



Annual Report 2011-2012



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE
New Delhi

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

**Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)
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 during the reporting period through a network of its 23 centres functioning in different parts of the country in the areas of survey and cultivation of medicinal plants, drug standardization research, clinical research, and literary research. The main emphasis during the reporting period was on consolidation of work done in different research programmes. Besides, Information, Education and Communication (IEC) activities and providing health care under the extension health services also continued.

Under the Survey and Cultivation of Medicinal Plants Programme, different forest areas including Khammam, Bhadrachalam West, Chittoor East and West Forest Division (Andhara Pradesh); Shivalik Forest Division; Saharanpur; Reserve forests of Rampur, Moradabad and J.P. Nagar (Uttar Pradesh); Konark Forest Range, Puri Forest Division, Puri (Odisha); Kanyakumari Wildlife Division (Tamil Nadu); North Wayanad Forest Division (Kerala); Pirpanjal, Synthan/ Kashtwar Forest Division, Mahadev and Banihal Forest Division (J&K) were surveyed. As a result of the surveys, 3128 specimens belonging to 1200 species of medicinal plants were collected and identified. Besides, 330 folk medicinal claims were also recorded from the tribal and rural inhabitants. Three thousand four hundred and ninety-six herbarium sheets were added to the existing herbaria at different survey units of the Council. Three hundred and thirty-nine new index cards were compiled, and 1357 index cards updated. Three hundred and ninety-one saplings of important medicinal species and 739.4 Kg of raw drugs were collected during these

surveys. Experimental cultivation of five important Unani medicinal plants was undertaken in the herb garden of the institutes. Five farmers' meetings were organized for creating awareness about cultivation and marketing of Unani medicinal plants. These meetings were organized in the States of Andhra Pradesh, Odisha and Tamil Nadu. The Council compiled a monograph entitled *Medicinal Plants of Dindigul District, Tamil Nadu*. Eleven research papers were published in the reputed scientific journals.

Under the Drug Standardization Research Programme, work relating to development of Standard Operating Procedures (SOPs) for manufacture of compound formulations followed by the development of pharmacopoeial standards for 52 compound drugs was completed at the Council's centres. Besides, SOPs for 43 drugs were also developed by different laboratories through Unani Pharmacopoeia Committee (UPC) projects. Standardization of 24 pharmacopoeial drugs was also completed. Quality control data on nine investigational drugs was generated at the pharmacy of Central Research Institute of Unani Medicine (CRIUM), Hyderabad. Studies on estimation of heavy metals, microbial load, aflatoxin content, and pesticidal residues in 63 drugs were also carried out at CRIUM, Hyderabad. Chemical investigations on two drugs namely Kamela (*Mallotus philippinesis*) and Babchi (*Psoralea corylifolia*) were carried out. Six new compounds were isolated and their structures established. During the reporting period compilation of *Unani Pharmacopoeia of India*, Part-II, Volume III comprising of 50 monographs completed. Besides, compilation of *National Formulary of Unani Medicine (NFUM)*, Part-VI comprising 137 formulations was published. Nine UPC projects were in progress.

Pre-clinical safety evaluation studies including acute- and sub-chronic toxicity studies were completed on 18 drugs. Clinical studies on 43 investigational drugs in 22 disease conditions continued at different centres. Significant leads have been achieved in the treatment of Iltehab-e Kabid (Infective hepatitis), Iltehab-e Tajaweef-e Anf (Sinusitis), Waja-ul-Mafasil (Rheumatoid arthritis), Tahajjur-e Mafasil (Osteo-arthritis), and Daus Sadaf (Psoriasis). Therapeutic efficacy of Munzij and Mushil (Concoctive and Purgative) therapy in these disease conditions was also evaluated, and significant leads were obtained.

Based on the clinical trials and validation studies conducted at the Council's clinical centres, patents on six Unani drugs - one each for Nazfuddam (Epistaxis), Humma (Pyrexia), Nazla (Coryza), and Qabz (Constipation); and two for Waja-ul-Mafasil (Rheumatoid arthritis) were awarded to the Council during the reporting period.

Protocols for new randomized controlled trials (RCTs) in four disease conditions viz. Ziabetus Sukkari (Diabetes mellitus), Iltehab-e Kabid (Infective hepatitis), Zaghtuddam Qawi (Essential hypertension) and Bars (Vitiligo) were prepared.

Validation of 25 pharmacopoeial drugs in 10 disease conditions was also conducted at 14 clinical centres of the Council. A total of 502 patients completed the preliminary studies. Significant therapeutic response of the pharmacopoeial drugs was observed in different disease conditions. Further studies are in progress on a larger sample size in different disease conditions.

Regimenal therapy experimentation including Hijamat (Cupping) in Amraz-e Mafasil (musculoskeletal disorders) and Ta'leeq (Leeching) in Zaghtuddam Qawi (Essential hypertension) and Duali (Varicose veins) also continued. A total of 92 patients completed the studies. These therapies proved efficacious in subsiding the signs and symptoms of the diseases.

Six clinical studies also continued on different diseases in collaboration with other reputed hospitals/universities. These included study on Zeequn Nafas (Bronchial asthma) at Vallabh Bhai Patel Chest Institute, Delhi; study on Daus Sadaf (Psoriasis) at All India Institute of Medical Sciences (AIIMS), New Delhi; studies on Iltehab-e Kabid (Infective hepatitis) and Qarah-e Meda wa Isna-e Ashari (Duodenal ulcer) at Deccan Medical College, Hyderabad. Besides, trial of Unani drug as adjuvant therapy to antitubercular treatment (ATT) also continued at Jamia Hamdard, New Delhi.

Research on fundamental aspects of Unani Medicine also continued. Various concepts of humours and temperaments were validated. A total of 3119 patients were assessed for their temperament. Study on susceptibility to diseases in relation to the temperament of the patients also continued.

Under the Extra-Mural Research (EMR) scheme of Department of AYUSH, 37 research projects pertaining to Unani Medicine continued at different medical institutions/universities in the fields of pharmacology, safety evaluation, clinical research, drug research and literary research. During the reporting period, five projects were completed and 32 projects were in progress.

Research-oriented health care facilities continued at the out-patient departments (OPDs) of 17 clinical centres of the Council. At these OPDs, the patients were treated with the pharmacopoeial medicines. Special OPDs for reproductive and child health (RCH) and geriatric care also continued. During the reporting period, a total of 1,95,320 new patients were treated in the general out-patient departments (GOPDs) at different centres.

Under the Mobile Clinical Research Programme, the Council covered 30 pockets predominantly inhabited by the Scheduled Castes/Scheduled Tribes population and weaker sections of the society in rural areas/urban slums. In these pockets, the Council conducted mobile OPDs and treated 15,120 patients. Besides, health awareness programme also continued in the adopted pockets with a view to raising health status of the population.

Under the Special Component Plan for Scheduled Castes and Tribal Sub-Plan, the Council continued research-oriented medicare activities at the OPDs of Institutes/Units and also in the pockets predominantly inhabited by the Scheduled Castes and Scheduled Tribes population covered under mobile clinical research programme. During the reporting period, 45,112 patients belonging to Scheduled Castes and Scheduled Tribes were treated in the General OPDs at the Council's centres, and 6,048 patients through 10 mobile units operating in rural areas/urban slums.

Under the Gender Component Plan for women, 1,28,004 patients were treated at different centres of the Council. With a view to enhancing health awareness, health education based on Unani principles for prevention of diseases and promotion of health was provided, particularly to women and school children in the adopted pockets through group meetings, lectures using audio and video means. They were also educated about medicinal uses of plants growing in their vicinity.

Under the activities in North Eastern Region, the three clinical centres of the Council treated 12,904 patients for common and chronic ailments during the reporting period.

Under the School Health Programme, school going children were examined for diseases, deficiencies and deformities through health check-ups, and those found suffering from any disease were treated with Unani drugs. These children were also referred to other hospitals for specific diseases. During the reporting period, 27 schools were covered and health check-ups on 3,787 children were conducted. Two thousand one hundred and sixty-two children were treated for common ailments.

The two Unani Medical Centres functioning in allopathic hospitals in Delhi established under the scheme of co-location of AYUSH centres in allopathic hospitals continued providing treatment for common and chronic ailments through Unani Medicine. During the reporting period, a total of 41,137 patients were treated. These patients were mostly of chronic ailments.

Under the Literary Research Programme, Urdu translation of two important classical books *Muheet-i Azam*, Volume I and *Tazkirat Uli al-Albab*, Volume II was completed. Urdu translation of two other books namely *Muheet-i Azam*, Volume II and *Iksir-i Azam*, Volume .II was in progress. Reprinting of two classical books *Tarikh al-Hukama* and *Jarahiyat-e Zehrawi* was also undertaken. The Council published a document entitled *Standard Unani Medicine Terminology* under a project awarded by the WHO to the Council. A multilingual dictionary of single drugs of Unani Medicine, *Qamoos Asma al-Advia*, was also compiled. Under the programme of digitization of Tibbi manuscripts, 24 manuscripts were digitized.

With a view to disseminating the research findings, 73 research papers based on the studies conducted in different research programmes were presented at 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*, and publicity material also continued. During the reporting period, 11 publications were made.

The Council organized a National Seminar on Innovative Trends in Unani Medicine at Aligarh (Uttar Pradesh), and a National Workshop on Clinical Research Methodology at Hyderabad (Andhra Pradesh). Besides, a brain storming on Fundamentals of Unani Medicine was also held in New Delhi. These seminars/workshops were attended by the researchers of the Council, faculty members of Unani colleges and the practitioners of different systems of medicine.

The Council participated in *Arogya fairs* and health exhibitions organized by the Department of AYUSH in different parts of the country. At these occasions, the Council's physicians provided consultancy services to the visitors seeking Unani treatment.

The Council also continued promotion of the official language. During the reporting period, use of Hindi in the official work improved manifold. Hindi Fortnight was organized at the Council's headquarters and its different centres.

Infrastructure development of the Council's centres also continued. Construction of the Council's own buildings for Central Research Institute of Unani Medicine, Lucknow; Regional Research Institute of Unani Medicine (RRIUM), Bhadrak; and RRIUM, Patna continued. Besides, development of clinical research facilities at the Central Research Institute of Unani Medicine, Hyderabad under the Memorandum of Understanding signed with the Department of Science & Technology (DST), and capacity building of scientific personnel in different disciplines also continued.

In the coming years, the Council intends to revise its methodology of research, especially for clinical research, in consonance with the recent advancements in the field. It also plans to enter into new areas of research, particularly those of chronic and degenerative disorders, to provide safe and cost-effective treatment, besides undertaking standardization and quality control work on Unani formulations more vigorously.

New Delhi
18 February 2013



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. The following was the constitution of the Governing Body (GB) of the Council.

President:

Minister of Health and Family Welfare, Government of India

Co-chairman*

Minister of State for Health and Family Welfare, Government of India

Vice-President I

Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India

Vice-President II

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

Official Members:

- ▶ Additional Secretary & Financial Advisor, Ministry of Health and Family Welfare, Government of India
- ▶ Joint Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India

Non-Official Members:

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

Member-Secretary:

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

* The present composition of the Governing Body was approved in the Governing Body meeting held on 10 January 2012.



The Governing Body of the Council meeting on 10 January 2012 made the following important decisions.

- ▶ Meetings of the Governing Body need to be held regularly, and if the Union Minister for Health and Family Welfare is not available, the meeting could be chaired by either Minister of State for Health and Family Welfare or Secretary, Department of AYUSH. The Governing Body also decided that the Minister of State for Health and Family Welfare and in charge of Department of AYUSH be made as the Co-Chairperson of the Governing Body. Also, in addition to Secretary, Department of AYUSH being the Vice President-I of the Governing Body, an eminent Physician/Scholar/Scientist in Unani Medicine may be made as Vice President-II of the Governing Body of the Council. The Bye-laws of the Council may be amended accordingly.
- ▶ The Governing Body ratified actions taken by the President during inter-Governing Body period.
- ▶ The Governing Body directed immediate implementation of the fellowship programme in Unani Medicine, as approved by it earlier.
- ▶ The Governing Body decided that the Council would work on drugs for quick relief of common ailments. Also, selected Unani medicines need to be included in the National Rural Health Programme.
- ▶ The Governing Body accepted one acre of land offered by the State Government of Kerala at Gram Panchayat, Edathala for establishing a Clinical Research Unit there.
- ▶ The Governing Body directed that MD qualification in Unani Medicine be included as one of the essential qualifications for the post of Research Officer (Unani). The age limit for direct recruitment also be raised to 40 years.

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 and Family Welfare
Government of India
- ▶ One Technical Member nominated by the
President of the Governing Body
- ▶ Director General, CCRUM : Member-Secretary

During the year, the SFC met thrice i.e. on 13 June 2011, 4 July 2011 and 2 December 2011. Important recommendations made by the SFC at these meetings are as follows.

SFC Meeting on 13 June, 2011

- ▶ The SFC decided to discontinue procurement of 'kit medicines' that were identified as popular Unani formulations for use in the OPDs of the Council, and Health and Arogya Melas. It decided that pharmacopoeial Unani medicines may be used instead of

these 'kit medicines' and these may be procured from Indian Medicines Pharmaceutical Corporation Ltd. (IMPCL) at the CGHS rate contract or by open tender.

- ▶ The Committee approved/recommended Annual Action Plan of the Council and directed to ensure that all clinical trials be registered with Clinical Trials Registry-India (CTR-I) before starting.
- ▶ The SFC recommended that all service matters be first referred to Department of AYUSH for examination before consideration by the SFC.
- ▶ The SFC recommended annual repair and maintenance contract for the Janakpuri CCCBC Building through CPWD for Civil and Electrical work at a cost of Rs. 27.15 lakh and Rs. 33.74 lakh, respectively. Water proofing of the main building of CRIUM, Hyderabad was recommended at a cost of Rs.11.63 lakh through National Projects Construction Corporation Ltd. (NPCC).

SFC Meeting on 4 July, 2011

- ▶ The SFC recommended five collaborative projects for undertaking safety and toxicity studies on Unani drugs. These included two projects at All India Institute of Medical Science (AIIMS), New Delhi; and one project each at V.P. Chest Institute, Delhi; Jamia Hamdard, New Delhi, and K.G. Medical College, CSMM University, Lucknow.

SFC Meeting on 2 December, 2011

- ▶ The SFC recommended taking of support from Quality Council of India (QCI) for accreditation of CRIUM, Hyderabad by National Accreditation Board for Hospitals and Health Care Providers (NABH).
- ▶ The SFC recommended extension of Memorandum of Understanding between the CCRUM and the ICMR upto 31 March 2012.
- ▶ The SFC recommended a Collaborative Project on Nano Polymeric Mycelles, the Novel drug delivery system for Unani Medicine and their biological activity evaluation through Faculty of Medicine, Jamia Hamdard, New Delhi at a cost of Rs. 20.00 lakh for a duration of two years.
- ▶ The committee recommended scientific programmes as part of Silver Jubilee Celebrations of RRIUM, Aligarh, and of RRIUM, Srinagar at a cost of Rs. 6.00 lakh and Rs.10.00 lakh, respectively.
- ▶ The committee recommended holding of Workshop on Research Methodology at CRIUM, Hyderabad and Workshop on IPR in collaboration with National Research Development Corporation (NRDC) with a budget of Rs.4.00 lakh each.
- ▶ The committee recommended increase in the Honorarium of Consultants (Unani) engaged for co-located Unani Medical Centre in Modern Medicine Hospitals from the existing Rs. 500 to Rs.1200 per day subject to a maximum of Rs.12,000/- per Consultant per month subject to the condition that full-time services of OPD hours shall be provided.
- ▶ The SFC recommended earmarking of the Council's share of Rs. 200 lakh in the DST-assisted project for strengthening of clinical research facility at CRIUM, Hyderabad.
- ▶ The SFC recommended enhancement of diet charges of indoor patients in the Council's Institutes having IPD facilities from existing Rs. 80 to Rs. 100 per day.



