	Less: Excess of Expenditure over Income :		(-) 18,790.06		
	Total	50,12,93,701.21	24,57,43,468.86		
			(-) 24,57,43,468.86		

Sd/-
(Prof. S. Shakir Jamil)
Director General

Sd/-
(D.S. Negi)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Consolidated Schedule of Fixed Assets as on 31 March 2011

S. No.	Name of the assets	Gross Block			Less: Sale of Council's publications (priced)			Depreciation			Net Block		
		Opening balance as on 01.04.10	Addition	Deductions	Total	Opening balance as on 01.04.10	Addition	Total	Opening balance as on 01.04.10	On addition	On deduction	Total	As on 31.03.2011
1.	Machinery & Equipment	71,746,984.66	48,30,137.50	(-)2,25,378.28	7,63,51,743.88	-			19,483,929.12	7,24,520.00	(-) 33,807.00	2,01,74,642.32	5,61,77,101.56
2.	Furniture & Fixture	66,160,379.57	1,17,36,496.30	(-) 2,15,060.00	7,76,81,815.87	-			9,107,082.57	11,73,650.00	(-) 21,506.00	1,02,59,226.57	6,74,22,589.30
3.	Computers	7,455,243.00	11,07,448.00		85,62,691.00	-			5,210,602.00	6,64,470.00		587,5072.00	26,87,619.00
4.	Land	2,785,336.00	-		27,85,336.00	-			-				27,85,336.00
5.	Construction work of Herb Garden a/c	479,102.00	-		4,79,102.00	-			47,910.00			47,910.00	431,192.00
6.	Books & Journals	25,000,622.17	14,33,764.00		2,64,34,386.17	-			-				2,64,34,386.17
7.	Vehicles	9,231,881.00	8,550.00		92,40,431.00	-			2,307,968.00	2,138.00		23,10,106.00	69,30,325.00
8.	Building	91,026,896.00			9,10,26,896.00	-			9,102,690.00			9,102,690.00	81,924,206.00
9.	Council's Publications (Priced)	11,284,827.82	1,83,651.00		1,14,68,478.82	429,118.00	(-) 2,81,883.50	(-) 7,11,001.50	-				1,07,57,477.32
	Total	285,171,272.22	1,93,00,046.80	(-) 4,40,438.28	30,40,30,880.74	(-)429,118.00	(-) 2,81,883.50	(-) 7,11,001.50	45,260,181.69	25,64,778.00	(-)55,313.00	4,77,69,646.89	25,55,50,232.35
												Sd/- (S. Asif Mian) Accountant (I/A)	
												Sd/- (D.S. Negi) Administrative Officer	
												Sd/- (Prof. S. Shakir Jamil) Director General	



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

5.3 NOTES ON ACCOUNTS

1. Annual accounts of the Council for the year 2010-11 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 on diminishing balance method.
6. The construction work is being done by the CPWD & NPCC.
7. There is no valuation of Inventories since it is not a profit earning organisation but a Research Organisation under Ministry of Health and 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 figures 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 2010-11 have been approved by the competent authority i.e. Standing Finance Committee on 04.07.2011

-Sd/-

Administrative Officer

CCRUM, New Delhi

APPENDIX**Institutional Network of
Central Council for Research in Unani Medicine
(CCRUM)****Central Council for Research in Unani Medicine Headquarters**

61-65, Institutional Area, Opposite "D" Block, Janakpuri

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E-mail: unanimedicine@gmail.com, ccrum@rediffmail.com

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Regional Research Institute of Unani Medicine

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Regional Research Centre of Unani Medicine

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Clinical Research Unit (Unani)

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Burhanpur – 450 331
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Chemical Research Unit

Department of Research in Unani Medicine
Near Office of Dean, Faculty of Science,
Aligarh Muslim University,
Aligarh – 202 001
Uttar Pradesh

Drug Standardization Research Unit

Jamia Hamdard,
Hamdard Nagar,
New Delhi – 110 062.
Phone : +91-11-26089688

Literary Research Institute of Unani Medicine

Jamia Hamdard
Hamdard Nagar,
New Delhi – 110 062

Drug Standardization Research Institute

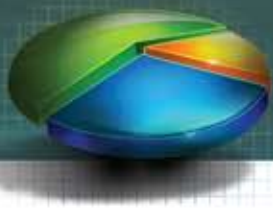
PLIM Building
Ghaziabad
Uttar Pradesh
E- mail : dsrigzb@yahoo.com

Unani Medical Centre

Dr. Ram Manohar Lohia Hospital,
New Delhi - 110 001
(Extension Centre of RRIUM, New Delhi)

Unani Speciality Centre

Deen Dayal Upadhyay Hospital,
Ghantaghar, Harinagar,
New Delhi - 110 064
(Extension Centre of RRIUM, New Delhi)



NOTES

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