- ▶ The SFC recommended starting of a Satellite Centre at Kumbalanghi Gram Panchayat, Ernakulum District, Kerala with two Senior Research Fellows (SRFs) and a Pharmacist/ Multi Purpose worker, to be appointed on contractual basis.

Minutes of the SFC meetings were approved by Union Minister of Health and Family Welfare as President of the Council's Governing Body.

2.3 INSTITUTIONAL ETHICS COMMITTEE (IEC)

The institutional ethics committee looks into ethical issues related to clinical trials and approves the protocols for the clinical studies involving human subjects. During the reporting period, the following Ethics Committees were constituted at different Institutes under the Council.

Central Research Institute of Unani Medicine (CRIUM), Hyderabad

- | | |
|---|----------|
| ▶ Dr. Kaiser Jamil
Emeritus Research Scientist and Head
Genetics Department
Bhagwan Mahavir Medical Research Centre
AC Guards
Hyderabad | Chairman |
| ▶ Dr. M.U.R. Naidu
Formerly Head
Department of Clinical Pharmacology, Therapeutics &
Dean, Faculty of Medicine
Nizam's Institute of Medical Sciences
Hyderabad | Member |
| ▶ Prof. Ghulam Yazdani Khan
Formerly Professor & CMO
Government Nizamia Tibbi College & Hospital
Charminar
Hyderabad | Member |
| ▶ Dr. K. Nagaiah
Senior Principal Scientist
Organic and Biomolecular Chemistry
Indian Institute of Chemical Technology
Hyderabad | Member |
| ▶ Dr. M.D. Alam
Formerly Deputy Director
Central Research Institute of Unani Medicine
Hyderabad | Member |
| ▶ Prof. Vasia Naveed
Head, Department of Gynaecology
Government Nizamia Tibbi College
Hyderabad | Member |

- ▶ Mr. Syed Taher
Advocate
B.K. Guda
Hyderabad Member
- ▶ Mr. Maulana Shamsheer Ali
Ustad
Madarsa-e-Misbah-ul-Uloom
Karmikanagar, Yousufguda
Hyderabad Member
- ▶ Mrs. Rafath Shaheen
Head Mistress
Government High School
Hakimpet, Toli Chowki
Hyderabad Member
- ▶ Dr. M.A. Waheed
Deputy Director (Unani), CRIUM
Hyderabad Member Secretary

Central Research Institute of Unani Medicine (CRIUM), Lucknow

- ▶ Dr. Hifazat Hussain Siddiqui
Dean
Faculty of Pharmacy
Integral University
Lucknow Chairman
- ▶ Dr. S.M.A. Hassan
Deputy Director (Unani)
CRIUM
Lucknow Member
- ▶ Hakim Abdul Quddus
Unani Herbal Clinic
Bhola Nath Kuan
Lucknow Member
- ▶ Dr. Javed Ahmad
Department of Medicine
Vivekananda Polyclinic &
Institute of Medical Sciences
Ramkrishna Mission Sevashram
Vivekananda Puram
Lucknow Member
- ▶ Prof. (Dr.) S. Sambi
Career Institute of Dental Sciences & Hospital
Lucknow Member



- | | |
|--|------------------|
| ▶ Mr. I.H. Farooqui
Advocate
Assistant Solicitor General of India
(Hon'ble High Court, Allahabad)
Lucknow Bench
Lucknow | Member |
| ▶ Mr. Owais Mohd. Khan
(Social Activist)
16, Islah Complex, Ring Road
Lucknow | Member |
| ▶ Mr. Ateeq Bastawi Mufti
P.B. No. 93, Tagore Marg
Lucknow | Member |
| ▶ Dr. R.C. Murthy
Head, Analytical Chemistry Department, ITR (CSIR)
Mahatma Gandhi Marg
Lucknow | Member |
| ▶ Deputy Director Incharge
CRIUM
Lucknow | Member-Secretary |

Regional Research Institute of Unani Medicine (RRIUM), Chennai

- | | |
|---|----------|
| ▶ Hakim Syed Khaleefatullah
Vice President (Unani)
Central Council of Indian Medicine (CCIM)
New Delhi | Chairman |
| ▶ Dr. R. Ilavarasan
Assistant Director (Pharmacology)
CSM Drug Research Institute of Ayurveda
Chennai | Member |
| ▶ Dr. Raziuddeen
Head (Unani Section)
Government Arignar Anna Hospital
Chennai | Member |
| ▶ Dr. Syed M.M. Ameen
Unani Physician
Niamath Science Academy
Chennai | Member |
| ▶ Dr. Mohd. Jamal
Former Additional Professor
Madras Medical College
Chennai | Member |

- | | |
|---|------------------|
| ▶ Mr. Mohd. Muheebu-ul-Khader
Legal Expert
Royapetth
Chennai | Member |
| ▶ Mr. A. Ramasamy
Social Scientist
ARR Domestic Chemicals Pvt. Ltd.
Anna Nagar
Chennai | Member |
| ▶ Mr. M. Habibullah Jamali
Assistant Professor
Department of Arabic
New College
Chennai | Member |
| ▶ Ms. P.B. Rajasekar
Managing Director
Rajkeerth Aromatic & Biotech Pvt. Ltd.
Kodambakkam
Chennai | Member |
| ▶ Deputy Director Incharge
RRIUM
Chennai | Member-Secretary |

Regional Research Institute of Unani Medicine (RRIUM), Mumbai

- | | |
|---|----------|
| ▶ Prof. V.W. Patil
Head
Department of Bio-chemistry
Grant Medical College & Sir J.J. Hospital
Mumbai | Chairman |
| ▶ Prof. Isa Nadvi
Department of Preventive Social Medicine
Dr. M.I.J. Tibbia College and H.A.R. Kalsekar Hospital
Mumbai | Member |
| ▶ Prof. Mankeshwar
Department of P.S.M. Grant Medical College &
Sir J.J. Hospital
Mumbai | Member |
| ▶ Dr. Abdul Hannan
Assistant Professor
Department of Pharmacology
Grant Medical College & Sir J.J. Hospital
Mumbai | Member |



- | | |
|---|------------------|
| ▶ Mr. Javed Bashir Ahmed Ansari
Legal Expert
Dharavi
Mumbai | Member |
| ▶ Mrs. Gazala Munawwar Azad
Social Activist
I.R. Road
Mumbai | Member |
| ▶ Mr. Zubair Hasan Khan
Bandra (W)
Mumbai | Member |
| ▶ Deputy Director Incharge
RRIUM
Mumbai | Member-Secretary |

Regional Research Institute of Unani Medicine (RRIUM), Srinagar

- | | |
|---|----------|
| ▶ Dr. Abdul Kabir Dar
Director, ISM&H
J&K
Srinagar | Chairman |
| ▶ Prof. Ghulam Qadir Mir
Department of Law
Univeristy of Kashmir
Srinagar | Member |
| ▶ Dr. Saleem ur Rehman
Director
Health Services, J&K
Srinagar | Member |
| ▶ Dr. Mohd. Ashraf Ganie
Associate Professor
Department of Endocrinology
SKIMS
Srinagar | Member |
| ▶ Dr. Mohd. Iqbal
Former Deputy Director
RRIUM
Srinagar | Member |
| ▶ Prof. Aneesa Shafi
Department of Sociology
University of Kashmir
Srinagar | Member |

- ▶ Hazrat Maulana Mir Ghulam Mohiuddin Naqib
Chairman
Dawat-e-Minhajul Islam
Shalimar
Srinagar Member
- ▶ Deputy Director Incharge
RRIUM
Srinagar Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Aligarh

- ▶ Prof. Maudood Ashraf
Former Head
Department of Moalajat
Ajmal Khan Tibbiya College (AKTC)
Aligarh Muslim University (AMU)
Aligarh Chairman
- ▶ Prof. Zulfia Khan
Department of Community Medicine
Jawaharlal Nehru Medical College (JNMC)
Aligarh Muslim University
Aligarh Member
- ▶ Prof. M.M.W. Amin
Chairman
Department of Ilmul Amraz
Ajmal Khan Tibbiya College (AKTC)
Aligarh Muslim University
Aligarh Member
- ▶ Dr. M. Athar Ansari
Chairman
Department of Community Medicine, JNMC
Aligarh Muslim University
Aligarh Member
- ▶ Prof. K.M.Y. Amin
Department of Ilmul Advia
Ajmal Khan Tibbiya College (AKTC)
Aligarh Muslim University
Aligarh Member
- ▶ Prof. M.M.H. Siddiqui
Chairman
Department of Ilaj bil Tadbir
Ajmal Khan Tibbiya College (AKTC)
Aligarh Muslim University
Aligarh Member



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| ▶ Prof. A. Mannan
Department of Moalajat
Ajmal Khan Tibbiya College (AKTC)
Aligarh Muslim University
Aligarh | Member |
| ▶ Mr. Zakiuddin Khairoowala
Legal Consultant
Civil Court
Aligarh | Member |
| ▶ Dr. M. Laiq Ali Khan
President
Hakim Ajmal Khan Foundation
Kasganj | Member |
| ▶ Mufti Suhaib Ahmed Khan
Madarsa, Tameer-e-Millat, Dodhpur
Aligarh | Member |
| ▶ Mr. Abdul Majid Khan
Firdaus Nagar
Aligarh | Member |
| ▶ Deputy Director Incharge
RRIUM
Aligarh | Member-Secretary |

Regional Research Centre of Unani Medicine (RRCUM), Allahabad

- | | |
|--|----------|
| ▶ Dr. P.K. Sinha
Former Chief Medical Officer
Allahabad | Chairman |
| ▶ Dr. Saad Usmani
Former Principal
State Unani Medical College
Allahabad | Member |
| ▶ Dr. Mazahir Alam
Principal & Superintendent
State Unani Medical College
Allahabad | Member |
| ▶ Dr. Anwarul Hasan
Associate Professor
Motilal Nehru Medical College
Allahabad | Member |
| ▶ Dr. Tariq Mehmood
Associate Professor & Head
Department of Pulmonary Medicine
Moti Lal Nehru Medical College
Allahabad | Member |

- ▶ Dr. Barkat Ullah
Reader
State Unani Medical College, Himmatganj
Allahabad Member
- ▶ Mr. Mohd. Zaheer Ahmad Ansari
Advocate
Kareli
Allahabad Member
- ▶ Mr. Mohd. Anees
Kareli
Allahabad Member
- ▶ Research Officer Incharge
RRCUM
Allahabad Member-Secretary

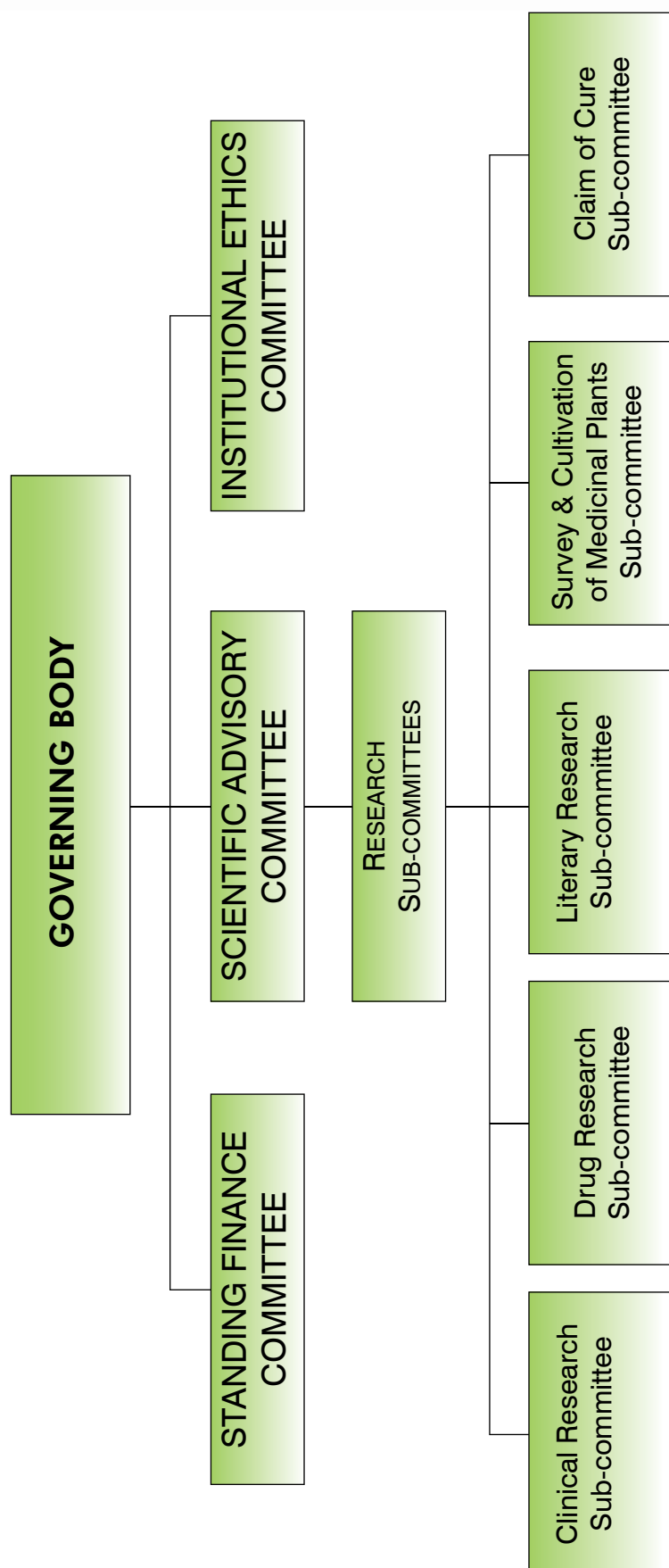
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak

- ▶ Dr. Trupti Rekha Swain
Associate Professor
Department of Pharmacology SCB Medical College
Cuttack Chairman
- ▶ Dr. Mirza Nayeem Ali Baig
Joint Director
City Hospital
Cuttack Member
- ▶ Dr. Mohammed Kamal Khan
Medical Officer (Unani)
Bhadrak Member
- ▶ Dr. Mohd. Rehan Uddin Khan
Medical Officer (Unani)
City Hospital
Cuttack Member
- ▶ Mr. Lalatedu Dikshit
Advocate
Bhadrak Member
- ▶ Mr. Shaikh Abdus Salam
Social Scientist
Bhadrak Member
- ▶ Alhaj Mohd. Abdul Bari
President
Muslim Jamat (Sociologist)
Bhadrak Member



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| ▶ Moulana Fazle Rasool
Imam, Badi Masjid
Shankarpur
Bhadrak | Member |
| ▶ Mr. Shaikh Sakeem
Bhadrak | Member |
| ▶ Deputy Director Incharge
RRIUM
Bhadrak | Member-Secretary |

MANAGEMENT OF THE COUNCIL



2.4 SCIENTIFIC ADVISORY COMMITTEE (SAC)

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

- ▶ 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

The SAC was not in office during the reporting period.

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 23 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
Clinical Research Pilot Project	01

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

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) with an extension centre at Kumblanghi

Karnataka

- ▶ Clinical Research Unit (CRU), Bengaluru

Madhya Pradesh

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

Manipur

- ▶ Clinical Research Pilot Project, Manipur

Maharashtra

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

Odisha

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

Tamil Nadu

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

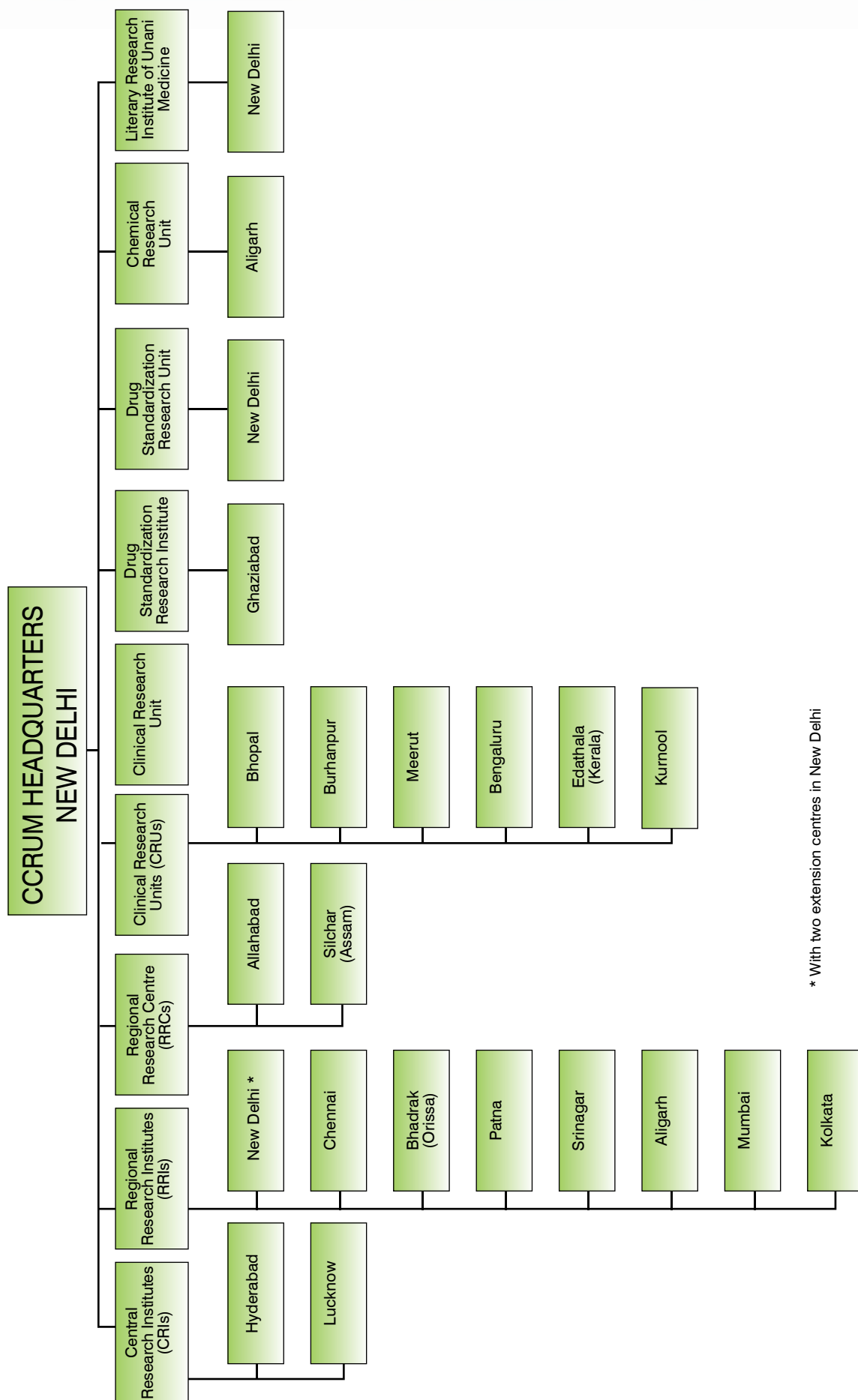
Uttar Pradesh

- ▶ 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

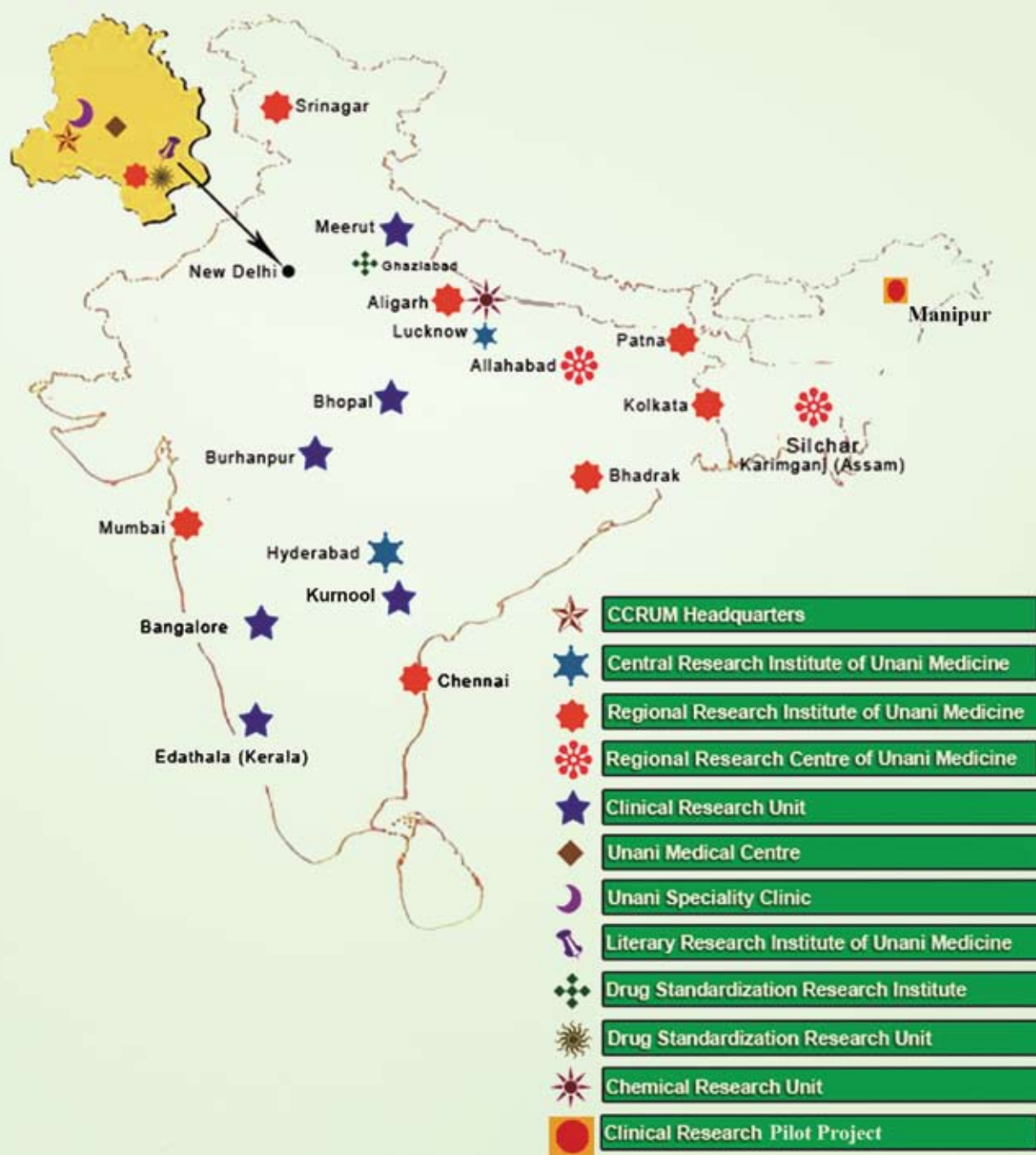
- ▶ Regional Research Institute of Unani Medicine (RRIUM), Kolkata

ORGANIZATIONAL SET-UP OF THE COUNCIL

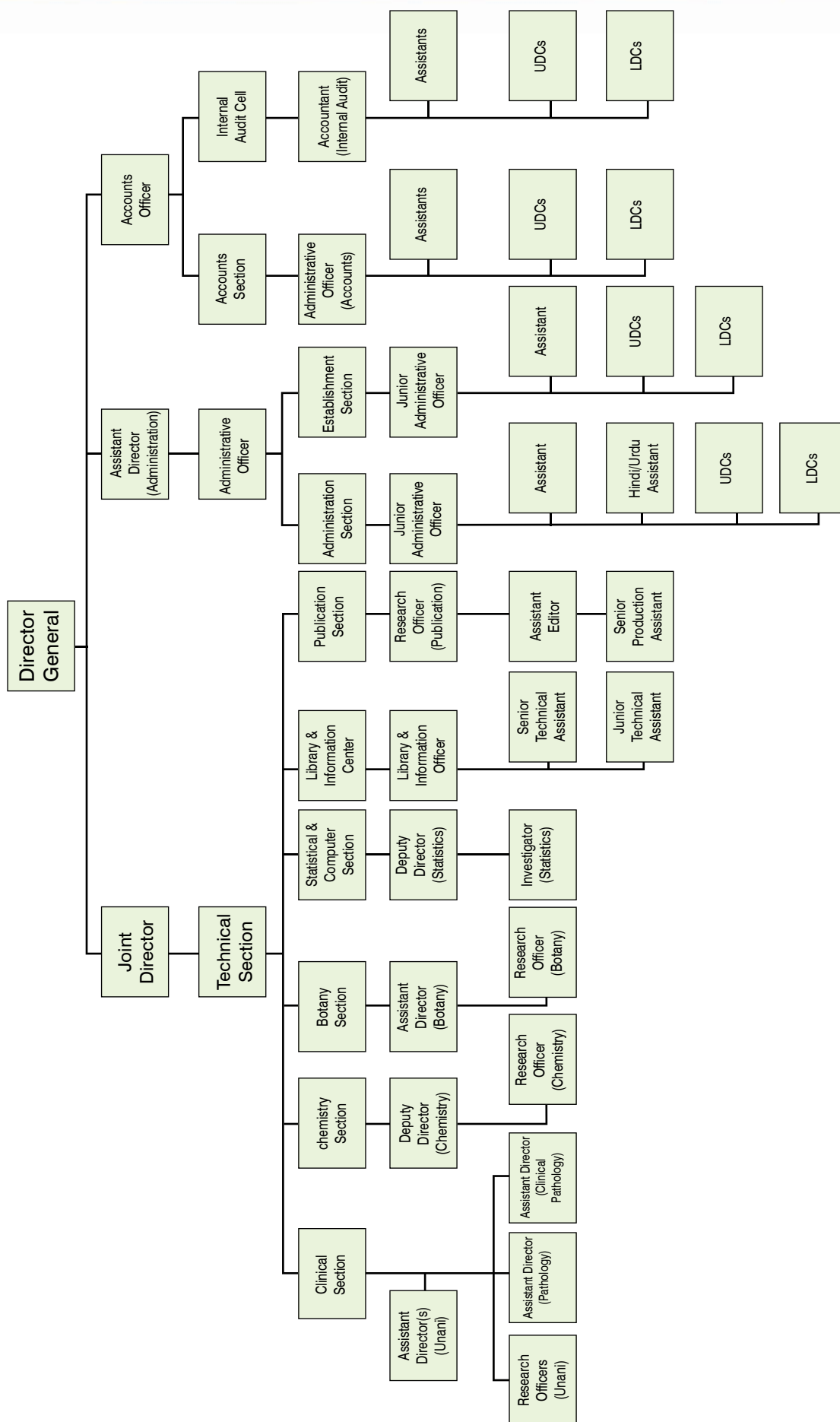


* With two extension centres in New Delhi

INSTITUTIONAL NETWORK OF CCRUM



ORGANIZATIONAL SET-UP AT THE HEADQUARTERS



2.6 BUDGET (ACTUAL EXPENDITURE)

The centre-wise actual expenditure of the Council during 2011-12 was as follows.

(Rupees in thousands)

S. No.	Name of Centre/Institute/Unit	Non-Plan	Plan	Grand Total
1.	Central Research Institute of Unani Medicine (CCRUM), Hyderabad	73250	21026	94276
	(ii) CRIUM, Lucknow	-	61135	61135
2.	Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	18555	7682	26237
	(ii) RRIUM, Patna	11898	13005	24903
	(iii) RRIUM, Chennai	33569	6803	40372
	(iv) RRIUM, Aligarh	14940	19718	34658
	(v) RRIUM, Srinagar	24131	16244	40375
	(vi) RRIUM, Mumbai	7382	10317	17699
	(vii) RRIUM, Kolkata	-	6134	6134
	(viii) RRIUM, New Delhi	27208	26075	53283
3.	Regional Research Centre of Unani Medicine (RRCUM), Allahabad	12196	4061	16257
4.	Clinical Research Unit (CRU), Bengaluru	3896	762	4658
	(ii) CRU, Karimganj	-	7136	7136
	(iii) CRU, Meerut	-	2675	2675
	(iv) CRU, Kerala	1514	4920	6434
	(v) CRU, Burhanpur	2922	549	3471
	(vi) CRU, Bhopal	0	3365	3365
	(vii) CRU, Kurnool	1087	-	1087
5.	Unani Speciality Clinic, Deen Dayal Upadhyay Hospital, New Delhi	-	1508	1508
6.	Drug Standardization Research Unit (DSRU), New Delhi	6107	233	6340
7.	Drug Standardization Research Institute (DSRI), Ghaziabad	11105	1000	12105
8.	Literary Research Institute of Unani Medicine (LRIUM), New Delhi	13634	774	14408
9.	CCCBC, New Delhi	-	34053	34053
10.	CCRUM Headquarters, New Delhi	44875	19435	64310
11.	Clinical Pilot Project, Manipur	-	2193	2193
12.	Other Charges (at Headquarters)			
	(i) Pension Liabilities	47500	-	47500
	(ii) Council's Contribution, to New Pension Scheme, Interest thereon	5007	1720	6727



S. No.	Name of Centre/Institute/Unit	Non-Plan	Plan	Grand Total
(iii)	Advances to Government Servants			
	• Scooter	0	274	274
	• Car	0	360	360
	• Computer	0	480	480
	• HBA	0	461	461
(iv)	Council's Contribution for CGHS	1703	1770	3473
(v)	Publication Charges (Priced)	0	42	42
(vi)	Audit Fee	0	313	313
(vii)	Imprest Advance	0	6	6
(viii)	Short-term Research Enquiry	0	1247	1247
(ix)	Arogya	0	943	943
(x)	Advance for Construction of Building	0	47735	47735
(xi)	Seminar/Workshops	0	1979	1979
(xii)	Collaborative Studies	0	5951	5951
(xii)	Health Camps	0	251	251
(xiv)	EMR	0	370	370
(xv)	TKDL project	0	31	31
(xvi)	Building A/c	0	12235	12235
(xvii)	Training Programme Expenses	0	66	66
(xviii)	Council's Contribution for DST Project	0	11000	11000
(xix)	Deposit Link Insurance	165	0	165
	Total	362644	358037	720681

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 • Validation of Efficacy of Pharmacopoeial Drugs • Research on Fundamentals/Basic Principles of Unani Medicine • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Programme
Central Research Institute of Unani Medicine (CRIUM), Lucknow	<ul style="list-style-type: none"> • Clinical Research Programme • Validation of Efficacy of Pharmacopoeial Drugs • 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 • Validation of Efficacy of Pharmacopoeial Drugs • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research 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



Centre	Activities
Regional Research Institute of Unani Medicine (RRIUM), Patna	<ul style="list-style-type: none">• Validation of Efficacy of Pharmacopoeial Drugs• General Out-patient Department (GOPD) Programme• Mobile Clinical Research Programme §• Survey and Cultivation of Medicinal Plants Programme• Clinical Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	<ul style="list-style-type: none">• Validation of Efficacy of Pharmacopoeial Drugs• General Out-patient Department (GOPD) Programme• Mobile Clinical Research Programme• School Health Programme• Clinical Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	<ul style="list-style-type: none">• Validation of Efficacy of Pharmacopoeial Drugs• Pharmacological Research Programme• General Out-patient Department (GOPD) Programme• Mobile Clinical Research Programme• School Health Programme• Drug Standardization Research Programme• Survey and Cultivation of Medicinal Plants Programme• Clinical Research Programme
Regional Research Institute of Unani Medicine (RRIUM), Srinagar	<ul style="list-style-type: none">• Validation of Efficacy of Pharmacopoeial Drugs• General Out-patient Department (GOPD) Programme• Mobile Clinical Research Programme• School Health Programme• Clinical Research Programme
	<ul style="list-style-type: none">• Validation of efficacy of pharmacopoeial drugs• Validation of Regimenal Therapies• Pharmacological Research Programme

Centre	Activities
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	<ul style="list-style-type: none"> • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Drug Standardization Research Programme • Survey and Cultivation of Medicinal Plants Programme • Validation of Efficacy of Pharmacopoeial Drugs • General Out-patient Department (GOPD) Programme
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	<ul style="list-style-type: none"> • Clinical Research Programme • Validation of Efficacy of Pharmacopoeial Drugs • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • Unani Clinics in allopathic Hospital • Clinical Research Programme
Regional Research Centre of Unani Medicine (RRCUM), Allahabad	<ul style="list-style-type: none"> • Validation of Efficacy of Pharmacopoeial Drugs • General Out-patient Department (GOPD) Programme • Mobile Clinical Research Programme • School Health Programme • Validation of Efficacy of Pharmacopoeial Drugs
Regional Research Centre of Unani Medicine (RRCUM), Silchar with extension Centre at Karimganj	<ul style="list-style-type: none"> • General Out-patient Department (GOPD) Programme • Clinical Research Programme • General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bengaluru	<ul style="list-style-type: none"> • Validation of Efficacy of Pharmacopoeial Drugs • General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Meerut	<ul style="list-style-type: none"> • Clinical Research Programme
Clinical Research Unit (CRU), Bhopal	<ul style="list-style-type: none"> • Clinical Research Programme



Centre	Activities
Clinical Research Unit (CRU), Burhanpur	<ul style="list-style-type: none">• General Out-patient Department (GOPD) Programme• Clinical Research Programme• Validation of Efficacy of Pharmacopoeial Drugs
Clinical Research Unit (CRU), Edathala	<ul style="list-style-type: none">• General Out-patient Department (GOPD) Programme• Mobile Clinical Research 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 Research 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 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 organize farmers' meetings to impart awareness, and provide training on cultivation of medicinal plants;
- ▶ To document folk knowledge on medicinal uses of plants;
- ▶ To collect samples of genuine drugs from the forest for pharmacopoeial standardization work;
- ▶ To develop nursery of medicinal plants for demonstration purpose with a view to popularizing them among the masses.

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

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

Ethnopharmacological Surveys

Under this programme, the Council undertook ethno-pharmacological surveys in different forest divisions/areas during the period under report. These included Khammam, Bhadrachalam West, Chittoor East and West Forest Division, (Andhra Pradesh); Shivalik Forest Division, Saharanpur; Reserve forests of Rampur, Moradabad and J.P. Nagar (Uttar Pradesh); Konark forest range, Puri Forest Division, Puri (Odisha); Kanyakumari Wildlife Division (Tamil Nadu), North Wayanad Forest Division (Kerala); Pirpanjal, Synthan/ Kashtwar Forest Division, Mahadev and Banihal Forest Division. (J&K). As a result of six survey tours conducted, 3128 specimens comprising 1200 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, 3496 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, medicinal/ other uses were recorded on each herbarium sheet. Besides, 339 new index cards were compiled and 1357 index cards were updated.

The survey team members during field studies collected 391 saplings of important medicinal species for plantation in the nurseries attached to the institutes.

The survey teams also collected fresh raw drugs weighing 739.4 kg, and supplied to the pharmacy section of Central Research Institute of Unani Medicine, Hyderabad for preparation of Unani formulations.

Folk Claims

The survey team members, enquired from the local communities about traditional uses of plants. This information was systematized taxonomically, and efforts were made to develop a database for comparative analysis of the information recorded so far. As a result, 330 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* Linn.), Asgand (*Withania somnifera* Linn.) Babchi (*Psoralea corylifolia* Linn.), Gulnar Farsi (*Punica granatum* Linn. abortive var.), Gurmarbuti (*Gymnema sylvestre* R Br.), Khulanjan (*Alpinia galanga* Willd.), Unsul (*Urgenia indica* Kunth.), Sudab (*Ruta graveolens* Linn.), Rasan (*Inula racemosa* C.B. Clarke), etc. As a result of field scale cultivation of drug plants, 241 kg of raw drugs were yielded.

Farmers' Meets

The Council's research centres organized farmers' meetings for creating 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: Shadnagar Mandal, Mahaboob Nagar District (Andhra Pradesh); Tarang Village and Saundia Village of Balasore District (Odisha); Perampakkam Village/Kadampathur Block and Puduvayal Village, Gumidipoondi Block (Tamil Nadu).

Nursery of Medicinal Plants

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

3.1.2.2 DRUG STANDARDIZATION RESEARCH PROGRAMME

The programme of drug standardization is mainly concerned with evolving pharmacopoeial standards of single drugs as well as compound Unani formulations included in various volumes of *National Formulary of Unani Medicine* (NFUM) for their incorporation in the *Unani Pharmacopoeia of India*. The work on compound formulations includes development of Standard Operating Procedures (SOPs) for their manufacture followed by their pharmacopoeial standards. Besides, standardization of investigational drugs for clinical trials at the Council and estimation of heavy metals, microbial load, aflatoxin content, and pesticidal residues in the drugs are also part of this programme. Chemical investigation of Unani medicinal plants is also being carried out under this programme. Standardization work for single drugs and compound formulations is carried out in accordance with the format approved by Unani Pharmacopoeia Committee of the Government of India. The work is carried out through the following research centres of the Council.

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

During the reporting period following works were carried out.

- ▶ Development of Standard Operating Procedures (SOPs) for the manufacture of compound Unani formulations and their pharmacopoeial standards in the Council's laboratories.
- ▶ Development of Standard Operating Procedures (SOPs) for the manufacture of compound formulations and their pharmacopoeial standards through different laboratories under the UPC projects.



- ▶ Quality control of research drugs being manufactured in the Council's pharmacy at Hyderabad.
- ▶ Standardization of Unani drugs (Pharmacopoeial drugs).
- ▶ Chemical investigations of medicinal plants.

Development of Standard Operating Procedures (SOPs) for manufacture of Compound Formulations and their Pharmacopoeial Standards

Under this programme, SOPs for the manufacture of following compound formulations were developed followed by their pharmacopoeial standards at various research centres of the Council.

- | | |
|------------------------|-----------------------|
| • Habb-e-Chobchini | • Qurs-e-Masikul Baul |
| • Habb-e-Dawali | • Qurs-e-Zareekh |
| • Habb-e-Hayat | • Majoon-e-Najah |
| • Habb-e-Jaiyad | • Majoon-e-Zabeeb |
| • Habb-e-Kaboos | • Anoshdaru |
| • Habb-e-Khardal | • Namak Ajeeb |
| • Jawarish Pudina | • Namak Sulaimani |
| • Itrifal Kishneezi | • Sufoof Deedan |
| • Habb-e-Loban | • Akseer-e-Riyah |
| • Habb-e-Luluvi | • Dawa-e-Takore |
| • Habb-e-Maghz-e-Badam | • Dawa-e-Atfal |
| • Habb-e-Mamool | • Sufoof-e-Gesudaraz |
| • Habb-e-Mamool Qawi | • Jawarish Zanjabeel |
| • Habb-e-Mastagi | • Jawarish Kamooni |
| • Habb-e-Mulaiyin | • Jawarish Mastagi |
| • Habb-e-Muliziz | • Khamira Banafasha |
| • Habb-e-Muqawwi | • Itrifal Ustukhudus |
| • Habb-e-Musaffi Khoon | • Jawarish Bisbasa |
| • Habb-e-Paan | • Itrifal Kabir |
| • Habb-e-Qabz Qawi | • Jawarish Jalinoos |
| • Habb-e-Quqaya | • Itrifal Deedan |
| • Habb-e-Quba | • Raughan-e-Amla |
| • Habb-e-Qula | • Sharbat-e-Sadar |
| • Qurs-e-Aas | • Majoon Piyaz |
| • Qurs-e-Waj-ul-Uzn | • Tiryag-e-Meda |
| • Qurs-e-Kafoor Lulvi | • Tiryag-e-Pechish |

Development of Standard Operating Procedures (SOPs) for the Manufacture of Compound Formulations and their Pharmacopoeial Standards through Different Laboratories under the UPC Projects

- | | |
|--------------------------------|------------------------|
| • Filia | • Luboob-e-Barid |
| • Habb-e-Akseer Bukhar | • Luboob-e-Sagheer |
| • Habb-e-Anar | • Lauq-e-Zeequn Nafas |
| • Habb-e-Bawaseer Badi | • Qurs-e-Pudina |
| • Habb-e-Irqun Nisa | • Qurs-e-Salajeet |
| • Habb-e-Muqawwi Khas | • Gulqand Amaltas |
| • Habb-e-Mushil | • Gulqand Neem |
| • Habb-e-Narkachoor | • Itrifal Aftimoon |
| • Habb-e-Sadar | • Itrifal Badiyan |
| • Habb-e-Bawaseer Khooni | • Majoon Gul |
| • Marham Kafoor | • Habb-e-Kaboos |
| • Marham Quba | • Habb-e-Khardal |
| • Marham Kharish Jadeed | • Habb-e-Sual Musakkin |
| • Marham Dakhliyun | • Habb-e-Mumsik Jadeed |
| • Marham Saeeda Chob Neem wala | • Habb-e-Nishad Jadeed |
| • Zamad Rahat | • Habb-e-Sara Khas |
| • Al Ahmar | • Habb-e-Muqil Jadeed |
| • Aksir-e-Riyah | • Habb-e-Yarqan |
| • Aksir-e-Atfal | • Habb-e-Nuqrai |
| • Aksir-e-Surfa | • Habb-e-Qalbeen |
| • Qurs-e-Mulaiyin | • Habb-e-Muniesh |
| • Majoon-e-Azaraqi | |

Quality Control of Research Drugs

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

- | | |
|------------|------------|
| • UNIM-001 | • UNIM-004 |
| • UNIM-004 | • UNIM-003 |
| • UNIM-005 | • UNIM-005 |
| • UNIM-040 | • UNIM-006 |
| • UNIM-001 | |

Standardization of Unani Compound Drugs (Pharmacopoeial Drugs)

During the year, the following pharmacopoeial Unani compound drugs were standardized.

- | | |
|----------------------------|---------------------------------|
| • Majoon-e-Arad Khurma | • Majoon-e-Kundur |
| • Habb-e-Aksir Shifa | • Jawarish Zarooni |
| • Habb-e-Rasaut | • Araq-e-Murakkab Mussafi Khoon |
| • Habb-e-Muqil | • Majoon-e-Masikul Baul |
| • Sufoof-e-Suranjan | • Majoon-e-Falasfa |
| • Sufoof-e-Mughlliz-e-Mani | • Majoon Ushba |
| • Suffof-e-Chutki | • Jawarish Amla |
| • Raughan-e-Suranjan | • Habb-e-Papita |
| • Sharbat-e-Buzoori | • Majoon-e-Muqil |
| • Araq-e-Badiyan | • Majoon-e-Suranjan |
| • Araq-r-Kasni | • Majoon-e-Nisyan |
| • Araq-e-Mako | • Sufoof-e-Zaheer |

Besides, studies on microbial load, aflatoxin contamination, pesticidal residues and heavy metals in 63 drugs were also carried out at CRIUM, Hyderabad.

Chemical Investigations of Medicinal Plants

During the reporting period, chemical investigation was carried out on the following plant drugs. Six compounds were isolated from these plants, and their structure was established.

Kamela (*Mallotus phillipinensis*)

1. Isoviolastylene
2. Pediceline
3. Mallotus flavonone
4. 3, 5, 7 hydroxy 6, methoxy flavanone
5. Mallotus chalem

Babchi (*Psoralea corylifolia*)

1. Psoralene

Unani Pharmacopoeia of India

The Council after being designated as Secretariat for *Unani Pharmacopoeia of India* by the Department of AYUSH organized meetings of Unani Pharmacopoeia Committee, and the sub-committees. During the reporting period, the Council as Secretariat for *Unani Pharmacopoeia of India* has prepared the third volume of *Unani Pharmacopoeia of India, Part-II* consisting of 50 monographs comprising Araqiya, Dawa, Itrifal, Jawarish, Majoon, Sufoof and Tiryaaq and Hindi version of *National Formulary of Unani Medicine, Part-II*. Both will be published after approval of the UPC and Pharmacopoeia Commission for Indian Medicine (PCIM). 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 have been published. Besides, following projects were in progress.

S. No	Title of the project	Institution
1.	Development of standardization parameters of some single drugs mentioned in the <i>National Formulary of Unani Medicine</i> .	Faculty of Pharmacy, Jamia Hamdard, New Delhi
2.	Standardization and Development of Standard Operating Procedures (SOPs) for compound Unani formulations mentioned in the <i>National Formulary</i> .	Department of Pharmacogonosy and Phytochemistry, Faculty of Pharmacy, Jamia Hamdard, New Delhi
3.	Standard Operating Procedures (SOPs) with routine and specific investigative tests of the minerals used in preparation of Unani drugs and their identification.	Department of Geology, AMU, Aligarh
4.	Development of analytical standards, DNA and chromatographic finger prints, and determination of heavy metals, pesticidal residue and aflatoxins of some classical Unani cardioprotective drugs.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
5.	Development of Standard Operating Procedures for compound Unani formulations mentioned in the NFUM.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
6.	Development of Standard Operating Procedures and Standard Pharmacopoeia of some compound Unani formulations.	Faculty of Science, Jamia Hamdard New Delhi
7.	Standardization and safety evaluation of Unani drugs.	Faculty of Science, Jamia Hamdard, New Delhi
8.	Development of Standard Operating Procedures and chromatographic finger prints of some Unani compound formulations.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
9.	Development of SOPs of compound Unani formulations mentioned in the NFUM.	Faculty of Pharmacy, Jamia Hamdard, New Delhi

3.1.2.3 CLINICAL RESEARCH PROGRAMME

Pre-clinical Studies

Preclinical safety evaluation studies on new investigational drugs and some classical drugs were undertaken at the Council's pharmacological units and also in collaboration with some reputed institutions/universities. During the reporting period, the following acute, sub-acute and sub-chronic studies were undertaken at the Council's pharmacological units.

Safety evaluation of coded Unani formulation UNIM K-2004 (Regional Research Institute of Unani Medicine (RRIUM), Srinagar)

Safety evaluation studies on UNIM-K-2004 were conducted at RRIUM, Srinagar. Acute toxicity of UNIM-K-2004 at the single dose level of 2000mg/kg of body weight in both male and female Wistar rats was evaluated, and no sign of behavioural or neurological change was observed. Also, coded drug UNIM-K-2004 at the dose level of 90 mg/kg, 500mg/kg and 1000 mg/kg of body weight in both male and female Wistar rats was evaluated for sub-acute toxicity, and repeated doses for 90 days study at the dose level of 90mg/kg of body weight in for sub-chronic toxicity. It has been observed that overall there was no lethal action of the drug on either sex of the rats and no sign of any behavioural or neurological changes was observed. However, there were more or less significant variation in various physiological parameters like feed intake and water consumption, besides some biochemical parameters like SGOT, SGPT and ALP were found to be altered. Gross examination also revealed the normal appearance of the tissues and organs in morphology, shape and structure.

Safety evaluation of coded Unani formulation UNIM-2004 (RRIUM, Srinagar)

Safety evaluation studies on UNIM-2004 were conducted at RRIUM, Srinagar. Acute toxicity of UNIM-K-2004 at the single dose level of 2000mg/kg of body weight in both male and female Wistar rats was evaluated and no sign of behavioural or neurological change was observed. Also, coded drug UNIM 2004 at the dose level of 136mg/kg and 1000mg/kg of body weight in both male and female Wistar rats was evaluated for sub-acute toxicity for 28 days and repeated doses for 90 days study at the dose level of 136 mg/kg of body weight for sub-chronic toxicity. It has been observed that overall there was no lethal action of the drug on either sex of the rats and no sign of any behavioural or neurological changes was observed. The biochemical and haematological parameters were found to be normal. However, there was an elevated activity of liver marker enzymes. The tissues were also found normal in size, shape and texture.

Safety evaluation of coded Unani formulation UNIM K-2019 (RRIUM, Srinagar)

Safety evaluation studies on UNIM-K-2019 were done at RRIUM, Srinagar. Acute toxicity of UNIM-K-2019 at the single dose level of 2000 mg/kg of body weight in both male and female Wistar rats was evaluated and no sign of behavioural or neurological change was observed. Also, coded drug UNIM-K-2019 at the dose level of 90 mg/kg, 500 mg/kg and 1000 mg/kg of body weight in both male and female Wistar rats was evaluated for sub-acute toxicity and repeated doses for 90 days study at the dose level of 90 mg/kg of body weight for sub-chronic toxicity. It has been observed that the feed intake values remain unaffected by the drug, while the water intake level was increased slightly in comparison to the control. Body weight gain of treated group of animals remained comparable to the controls, and their blood biochemical

and haematological parameters were also similar. However the activity of liver enzyme like ALP in drug-treated male rats was found to be increased. Gross examination of the organs and tissues of male rats did not reveal any treatment-related differences in the treated and control groups.

Safety evaluation of coded Unani formulation UNIM-220 (RRIUM, Aligarh)

The aqueous extract of the coded drug UNIM-220 was investigated for sub-acute toxicity study in albino rats at RRIUM, Aligarh. The drug was given orally at the dose levels of 1 g/kg and 3 g/kg of body weight for a period of 28 days. It was observed that the extract did not produce any untoward signs and symptoms, and there was no significant change in the liver function test, renal function test, lipid profiles, haemoglobin, Erythrocyte Sedimentation Rate (ESR) and Total Leukocyte Count (TLC). An increase in lymphocyte count and decrease in polymorphocyte count was observed. There was no significant change in the organ to body weight ratio.

Safety evaluation of Qurs-e Nazla (RRIUM, Aligarh)

Aqueous extract of Qurs-e Nazla in the doses of 0.5 g/kg, 1 gm/kg and 3 gm/kg of body weight was investigated for acute toxicity study in albino rats at RRIUM, Aligarh. It was observed that the extract did not produce any untoward signs and symptoms, and there were no overnight mortality. Aqueous extract of Qurs-e-Nazla in dose of 0.5 g/kg and 1 gm/kg of body weight daily was given for 28 days. No significant change in haematological and biochemical parameters like haemoglobin, TLC, ESR, SGOT, SGPT, Serum alkaline phosphatase, Serum urea and Serum creatinine, Serum cholesterol, Serum HDL and Serum triglyceride was observed except an increase in polymorph count at 1 gm/kg of aqueous extract of Qurs-e-Nazla. The organ to body weight ratio of liver, heart, kidney and spleen was not affected by the treatment.

Safety evaluation of Qurs-e Hudar (RRIUM, Aligarh)

Aqueous extract of Qurs-e Hudar in the doses of 0.5 g/kg, 1 gm/kg and 3 gm/kg of body weight was investigated for acute toxicity study in albino rats at RRIUM, Aligarh. It was observed that extract did not produce any untoward signs and symptoms, and there was no overnight mortality. Aqueous extract of Qurs-e-Hudar in the doses of 0.5 g/kg and 1 gm/kg of body weight daily was given for 28 days. No significant change in haematological and biochemical parameters like haemoglobin, TLC, ESR, SGOT, SGPT, Serum alkaline phosphatase, Serum urea and Serum creatinine, Serum cholesterol, Serum HDL and Serum triglyceride was observed except an increase in polymorph count at 1 gm/kg of aqueous extract of Qurs-e-Nazla. The organ to body weight ratio of liver, heart, kidney and spleen was not affected by the treatment.

Clinical Studies

The clinical research programme of the Council deals with the methods of management of diseases and aims at critical appraisal of the theory of pathogenesis, symptomatology, clinical methods of diagnosis, principles and methods of treatment, and the drug-diet therapies peculiar to Unani Medicine. Under this programme, clinical validation studies on the efficacy of Unani drugs in different common and chronic ailments, some of them having national priority, are being conducted. 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), Bangaluru
- ▶ 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 ALLOCATION OF DISEASES FOR CLINICAL/ VALIDATION STUDIES ON THE EFFICACY OF UNANI DRUGS

Centre	Disease
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis), Iltehab-e-Kabid (Infective hepatitis), Muzmin Zube-e-Sadariya Sabit (Chronic stable angina), Kasrat-e-Shahmuddam (Hyperlipidemia), Qarh-e-Meda-wa-lsna-e-Ashari (Duodenal ulcer), Gastro-oesophageal reflex disease (GERD), Daus Sadaf (Psoriasis), Zof-e-Masana (Over active bladder) , Nisyan (Amnesia) and Qillat-e-Laban (Galactostasis)
Central Research Institute of Unani Medicine (CRIUM), Lucknow	Waja-ul-Mafasil (Rheumatoid arthritis), Ziabetus Sukkari (Diabetes mellitus), Tahajjur-e-Mafasil (Osteo-arthritis), Saman-e-Mufrit (Obesity), Takhalkhul-e-lzam (Osteoporosis), Warm-e-Lissa (Gingivitis), Zahab-o-Mayil Asnan (Tooth hypersensitivity), Zof-e-Masana (Over active bladder) and Su-ul-Qinyah (Anaemia)

Centre	Disease
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), Tashahhum-e-Kabid (Fatty liver) and Nisyan (Amnesia)
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	Daul Feel (Filariasis), Jarb (Scabies), Busoor-e-Jild (Boils and Pustule) and Bawaseer-e-Damia (Bleeding piles)
Regional Research Institute of Unani Medicine (RRIUM), Patna	Daul Feel (Filariasis), Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity) and Waja-ul-Mafasil (Rheumatoid arthritis)
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	Ziabetes Sukkari (Diabetes mellitus), Zaghtuddam Qawi (Essential hypertension), Su-ul-Qinyah (Anaemia) and Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity).
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	Zaghtuddam Qawi (Essential hypertension), Iltehab-e-Kabid (Infective hepatitis), Nisyan (Amnesia) and Warm-e-Kabid (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), Duali (Vericos veins), Zof-e-Masana (Over active bladder) and Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity)
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	Warm-e-Kabid (Hepatitis) and Bawaseer-e-Damia (Bleeding piles)
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), Ziabetes Sukkari (Diabetes mellitus), Zaghtuddam Qawi (Essential hypertension), Tashahhum-e-Kabid (Fatty liver), Su-ul-Qinyah (Anaemia) and Bawaseer-e-Damia (Bleeding piles)
Clinical Research Unit (CRU), Allahabad	Ziabetes Sukkari (Diabetes mellitus), Busoor-e-Jild (Boils and Pustules) and Suraat-e-Inzaal (Premature ejaculation)
Clinical Research Unit (CRU), Bangaluru	Daus Sadaf (Psoriasis), Nar-e-Farsi (Eczema) and Busoor-e-Jild (Boils and Pustules)
Clinical Research Unit (CRU), Bhopal	Nar-e-Farsi (Eczema) and Daus Sadaf (Psoriasis).
Clinical Research Unit (CRU), Burhanpur	Iltehab-e-Shobaturriyah (Bronchitis), Busoor-e-Jild (Boils and Pustule) and Suraat-e-Inzaal (Premature ejaculation)

Centre	Disease
Clinical Research Unit (CRU), Meerut	Surat-e-Inzaal (Premature ejaculation) and Zaheer (Dysentery)
Clinical Research Unit (CRU), Edathala (Kerala)	Validation studies on pharmacopoeial drugs in different disease conditions in the General OPD
Clinical Research Unit (CRU), Kurnool	Validation studies on pharmacopoeial drugs in different disease conditions in the General OPD
Regional Research Centre of Unani Medicine (RRCUM), Silchar (Assam)/Extension Centre, Karimganj	Waja-ul-Mafasil (Rheumatoid arthritis) and validation studies on pharmacopoeial drugs 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; 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 2030 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 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 application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

Out of the 2030 patients registered, 502 completed the study. One hundred and three (20.5%) patients showed 71-90% repigmentation. In 298 (59.4%) patients repigmentation was 51-70%. One hundred and one (20.1%) patients showed < 40% repigmentation. One thousand one hundred and sixteen patients were under study whereas 412 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 4279 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 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 application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

Out of the 4279 patients registered, 1099 completed the study. One hundred and fifty-three (13.9%) patients showed 71-90% repigmentation. In 830 (75.5%) patients, repigmentation was 51-70% whereas 116 (10.6%) patients showed < 40% repigmentation. Two thousand four hundred and eighty-seven patients were under study whereas 693 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 of Bars (Vitiligo) and on the effect of the coded drugs UNIM-004 and UNIM-005 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. 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 of both these levels. These patients were treated with coded drug UNIM-004, which was given in the dose of two tablets (500 mg each) twice daily along with local application of the drug UNIM-005 as in the above studies.

Out of the 18 patients registered, three (16.7%) patients showed 71-90% repigmentation in the affected parts. In three (16.7%) patients, the response was 41-50% whereas eight (44.4%) patients showed < 40% repigmentation. Four (22.2%) patients showed no response. 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.

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

Preliminary screening of the coded drugs UNIM-047(O) and UNIM-047(L) was conducted in 22 patients of Bars (Vitiligo) with extensive depigmentation involving multiple parts of the body. The drug UNIM-047 was given in the dose of two capsules (500 mg each) twice daily along with the local application of the cream UNIM-047(L) once a day and then exposed to sun rays for two to five minutes early in the morning. The treatment was given for a period of three months initially, which was extended till the maximum repigmentation was achieved.

Out of the 22 patients registered, 14 completed the study. Thirteen (92.9%) patients showed 71-90% re-pigmentation. One (7.1%) patient showed no response. Eight patients dropped out of 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) in Bars (Vitiligo) (CRIUM, Hyderabad, RRIUM, New Delhi 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 324 patients. The patients were matched for the age, temperament, chronicity of the disease, part of the body involved and type of the patches. The oral drugs UNIM-044(O), UNIM-045(O) and UNIM-046(O) 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 re-pigmentation was achieved.

Out of the 95 patients registered in Group I, 34 patients completed the study. Seven (20.6%) patients showed 71-90% re-pigmentation. In 26 (76.5%) patients, re-pigmentation was 51-70% and one (2.9%) patient showed no response. Sixty-one patients dropped out of the study.

Out of the 119 patients registered in Group II, 49 completed the study. Thirteen (26.5%) patients showed 71-90% re-pigmentation. In 28 (57.1%), re-pigmentation was 51-70%. Eight (16.3%) patients showed no response. Thirteen patients were under study whereas 57 patients dropped out of the study.

Out of the 110 patients registered in Group III, 34 completed the study. Six (17.6%) patients showed 71-90% re-pigmentation. In 26 (76.5%), re-pigmentation was 51-70%. Two (5.9%) patients showed no response. Twenty-two patients were under study whereas 54 patients dropped out.

Preliminary screening of the coded drugs UNIM-044(O)+UNIM-044(L), UNIM-045(O)+UNIM-045(L), UNIM-046(O)+UNIM-046(L) and UNIM-047(O)+UNIM-047(L) with Munzij-Mushil therapy in Bars (Vitiligo) (CRIUM, Hyderabad)

Preliminary screening of coded drugs UNIM-044(O)+UNIM-044(L), UNIM-045(O)+UNIM-045(L), UNIM-046(O)+UNIM-046(L) and UNIM-047(O)+UNIM-047(L) with Munzij-Mushil therapy was conducted on 56 patients of Bars (Vitiligo). These patients were first subjected to Munzij/Mushil therapy followed by the treatment with the oral and local drugs. In Munzij/Mushil therapy, Munzij-e-Balgham was given followed by Mushil and Tabreed drugs. Munzij drug UNIM-MUNB was given in the form of decoction prepared from 35 gm of the drugs on empty stomach till Nuzj appeared in the urine followed by Mushil drug UNIM-041 and Tabreed drugs UNIM-042. After completion of the Munzij-Mushil therapy patients were treated with the oral drugs, UNIM-044(O), UNIM-045(O), UNIM-046(O), UNIM-047(O) in the dose of two capsules (500 mg each) twice daily along with the local application of the drug UNIM-044(L), UNIM-045(L), UNIM-046(L) and UNIM-047(L) in the respective group. The treatment was given for a period of three months excluding the Munzij-Mushil therapy period.

All the 56 patients were under study. These patients responded to the treatment even under the Munzij-Mushil therapy period.

NAR-E-FARSI (ECZEMA)

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

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 46 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 46 patients registered, 40 completed the study. Of them, 32 (80.0%) patients were completely relieved and eight (20.0%) partially relieved. Two patients were under study whereas four patients dropped out of the study.

Preliminary screening of a 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 24 chronic Nar-e-Farsi (Eczema) patients. The drug UNIM-416(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 24 patients registered, 20 completed the study. Of them, 16 (80.0%) patients were completely relieved and four (20.0%) partially relieved. Four patients dropped out of the study.

DAUS SADAF (PSORIASIS)

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

Preliminary screening of the coded drugs UNIM-401(O) and UNIM-403 (L) with and without Munzij and Mushil (MM) therapy in Daus Sadaf (Psoriasis) (CRIUM, Hyderabad and RRIUM, Srinagar)

Preliminary screening of the coded drugs UNIM-401(O) and UNIM-403 (L) was evaluated in two groups of Daus Sadaf (Psoriasis) patients, one treated with Munzij and Mushil (MM) therapy along with oral and local drugs and the other group with oral and local drugs only. This study was conducted on 86 patients of Daus Sadaf (Psoriasis) at CRIUM, Hyderabad and RRIUM, Srinagar. In the first 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 "Nuzi" 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 drugs for oral and 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 six months.

In Group-I, out of the 48 patients registered, 19 completed the study. Four (21.1%) patients were completely relieved, seven (36.8%) partially relieved whereas eight (42.1%) patients showed no response. Nineteen patients were under study whereas 10 patients dropped out of the study.

In Group-II, out of the 38 patients registered, 14 completed the study. One (7.1%) patient was completely relieved, eight (57.1%) partially relieved whereas five (35.8%) patients showed no response. Twelve patients were under study whereas 12 patients dropped out of the study.

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

Preliminary screening of a combination of the coded drugs UNIM-401(O) and 777(oil) was done in 16 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 16 patients registered, 11 completed the study. Three (27.3%) patients were completely relieved, six (54.5%) patient partially whereas two patient (18.2%) showed no response. Five patients dropped out of the study.

Clinical evaluation of a combination of the coded drugs UNIM-401(O) and 777(oil) in plaque psoriasis patients (RRIUM, Srinagar and CRU, Bhopal)

Therapeutic evaluation of a combination of the coded drugs UNIM-401(O) and 777(oil) was done in 33 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 33 patients registered, 23 completed the study. Eleven (47.8%) patients were completely relieved, 11 (47.8%) partially relieved whereas one (4.3%) patient showed no response. Three patient was under study whereas seven patients dropped out of the study.

Preliminary screening of a combination of the coded drug UNIM-401(O)+UNIM-403(L)+UNIM-777(O) in plaque psoriasis patients (CRU, Bengaluru)

Preliminary screening of combination of coded drugs UNIM-401(O)+UNIM-403(L) was done in 35 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 along with 777 oil on the affected parts at bed time. The treatment was given for a period of six months.

Out of the 35 patients registered, 12 completed the study. One (8.3%) patient was completely relieved, 10 (83.4%) patients were partially relieved whereas one (8.3%) patient showed no response. Twenty-one patients were under study where as two patients dropped out of the study.

JARB (SCABIES)

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

Comparative study of the coded drug UNIM-401(O)+ UNIM-403 (L) with Gama Benzine Hexachloride was conducted in 28 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 (500 mg) 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 six patient registered in Group-I, four completed the study. All the patients were completely relieved. Two patients dropped out of the study.

In Group-II, out of the 22 patients registered, 15 completed the study. Thirteen (86.7%) patients were completely relieved and two (13.3%) patients were relieved partially. Four patients were under study whereas three 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) and Iltehab-e-Kabid (Infective hepatitis) 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 in cases of Daul feel (Filariasis)(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 was compared in seven patients of acute lymphatic filariasis in two 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 after Nutool (wet fomentation) of the drug UNIM-271 as in Group-I. In each group the treatment was given for 60 days.

In Group-I, out of the three patients studied during reporting period, one completed the study, who was relieved partially. One patient is under study while one dropped out of the study.

In Group-II, out of the four patients studied during reporting period, two completed the study. Both the patients (100%) were partially relieved. One patient is under study while one dropped out of the 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 in cases of Daul Feel (Filariasis) (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 and Mushil therapy was compared in 56 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 "Nuzi" 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 12 patients registered, six completed the study. Three (50.0%) patients were completely relieved, two (33.3%) partially relieved whereas one (16.7%) patient showed no response. Five patients were under study whereas one patient dropped out of the study.

In Group-II, out of the 12 patients registered, seven completed the study. Five (71.4%) patients were completely relieved and two (28.6%) patients partially relieved. One patient was under study whereas four patients dropped out of the study.

In Group-III, out of the 17 patients registered, 11 completed the study. Seven (63.6%) patients were completely relived. One (9.1%) patient was partially relieved whereas three (27.3%) patients showed no response. Three patients were under study whereas three patients dropped out of the study.

In Group-IV, out of the 15 patients registered, eight completed the study. Six (75.0%) patients were completely relieved, one (12.5%) patient was partially relieved whereas one (12.5%) patient showed no response. Two patients were under study whereas five patients dropped out of the study.

Trial of coded drug UNIM-269+UNIM-270+UNIM-271+UNIM-272 in acute cases of Daul Feel (Filariasis) (RRIUM, Patna)

Therapeutic efficacy of the coded drugs UNIM-269+UNIM-270+UNIM-271+UNIM-272 was evaluated in 59 patients of Daul Feel (Filariasis) of < 5 years of duration. The patients were divided in two groups.

The drug UNIM-269 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 on the affected

parts at bed times. The drug UNIM-271 was used as Nutool at bed times. The treatment was given for a period of 90 days.

Out of the 59 patients registered, 41 completed the study. Twelve (29.3%) patients were completely relieved, 29 (70.7%) partially relieved. Six patients were under study whereas 12 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 evaluated in 13 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 the 13 patients registered, three completed the study. In these patients there was no significant change in the HBsAg levels after the treatment. One patient was under study whereas nine patients dropped out of the study.

Clinical trial of compound Unani coded drug UNIM-105 in Iltehab-e-Kabid Had (Infective hepatitis) (RRIUM, Chennai)

Therapeutic efficacy of the coded drug UNIM-105 was studied in patients of Iltehab-e-Kabid (Infective hepatitis). The drugs UNIM-105 was given in the dose of two tablets (500 mg each) twice daily for a period of one month.

Out of the 69 patients registered during reporting period, 53 completed the study. Out of these, 51 (96.2%) were relieved completely, two (3.8%) patients relieved partially while five patients referred to other hospitals. Eleven patients dropped out of the study.

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

Preliminary screening of the coded Unani drug UNIM-104 was carried out in cases of Hepatitis B carriers. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 180 days.

Out of the 27 patients studied during the reporting period, ten completed the study. These patients showed maintenance in the biochemical markers though no patient became negative for HBsAg. Four patients were under study whereas 13 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 Hepatitis-B positive patients. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 60 days.

Out of the six patients studied during reporting period, four 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 three patients. Two patients were dropped out of the study.

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

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

Only one case was registered in the study that remained under study till the end of reporting period.

Preliminary screening of UNIM-116 & UNIM-117 in acute Hepatitis-A positive patients (RRIUM, Chennai)

Preliminary screening of coded drug UNIM-116 & UNIM-117 was done in acute Hepatitis-A positive patients. The drug UNIM-116 was given in group I in the dose of 5 gm twice daily for a period of 60 days. The drug UNIM-117 was given in group II in the dose of 10 ml twice daily for a period of 30 days

Only one case was registered in Group I, who dropped out of the study.

Preliminary screening of UNIM-116 & UNIM-117 in acute Hepatitis-E positive patients (RRIUM, Chennai)

Preliminary screening of coded drug UNIM-116 & UNIM-117 was done in acute Hepatitis-E positive patients. The drug UNIM-116 was given in Group I in the dose of 5 gm twice daily for a period of 30 days. The drug UNIM-117 was given in Group II in the dose of 10 ml twice daily for a period of 30 days.

In Group I, out of the four patients studied during reporting period, two completed the study. Both the patients showed major improvement in their signs and symptoms but results will be calculated at the completion of sample size. Two patients were dropped out of the study.

In Group II, out of the nine patients studied during reporting period, eight completed the study. All eight patients showed major improvement in their signs and symptoms but results will be calculated at the completion of sample size. One patient 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 28 patients registered, 17 completed the study. All patients remained positive for HBsAg after completion of the treatment period and UNIM-115 maintained viral load of all the patients below detectable level. However, HBsAg clearing was recorded in one (5.9%) patient. Three patients were under study, whereas eight patients dropped out of the study.

Preliminary screening of the coded drugs UNIM-107 in Iltehab-e-Kabid (Infective hepatitis) (RRIUM, Mumbai)

Preliminary screening of the coded drugs UNIM-107 was done in patients of Iltehab-e-Kabid (Infective hepatitis). The drug was given in the dose of 10 ml thrice daily in syrup form for a period of two months.

Out of the 19 patients registered, 14 completed the trial. These patients were completely relieved. Two patients were under study whereas three patients dropped out of the study.

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

Comparative trial of UNIM-104 with a standard Unani drug UNIM-116 was done in two Hepatitis B positive patients of Iltehaab-e-Kabid (Infective hepatitis). 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, one case was registered and the patient dropped out of the study.

In Group II, one case was registered. The patient completed the study and showed no remission.

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

Comparative trial of UNIM-107 with a standard Unani drug UNIM-117 was done in three Hepatitis B positive patients of Iltehaab-e-Kabid (Infective hepatitis). 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, one case was registered and the patient dropped out of the study.

In Group II, out of the two cases registered, one completed the study and showed no remission whereas one patient 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, Chennai and RRIUM, Srinagar. Following studies were conducted during the reporting period.

Wajaul Mafasil (Rheumatoid Arthritis)

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

Therapeutic efficacy of the coded drugs UNIM-318+UNIM-319 was evaluated in 47 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 drugs were given for a period of four to six weeks or till the maximum

“Nuzi” 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 (500 mg each) 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 47 patients registered, 24 completed the study. Nine (37.5%) patients were completely relieved, nine (37.5%) patients were partially relieved whereas six (25.0%) showed no response. Fourteen patients were under study whereas nine patients dropped out from the study.

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

Preliminary screening clinical study of a combination of the coded drugs UNIM-314+UNIM-319 was evaluated with the Munzij and Mushil therapy in 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 “Nuzi” 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 (500 mg each) thrice daily along with the local application of oil UNIM-319 at bed times. The patients were also advised to take prescribed diet. The treatment was given for a period of 90 days after completion of Munzij and Mushil therapy.

Out of the 12 patients registered during reporting period, seven completed the study. Remarkable improvement was observed in all the cases in terms of clinical symptoms like swelling, tenderness, restricted movement, Early Morning Stiffness (EMS) and pain. Pathological and biochemical markers were maintained within normal limits. Two patients were under study whereas three patients dropped out of the study.

Evaluation of the therapeutic efficacy of the coded drugs UNIM-318+UNIM-319 in Wajaul Mafasil (Rheumatoid arthritis) (RRIUM, Srinagar)

Therapeutic efficacy of the coded drugs UNIM-318+UNIM-319 was evaluated in 15 patients of Waja-ul-Mafasil (Rheumatoid arthritis). The oral drug UNIM-318 was given in the dose of two capsules (500mg each) 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.

Out of the 15 patients registered, all patients completed the study, out of which nine (60.0%) patients were completely relieved and six (40.0%) patients relieved partially.

Tahajjur-e-Mafasil (Osteo-arthritis)

Multicentric preliminary screening of the coded drugs UNIM-318+UNIM-319 in Tahajjur-e-Mafasil (Osteo-arthritis) (CRIUM, Lucknow; RRIUM, New Delhi; RRIUM, Chennai and RRIUM, Srinagar)

Multicentric preliminary screening of the coded drugs UNIM-318+UNIM-319 was done 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 Takhalkhul-e-Izam (Osteoporosis) 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, 10 patients completed the study. Four (40.0%) patients showed good improvement, two (20.0%) partial improvement whereas four (40.0%) patients showed no response. Eleven patients were under study whereas eight patients dropped out of the study.

AMRAZ-E-DANDAN (DENTAL DISEASES)

WARM-E-LISSA (GINGIVITIS)

Preliminary screening of the coded Unani dental powders UNIM-851 and UNIM-852 in Warm-e-Lissa (Gingivitis) (CRIUM, Lucknow)

Therapeutic efficacy of the coded Unani dental powders UNIM-851 and UNIM-852 was evaluated in 19 patients of Warm-e-Lissa (Gingivitis) in two 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, drug UNIM-852 was applied as in Group-I. The patients were advised to use these powders for 30 days.

Out of the nine patients in Group-I, five completed the study. Four (80.0%) patients showed partial remission whereas one (20.0%) patient showed no response. Four patients dropped out of the study.

In Group-II, out of 10 patients, six completed the study. One (16.7%) patient showed complete remission, three (50.0%) patients showed partial remission whereas two (33.3%) patients showed no response. Four patients dropped out of the study.

ZAHAB-O-MAYIL ASNAN (TOOTH HYPERSENSITIVITY)

Evaluation of the therapeutic efficacy of the coded drug UNIM-855 in Zahab-o-Mayil Asnan (Tooth Hypersensitivity) (CRIUM, Lucknow)

Therapeutic efficacy of the coded Unani dental powders UNIM-855 was evaluated in 11 patients attending the OPD of CRIUM, Lucknow. The powdered drug UNIM-855 was applied on the gums and teeth early in the morning and at bed time for one month.

Out of the 11 patients registered, six completed the study. Four (66.7%) patients were completely relieved and two (33.3%) patients partially relieved. Five patients dropped out of the study.

MARZ-E-ANF (DISEASE OF NOSE)

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 coded drug UNIM- 054(O) and UNIM- 055 (V) with and without Munzij and Mushil (MM) therapy in Iltehab-e-Tajaweef-e-Anf (Sinusitis) (CRIUM, Hyderabad)

Therapeutic efficacy of the coded drugs UNIM- 054(O) and UNIM-055 (V) with and without Munzij and Mushil (MM) therapy in Iltehab-e-Tajaweef-e-Anf (Sinusitis) was evaluated in two groups of patients. In the first group, the patients were first subject to Munzij/Mushil therapy followed by treatment with the drug UNIM-054(O) and UNIM-055 (V) whereas in Group-II, the patients were given the drug UNIM-054(O) and UNIM-055 (V) only. In the Munzij/Mushil therapy, Munzij-e-Balgham was given. The Munzij drug was given in the form of decoction prepared from 35 gm of the drug till "Nuzi" appeared in the urine followed by Mushil and Tabreed drugs for three days alternately. After completion of the Munzij Mushil therapy the oral drug UNIM-054 was given in the dose of two capsules (500 mg each) twice daily for 90 days. Steam inhalation of the drug UNIM-055 was advised at bed time.

Out of the 37 patients registered, 18 patients completed the study in Group-I, three (16.7%) patients were cured, 12 (66.7%) relieved, two (11.1%) partially relieved whereas one (5.5%) patient showed no response. Seventeen patients dropped out, and two patients were under study.

In Group-II, out of the 13 patients registered, four completed the study. One (25.0%) patient was cured and three (75.0%) patients were relieved. Four patients were under study whereas five patients dropped out of the study.

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

Preliminary screening of the coded drug UNIM-054(O)+UNIM-055 (V) was conducted in 47 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) at bed time. The treatment was given for a period of two months.

Out of the 50 patients registered, 47 completed the study. Fourteen (29.8%) patients showed complete remission, 25 (53.2%) showed partial remission whereas eight (17.0%) patients showed no response. Three patients were under 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) in Ziabetus Sukkari (Diabetes mellitus) (CRIUM, Lucknow)

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

Out of the nine patients registered, four patients were under study, and five patients dropped out of the study.

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

Preliminary screening of the coded drug UNIM-220(G) as adjuvant therapy to allopathic anti-diabetic drug metformin was done in 15 patients of Ziabetus Sukkari (Non-insulin Dependent 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 six patients registered in Group-I, one patient showed complete control in the blood sugar level. One patient was under study. Four patients dropped out of the study.

In Group-II, out of the nine patients registered, four patients were under study and five patients dropped out of the study.

Preliminary screening of the coded drug UNIM-220(G) in Ziabetus Sukkari (Diabetes mellitus) (RRIUM, New Delhi)

Preliminary screening of the coded drug UNIM-220(G) was done in 56 patients of Ziabetus Sukkari (Non-insulin Dependent Diabetes mellitus). The drug UNIM-220(G) was given in the dose of 5 gm twice daily for a period of 180 days.

Out of the 56 patients registered, 28 completed the study. One (3.6%) patient showed complete control in the blood sugar level, 12 (42.9%) patients showed partial control whereas 15 (53.5%) patients showed no response. Nineteen patients were under study whereas nine patients dropped out of the study.

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

Preliminary screening of the coded drug UNIM-220(G) as adjuvant therapy to allopathic anti-diabetic drug metformin was done in 55 patients of Ziabetus Sukkari (Non-insulin Dependent Diabetes mellitus). The drug UNIM-220(G) 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 55 patients registered, 34 completed the study. Twelve (35.3%) patients showed complete control in the blood sugar level, 16 (47.1%) patients showed partial control whereas six (17.6%) patients showed no response. Eight patients were under study whereas 13 patients dropped out of the study.

SAMAN-E-MUFRIT (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 for developing Standard Operating Procedures (SOPs) for Munzij and Mushil (MM) therapy in eight patients of Saman-e-Mufrit (Obesity). Munzij-e-Balgham was given in these patients. Munzij drugs UNIM-MUNB was given in the form of decoction prepared from 35 gm of the drug till "Nuzi" appeared in the urine followed by Mushil drug UNIM-MUSB and Tabreed drug alternately for five days. After completion of Munzij-Mushil therapy, the drug UNIM-1201 was given in the dose of two capsules (500 mg each) twice daily along-with decoction of the coded drug UNIM-1202 prepared from 30 gm of the drug on empty stomach. The treatment was given for a period of six months. There was reduction in the weight of the patient.

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 in Kasrat-e-Shahmuddam (Hyperlipidemia) (CRIUM, Hyderabad)

Preliminary screening of coded drug UNIM-763 was conducted in nine patients of Kasrat-e-Shahmuddam (Hyperlipidemia) at CRIUM, Hyderabad. The coded drug UNIM-763 was given in the dose of two capsules (500 mg each) twice daily after meals for a period of 90 days.

Out of the nine patients registered, five completed the study. Three (60.0%) patients showed significant improvement in the clinical symptoms along with the reduction in the serum cholesterol, LDL and serum tryglyceride levels. In two (40.0%) patients though there was significant improvement in the clinical symptoms, but reduction in the serum cholesterol was not significant. Four patients dropped out from this study.

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

Evaluation of therapeutic efficacy of a combination of the coded drugs UNIM-754, UNIM-755, UNIM-756 and UNIM-757 in Muzmin Zubeh-e-Sadaria Sabit (Chronic Stable Angina) (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of the coded drugs UNIM-754, UNIM-755, UNIM-756 and UNIM-757 was evaluated in three 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 gms of 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 three patients studied, one (33.3%) showed good response and two (66.7%) fair response.

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 drugs 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 30 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 30 patients registered, 20 completed the study. Nine (45.0%) patients showed complete control in the blood pressure levels. In seven (35.0%) patients, there was partial control whereas four (20.0%) patients showed no response. Six patients were under study whereas four patients dropped out of the study.

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

TASHAHHUM-E-KABID (FATTY LIVER)

Preliminary screening of UNIM-104 in cases of Tashahhum-e-Kabid (Fatty Liver) (RRIUM, Chennai)

Preliminary screening of the coded drug UNIM-104 was done in patients of Tashahhum-e-Kabid (Fatty Liver). The drug UNIM-104 was given 5 gm twice daily in Majoon form for a period of 90 days.

Out of the six patients registered during reporting period, four completed the study. Out of the four cases who completed the study, two (50%) were relieved partially and two (50%) patients were not relieved. One patient was under study whereas one patient dropped out from the study.

AMRAZ-E-TANAFUS (RESPIRATORY DISEASES)

ILTEHAB-E-SHOABTURRIYAH (BRONCHITIS)

Preliminary screening of the coded drug UNIM-359 in Iltehab-e-Shoabtur Riyah (Bronchitis) (CRU, Burhanpur)

Preliminary screening of the coded drug UNIM-359 was conducted on 19 patients of Iltehab-e-Shoabtur riyah (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 19 patients registered, 17 (89.5%) showed complete remission whereas two (10.5%) patients showed no response. These patients showed significant improvement in different signs and symptoms after completion of the treatment.

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

Clinical trial of coded Unani drug UNIM-875 as galactagogue was conducted at the extension centre of CRIUM, Hyderabad at Government Nizamiah Tibbi College & General Hospital, Hyderabad on nine patients. Four capsules (500 mg each) of Unani coded drug UNIM-875 were given in divided doses with milk in lactating mothers with scanty milk secretion. During the reporting period, nine subjects were studied. Out of these two completed the study. In these subjects there was increase in the milk secretion. Seven patients dropped out of the study.

Patenting of Drugs

During the reporting period, based on the clinical studies conducted at different centres, the Council was awarded six patents. These included one drug each for Nazfuddam (Epistaxis), Humma (Pyrexia), Nazla (Coryza), Qabz (Constipation) and two drugs for Waja-ul-Mafasil (Rheumatoid arthritis).

Validation of Unani Pharmacopoeial Drugs

During the reporting period, the Council started the programme of validating the safety and efficacy of pharmacopoeial drugs in different disease conditions at its centres. Twenty-five pharmacopoeial drugs were identified for study in 10 disease conditions. The following studies were undertaken.

Validation of pharmacopoeial drug Sharbat-e-Faulad in So-ul-Qiniya (anaemia) patients (CRIUM, Lucknow; RRIUM, Aligarh and RRIUM, New Delhi)

A study on validation of pharmacopoeial drug Sharbat-e-Faulad in So-ul-Qiniya (anaemia) was carried out at CRIUM, Lucknow; RRIUM, Aligarh and RRIUM, New Delhi. The subjects received Sharbat-e-Faulad in the dose of 12 ml twice daily after meals for 12 weeks.

During the reporting period, 107 cases were registered. Out of these, 55 cases completed the study. Out of the 55 completed cases, 24 (43.6%) cases were relieved, 27(49.1%) were partially relieved and four (7.3%) showed no relief. Eighteen cases were under study and 34 dropped out from the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Arq-e-Qasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in Warm-e-Kabid (hepatitis) patients (RRIUM, Mumbai and RRIUM, Kolkata)

A study on validation of pharmacopoeial drugs Arq-e-Qasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in Warm-e-Kabid was carried out at RRIUM, Mumbai and Kolkata. The subjects received Arq-e-Qasni 20 ml once a day Arq-e-Mako 20 ml once a day and Sharbat-e- Bazoori Motadil 20 ml twice a day for 8 weeks.

During the reporting period 33 cases were registered and all the cases completed the study. Of them, nine (27.3%) cases were relieved, 23(69.7%) were partially relieved and one (3.0%) case showed no relief. There were no dropouts in this study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Jawarish Amla and Habb-e-Papita in Kasrat-e-Ratubat-e-Hamoozi (Hyperacidity) patients (RRIUM, Srinagar; RRIUM, Aligarh and RRIUM, Patna)

A study on validation of pharmacopoeial drugs Jawarish Amla and Habb-e-Papita in Kasrat-e-Ratubat-e-Hamoozi (Hyperacidity) was carried out at RRIUM, Srinagar, Aligarh and Patna. The subjects received Jawarish Amla 10 gm twice daily in the morning and in the evening and Habb-e-Papita two pills twice daily after meals

During the reporting period, 91 cases were registered. Out of these, 62 cases completed the study. Of them, 32 (51.6%) cases were relieved, 30 (48.4%) were partially relieved and 29 cases dropped out of the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil, Marham Saeeda Chob Neem Wala in Bawaseer-e-Damviya (Haemorrhoids) patients (RRIUM, New Delhi; RRIUM, Bhadrak and RRIUM, Kolkata)

A study on validation of pharmacopoeial drugs Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil was carried out at RRIUM, New Delhi, Bhadrak and Kolkata in Bawaseer-e-Damviya (Haemorrhoids). The subjects received Habb-e-Rasaut and Habb-e-Muqil orally in the dose of two tablets (500 mg each) twice daily. Majoon Muqil was given orally in the dose of 10 gm once daily. Marham Saeeda Chob Neem Wala was applied locally before and after each defaecation on the anal verge. The duration of treatment was 42 days.

During the reporting period, 71 cases were registered, out of these 44 cases completed the study. Of them, 23 (52.3%) cases were relieved, 19 (43.2%) cases were partially relieved and two (4.5%) cases showed no relief. Thirteen cases were under study and 14 cases dropped out from the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Majoon Ushba and Arq Murakkab Musaffi Khoon in Busoor-e-Jild (Boils and Pustules) patients (RRIUM, Bhadrak; RRCUM, Allahabad; CRU, Bengaluru and CRU, Burhanpur)

A study on validation of pharmacopoeial drugs Majoon Ushba and Arq Murakkab Musaffi Khoon was carried out at RRIUM, Bhadrak; RRCUM, Allahabad; CRU, Bengaluru and CRU, Burhanpur. The subjects received Majoon Ushba 12 gm daily and Arq Murakkab Musaffi Khoon in the dose of 25 ml twice daily. The duration of treatment was 42 days.

During the reporting period, 134 cases were registered. Out of these, 105 cases completed the study. Of them, 45 (42.9%) cases were relieved, 37 (35.2%) were partially relieved and 23 (21.9%) showed no relief. Ten cases were under study and 19 cases dropped out from the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Safoof-e-Mughalliz-e-Mani Majoon Arad-e-Khurma and Hab-e-Akseer-e-Shifa in Sura'at Inzaal (Pre-mature Ejaculation) patients (RRIUM, Bhadrak; RRCUM, Allahabad; CRU, Bengaluru and CRU, Burhanpur)

A study on validation of pharmacopoeial drugs Safoof-e-Mughalliz-e-Mani, Majoon Arad-e-Khurma and Hab-e-Akseer-e-Shifa was carried out at RRIUM, Bhadrak, RRCUM, Allahabad,

CRU, Bengaluru and CRU, Burhanpur. The subjects received Safoof-e-Mughalliz-e-Mani seven gm once a day, Majoon Arad-e-Khurma 10 gm once a day and Habb-e-Akseer-e-Shifa one tablet (125 mg each) once a day for six weeks.

During the reporting period 100 cases were registered. Out of these, 94 cases completed the study, Of them, 39 (41.5%) cases were relieved, 45 (47.9%) were partially relieved and 10 (10.6%) showed no relief. Six cases dropped out from the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Majoon Suranjan, Safoof Suranjan and Roghan Suranjan in Waja-ul-Mafasil (Arthritis) patients (RRIUM, Chennai; RRIUM, Patna and RRCUM, Karimganj)

A study on validation of pharmacopoeial drugs Majoon Suranjan and Safoof Suranjan given orally and Roghan Suranjan applied locally was carried out at RRIUM, Chennai; RRIUM, Patna, and RRCUM, Karimganj. The subjects received Majoon Suranjan seven gm. twice daily orally, Safoof Suranjan 6 gm twice daily with plain water orally, and Roghan Suranjan for local application. The duration of the treatment was 12 weeks.

During the reporting period 73 cases were registered. Out of these, 35 cases completed the study, Of them, 3 (8.6%) cases were cured, 21 (65.6%) cases were relieved, ten (28.6%) were partially relieved and one (3.4%) case showed no relief. Twenty-eight cases were under study and ten cases dropped out from the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drug Tiryaq-e-Pechish in Zaheer (Dysentery) patients (RRIUM, New Delhi and CRU, Meerut)

A study on validation of pharmacopoeial drug Tiryaq-e-Pechish was carried out at CRU, Meerut. The subjects received Tiryaq e pechish five gm twice daily for one week.

During the reporting period 30 cases were registered, all cases completed the study. Of them, 16 (53.3%) cases were relieved, 12 (40.0%) were partially relieved and two (6.7%) showed No Relief. There were no dropouts in the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drug Majoon Nisyan in Nisyan (Dementia) patients (CRIUM, Hyderabad; RRIUM, Chennai and RRIUM, Mumbai)

A study on validation of pharmacopoeial drug Majoon Nisyan was carried out at CRIUM Hyderabad; RRIUM, Chennai and RRIUM, Mumbai. The subjects received Majoon Nisyan 7 gm once a day for a period of 90 days.

During the reporting period, 76 cases were registered. Out of these 32 cases completed the study, Of them, eight (25.0%) cases were relieved, 20 (62.5%) were partially relieved and four (12.5%) showed no relief. Thirty-seven cases were under study and seven cases dropped out of the study.

Validation of pharmacopoeial drugs Majoon Falasfa and Majoon Masikul Baul in Zof-e-Masana (Over Active Bladder) patients (CRIUM, Hyderabad; CRIUM, Lucknow and RRIUM, Srinagar)

A study on validation of pharmacopoeial drugs Majoon Falasfa and Majoon Masikul Baul in Zof-e-Masana (Over Active Bladder) patients was carried out at CRIUM, Hyderabad; CRIUM, Lucknow and RRIUM, Srinagar. The subjects received Majoon Falasfa and Majoon Masikul Baul in the doses of 7 gm each for 12 weeks daily in the morning.

During the reporting period, 89 cases were registered. Out of these, 16 cases completed the study. Of them, two (12.5%) cases were relieved, 13 (81.2%) were partially relieved and one (6.3%) case showed no relief. Seventy-two cases dropped out from the study, one case was under study. The test drug was found well tolerated and no adverse effect was observed.

Validation of pharmacopoeial drugs Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in Zof-e-Masana (Over Active Bladder) patients (CRIUM, Hyderabad; CRIUM, Lucknow and RRIUM, Srinagar)

A study on validation of pharmacopoeial drugs Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in Zof-e-Masana (Over Active Bladder) patients was carried out at CRIUM, Hyderabad, RRIUM, Chennai and RRIUM, Mumbai. The subjects received Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan were given in a dose of 7 gm once a day, 7 gm twice a day and 20 ml twice a day, respectively for a period of 12 weeks.

During the reporting period, 29 cases were registered. Out of these, two cases completed the study and were partially relieved, 15 cases were under study and 12 cases dropped out of the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of Regimenal Therapies

Apart from the simple physical and clinical methods to treat the diseases, Unani Medicine also offers regimenal therapies such as Hijamat (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) and Hijamat (Cupping) 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 Hijamat (Cupping) and Ta'leeq (Leeching) was done.

Experimental Validation of Hijamat (Cupping) in Waja-ul Mafasil (Rheumatoid Arthritis) patients (RRIUM, Srinagar)

During the reporting period, experimental validation of Hajamat (Cupping) was done in Waja-ul-Mafasil (Rheumatoid arthritis) patients. The study was conducted on 64 patients at RRIUM, Srinagar. These patients were of chronic nature having involvement of multiple joints. Three consecutive applications of cupping were done at regular intervals.

Out of the 64 patients studied, 47 (73.4%) were relieved, 12 (18.8%) partially relieved whereas five (7.8%) patients showed no response. In these patients, there was significant reduction in the severity of pain, tenderness and swelling. This therapy was found effective in diverting the

morbid material from the affected joints thus reducing tenderness, swelling and relieving the patient. The therapy was also found 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, 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 12 patients studied in Zaghtuddam Qawi (Essential Hypertension), two (16.7%) patients were relieved, seven (58.3%) partially relieved and three (25.0%) patients showed no response. In Varicose Veins, out of the 16 patients studied, all the patients completed this study. Out of them eight (50.0%) showed major improvement, four (25.0%) minor improvement and four (25.0%) patients showed no response.

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 with different temperaments and establishing scientifically the correlation between them.

During the reporting period assessment of temperament of 3119 patients attending the OPD of CRIUM, Hyderabad was done. These included 2966 patients of Bars (Vitiligo), 47 of Iltehab-e-Tajaweef-e-Anf (Sinusitis), two of Muzmin Zubeh-e-Sadariya Sabit (chronic stable angina), six of Kasrat-e-Shahmuddam (hyperlipidemia), 51 of Daus Sadaf (Psoriasis), 03 of Hepatitis-B, 13 of Nisyan (Amnesia) and 31 under Zof-e-masana (over active bladder). In these patients, susceptibility to diseases in relation to the different temperaments was studied. An interim analysis of data revealed that patients of Balghami (Phlegmatic) temperament were more susceptible to Bars (Vitiligo) followed by those of Damavi (Sanguine), Safravi (Bilious) and Saudavi (melancholic) temperament. Similarly, persons of Balghami (Phlegmatic) temperament were most susceptible to Iltehab-e-Tajaweef-e-Anf (Sinusitis) followed by Damavi (Sanguine) temperament. 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 was continued at Central Research Institutes of Unani Medicine (CRIUM), Hyderabad; CRIUM, Lucknow; Regional Research Institutes of Unani Medicine (RRIUM), Chennai; RRIUM, Bhadrak; RRIUM, Patna; RRIUM, Aligarh; RRIUM, Mumbai; RRIUM, New Delhi and RRIUM, Srinagar; Regional Research Centre of Unani Medicine (RRCUM), Allahabad and Clinical Research Unit (CRU) Burhanpur. During the reporting 30 pockets were covered and a total of 15120 patients were treated. These patients were treated with Unani pharmacopoeial drugs. Besides, health awareness programme also continued at these centres by organizing health lectures on preventive and promotive health aspects based on Unani principles.

RESEARCH-ORIENTED HEALTH CARE

General Out-Patient Department (GOPD) Programme

The objective of the GOPD programme is to provide treatment to the patients desirous of taking Unani treatment for common and chronic ailments. This programme is also aimed at validating the efficacy of some pharmacopoeial drugs in different disease conditions besides getting feedback for research. During the reporting period, this programme continued at Central Research Institutes of Unani Medicine (CRIUM), Hyderabad, Lucknow; Regional Research Institutes of Unani Medicine (RRIUM) Chennai, Bhadrak, Patna, Aligarh, Mumbai, Srinagar, Kolkata and New Delhi; Regional Research Centres of Unani medicine, Allahabad and Silchar (with an extension at Karimganj), Clinical Research Units, Bengaluru, Bhopal, Burhanpur, Meerut, Kurnool and Edathala and Clinical Research Pilot Project, Manipur. During the reporting period a total of 195320 new patients were treated at different centres. Significant therapeutic response of Unani pharmacopoeial drugs was observed in different disease conditions.

3.1.2.4 LITERARY RESEARCH PROGRAMME

During the reporting period, Urdu translation of an important classical book *Muheet-e Azam Volume-I* (Persian) was completed. Besides Urdu translation of another classical book *Tazkirat Uli al-Albab Volume-II* (Arabic) was also completed. Work on Urdu translation of Persian books *Muheet-i Azam Volume II* and *Iksir-i-Azam Volume II* was in progress. Under the programme of reprinting of out-of-print books, two Unani classical books *Tarikh al-Hukama* and *Jarahiyat-e-Zahrawi* were edited and published.

During the reporting period, a project on preparation of document on *Standard Unani Medicine Terminology* was completed with the financial assistance provided by the WHO. The document comprising of 4028 standard Unani terms was compiled and published.

Unani standard treatment guidelines for 48 diseases were prepared.

Under the Programme of digitization of Tibbi Manuscripts, 24 manuscripts available in the Council's headquarters library were digitized during the reporting period. Besides, review and

vetting of a multilingual Dictionary of Single Drugs of Unani Medicine named as *Qamoos Asma-al Advia* were completed.

3.2 EXTRAMURAL RESEARCH

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

1. Development of Research and Development (R & D) based AYUSH Drugs for prioritized diseases;
2. To generate data on safety, standardization and quality control for AYUSH products and practices;
3. To develop evidence-based support on the efficacy of AYUSH drugs and therapies;
4. To encourage research on classical texts and investigate fundamental principles of AYUSH Systems;
5. 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;
6. To develop AYUSH products having Intellectual Property Rights (IPR) potential for increasing AYUSH exports;
7. To develop potential Human Resource in AYUSH systems, especially to inculcate scientific aptitude and expertise relating to AYUSH systems;
8. To develop joint research venture among the AYUSH Department and other Organizations/Institutes.

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

The following EMR projects continued during the reporting period.

S. No.	Title of the Project	Institution
1.	Anti-leishmanial activity of Unani drugs against <i>Leishmania donovani</i> in vitro and in vivo	Department of Toxicology & Elementology, 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 Tibbiya College, Aligarh Muslim University, Aligarh.

S. No.	Title of the Project	Institution
3.	Therapeutic and prophylactic potential of herbal drug in protection of 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.	Department of Ilmul Jarahat, Faculty of Medicine (Unani), Jamia Hamdard, New Delhi
5.	Scientific validation of Mizaj-e-Advia (Temperament of Drugs)	Department of Kuliyat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
6.	Evaluation of Anti diabetic compounds from Cyano bacteria.	Department of Biosciences, Jamia Millia Islamia, New Delhi
7.	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 Tibbiya College, Aligarh Muslim University, Aligarh
8.	Studies on the prevention of Parkinson's disease by some Unani drugs in animals.	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi
9.	Clinical trial of a Unani formulation in the patients of Menorrhagia in reproductive age group.	Department of Qabalat-wa-Amraz-e-Niswan, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
10.	A comparative study of new Unani formulation with Majoon Suranjan against Arthritis.	Department of Toxicology and Elementology, Jamia Hamdard, New Delhi.
11.	Protective effects of Unani drugs against Liver toxicity.	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi
12.	Isolation and purification of active compounds with anti-leishmanial activity of Unani medicinal plants.	Department of Clinical Microbiology, All India Institute of Medical Sciences, New Delhi
13.	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.
14.	Analysis of efficacy of <i>in vitro</i> raised plant (<i>Catharanthus roseus</i>) extracts in protecting chemically-induced carcinogenesis in model rat.	Department of Botany, Faculty of Science, Jamia Hamdard, New Delhi
15.	Spermatozoa DNA damage in infertile males: Protective effect of unani preparation.	Department of Biochemistry, Chhatrapati Shahuji Maharaj Medical University, Lucknow
16.	Clinical efficacy of Unani polyherbal formulation in <i>Helicobacter pylori</i> positive antral gastritis (Warm-e-Meda)- A controlled study.	Department of Ilmul Jarahat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
17.	Single blind randomized controlled clinical trial of Unani formulation in cholasma/melasma.	Department of Ilmul Advia, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh



S. No.	Title of the Project	Institution
18.	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
19.	Therapeutic efficacy and safety evaluation of selected Unani drugs in the treatment of Rheumatoid Arthritis: an experimental study.	Department of Biochemistry, University College of Medical Sciences & Guru Tegh Bahadur Hospital, Delhi
20.	Screening of Anticancer potential of Indian medicinal plants.	Department of Biosciences, Jamia Millia Islamia, New Delhi
21.	To study the bronchodilator and anti-inflammatory property of <i>Nigella sativa</i> in patients of Bronchial Asthma.	Department of TB & Chest Medicine, Jawahar Lal Nehru Medical College, Aligarh Muslim University, Aligarh
22.	Pharmacological evaluation and safety profile of Unani antioxidant and hepatoprotective drugs.	Faculty of Pharmacy, Jamia Hamdard, New Delhi
23.	Translation, Editing and Collation of Al Qanoon fil Tib.	Department of Kuliyat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
24.	Phytochemical screening and anti-hyperlipidemic evaluation of some medicinal plants from Kashmir (Himalaya).	Department of Pharmaceutical Sciences, University of Kashmir, Hazratbal, Srinager
25.	Comparative evaluation and synergism in hypoglycemic activity of <i>Cichorium intybus</i> Linn. and <i>Sweritia Chirata</i> Buch.	MCE Society's Allana College of Pharmacy, Hidayatullah Road, Azam Campus Camp, Pune
26.	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
27.	Genotyping of Unani system based temperament (Mizaj) groups by RAPD fingerprinting.	Department of Zoology, Faculty of Science, Aligarh Muslim University, Aligarh
28.	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, V. P. Chest Institute, University of Delhi, Delhi
29.	Applicability and cost-effectiveness of LAMP based technology as a tool for the authentication of medicinal plants.	Department of Ilmu Advia, Faculty of Medicine, Jamia Hamdard, New Delhi.
30.	Preparation of electronic herbarium and digital database of the medicinal plants of Unani formulations.	Department of Botany, Faculty of Science, Jamia Hamdard, New Delhi
31.	Classical methods of Tadbeer (Detoxification) of toxic Unani drugs and their comparative chemical analysis.	Department of Ilmu Advia, Jamia Hamdard, New Delhi
32.	Identification of effective products of Unani medicine through innovative analysis.	Indian Council for Medical Research, Ansari Nagar, New Delhi

EMR PROJECTS COMPLETED DURING 2011-12

During the reporting period five EMR projects were completed. The findings of these projects are as follows;

Title of the Project	:	Development and evaluation of sugar free capsule dosage form of some Khamiras used in cardiac disorders.
Institution	:	Faculty of Pharmacy, Jamia Hamdard, New Delhi
Summary	:	Sugar free capsule of Khamiras (Khamira Marwarid and Khamira Abresham Arshadwala) were prepared by standardized protocol omitting sugar from formulation. The freeze dried powder of arqiyats and liquids were used for preparation of capsules. The dose of the capsules were decided as per the single dose of sugar based formulation including extracts and freeze dried powder of arqiyat in single dose. The quality control parameters for capsule dosage form like appearance, dimensions of body, total length, average empty weight, average filled weight of capsules with other parameters like LOD, moisture content, total ash value, acid insoluble ash, water soluble ash, pH, etc. were determined as per standard protocol. Preliminary phytochemical screening, assay of constituents like phenolics, flavonoids, carbohydrates, etc. and fingerprinting like HPTLC and HPLC were carried out and compared with sugar based formulation. Test for aflatoxins, pesticides and all elemental analysis were also carried out. The HPTLC fingerprinting of chloroform extract and hydrolysed single dose of Khamiras and sugar free dosage forms show that the formulation prepared omitting sugar are chemically similar to those of sugar based Khamiras and can be used in diabetic patients as an alternative to these Khamiras. The following publication was based on the project: Sayeed Amad, et al, (2010), Khamira, a natural cardi tonic: An overview, Journal of Pharmacy and Bioallied Sciences, 2 (2), 93-99.
Title of the Project	:	Development and evaluation of a novel neon emulsion gel for a Topical anti- Rheumatic Unani formulation.



Institution : Faculty of Pharmacy, Jamia Hamdard, New Delhi

Summary : The study showed that the histological evaluation of the 3% chamomile oil containing microemulsion gel MEG2 revealed cellular infiltration though lesser than Unani formulation. The synovial epithelium hyperplasia was less as compared to control. The Unani formulation was ineffective in controlling the signs of arthritis as evident from the histological sections. Marked cellular infiltration and severe synovial hyperplasia could be seen. Thus from the above finding it can be concluded that chamomile containing microemulsion gel could control the progression of arthritis though not as effective as the standard marketed formulation. From the result it can be further concluded that chamomile possesses anti-arthritic potentials and can be effectively used.

Title of the Project : Screening and Scientific evaluation of hypoglycemic effects of some Unani drugs in Streptozotocin-induced diabetic rats.

Institution : Department of Pharmacology, All India Institute of Medical Sciences, New Delhi

Summary : Extensive literature is available on variety of antidiabetic drugs from Unani system of medicine, which are used clinically but without any scientific validation. The present study investigated the hypoglycemic effects of three coded Unani drugs viz. ZS-1, ZS-9 and ZZ using wide array of parameters like plasma glucose, plasma insulin and histopathological studies of pancreas. Additionally, histopathology of liver and kidney were also carried out. Induction of diabetes was done by administering Streptozotocin (50 mg/kg in cold citrate buffer, pH 4.5) to Wistar rats. Plasma glucose and plasma insulin levels were evaluated on 3rd day to confirm diabetes induction and on 18th day post STZ injection in diabetic control group and compared with vehicle treated group. Drug treatment was started in STZ induced diabetic rats with plasma glucose levels >250 mg/dl and given for 15 days through oral route after confirmation

- : of diabetes induction. All the three coded Unani drugs were administered in a dose range manner with use of three doses of each drug in diabetic rats viz. ZS-1 (400, 800 and 1600 mg/kg/day); ZS-9 (600, 1200 and 2400 mg/kg/day); ZZ (750, 1500 and 3000 mg/kg/day), respectively. Drug treatment significantly improved plasma glucose and insulin level with maximum hypoglycemic effect observed in ZS-1 1600 mg/kg, ZS-9 2400 mg/kg and ZZ 1500 mg/kg groups. Pancreas histopathologically also revealed maximum protection of beta cell in these groups. Additionally, the inflammatory and edematous changes observed in diabetic group were prevented by all the drugs at all the doses. The present study provided adequate scientific proof for the hypoglycemic activities of these coded Unani drugs, which advocates its use as a treatment for diabetes.
- Title of the Project** : Screening and purification of plant extracts used in Unani system of medicine against microbial flora of oral cavity: antimicrobial and carcinogenic activity.
- Institution** : Interdisciplinary Biotechnology Unit, Aligarh Muslim University, Aligarh
- Summary** : This study was conducted to evaluate the effect of the selected plants' extracts and their active fractions on the virulence properties of streptococcus mutans in vitro as well as in vivo and their antimicrobial activity against multi drug resistant bacteria and fungus. Leaves of Vilayati Babool, seeds of Ajwain, Adrak khusk/Sonth, Kalonji and Methi were the drugs selected for the study. This study revealed that in low concentration the ethanolic extracts of Vilayati Babool, Ajwain, Adrak Khusk, Kalonji and Methi have very good antibacterial activities against Streptococcus mutans. The study also revealed that different extracts of these drugs can be used in different forms to remove dental plaques and to reduce the biofilm of the Streptococcus mutans. These drugs can be used in tooth paste and tooth powders to prevent dental caries.



Title of the project	:	Evaluation and standardization of Unani medicines as metabolic interceptors of epileptogenesis for the treatment of epilepsy.
Institution	:	Department of Pharmaceutics, Faculty of Pharmacy, Jamia Hamdard, New Delhi
Summary	:	<p>In the present study, the efficacy of <i>Delphinium denudatum</i>/<i>Paenia emodi</i>/<i>Lavendula stoechas</i>/<i>Commiphora opobalsamum</i> extracts prepared using phospholipid complex followed by its microsizing and pure aqueous fraction were compared by examining anti-convulsant activity through PTZ and ICES test, anti-anxiety activity by elevated plus maze and anti-depressant activity by forced swimming test. Neurotoxicity studies of the prepared phospholipid aqueous fraction were evaluated by using rota rod test. Significantly better results of the prepared DDMP were found as compared to pure aqueous fraction. These results suggest greater absorption of active components of <i>Delphinium denudatum</i> aqueous fraction prepared using the phypholipids complexion combining with microsizing technique. Prepared formulation did not show any sign of neurotoxicity at higher dose level too. Prepared DDMP was standardized and examined for any qualitative alteration of the photoconstituent profile of the fraction which did not show any alteration as evidenced by HPTLC fingerprinting. The result suggests significance enhancement in the bioactivities at lower doses too.</p>

3.3 COLLABORATIVE RESEARCH

3.3.1 COLLABORATIVE PRECLINICAL STUDIES

During the reporting period, the following studies were conducted in collaboration with other medical institutions.

Safety evaluation of the coded Unani formulation UNIM-301 at Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), New Delhi

A study on the coded Unani formulation UNIM-301 was done at Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), New Delhi to evaluate the safety of the drug. Unani formulation UNIM-301 in the dose of 2000 mg/kg and 5000 mg/kg body weight did not produce mortality on Wistar rats after 14 days. Therefore, LD 50 of UNIM-301 was found to be more than 5000 mg/kg body weight. Animals did not show any significant change in body weight and behaviour even after repeated dose for 28 days. There were statistically significant changes in rota rod test and grip test. There were changes in haematological parameters at the end of treatment in test groups, which included increase in clotting time, reduction in RBC count, haemoglobin level, white blood cell, platelet count, ALT and AST levels, but these changes were within physiological limits. No histo-pathological change was recorded in kidney, heart, liver, testes and ovary, and serum creatinine level remained unchanged. Similarly, oral administration of hydro-alcoholic extract of UNIM-301 at 2000 mg/kg body weight does not produce mortality even after 14 days. Therefore, LD-50 of hydro-alcoholic extract of UNIM-301 was found to be more than 2000 mg/kg body weight. During sub-acute study of hydro-alcoholic extract, there was significant change in body weight in test group. No abnormal behavioural changes were observed.

Safety evaluation of the coded Unani formulation UNIM-304 at Department of Pharmacology, AIIMS, New Delhi

Studies on the coded Unani drug UNIM-304 were done in the Department of Pharmacology, AIIMS, New Delhi to evaluate the safety of the drug for acute dermal toxicity in rats. UNIM-304 was applied locally according to the body weight determined on the day of treatment. The test compound was moistened with water and applied on 1" x 1" area of intact and abraded skin sites. A hydrophilic gauze pad was then applied to the skin. After 24 hours, the dressing and unabsorbed test compound was removed, and site of application was washed with lukewarm water. No erythema and oedema were observed in test drug group. To observe mucous membrane toxicity in male rabbits, a single dose of 0.1 ml of UNIM-304 was instilled into conjunctival sac of the left eyes and the eyes were examined approximately at 1, 24, 48 and 72 hours after administration of the test compound, respectively. UNIM-304 did not show any apparent clinical abnormal sign and symptom in rabbits.

Safety evaluation of the coded Unani formulation UNIM-004 at Department of Pharmacology, AIIMS, New Delhi

Safety evaluation of the coded Unani formulation UNIM-004 was carried out in the Department of Pharmacology, AIIMS, New Delhi. Unani formulation UNIM-004 at the dose of 2000 mg/kg body weight and 5000 mg/kg body weight did not produce mortality even after 14 days of treatment. Therefore, LD 50 of UNIM-004 was found to be more than 5000 mg/kg

body weight. None of the animals showed significant changes in body weight and behaviour after repeated dose upto 28 days and 90 days of the study. There was no significant change observed in rota rod test and grip test. There were statistical changes in haematological parameters at the end of treatment in test group, which included increase in clotting time, reduction in RBC count, haemoglobin level, white blood cell, platelet count, ALT and AST levels, but these changes were within physiological limits. No histo-pathological change was recorded in kidney, heart, liver, testes and ovary, and serum creatinine level remained unchanged.

Safety evaluation of the coded Unani formulation UNIM-005 at Department of Pharmacology, AIIMS, New Delhi

Studies of the coded Unani formulation UNIM-005 were conducted in the Department of Pharmacology, AIIMS, New Delhi to evaluate the safety of the drug for acute dermal toxicity in rats. UNIM-304 was applied locally according to the body weight determined on the day of treatment. The test compound was moistened with water and applied on 1" x 1" area of intact and abraded skin sites. A hydrophilic gauze pad was then applied to the skin. After 24 hours, the dressing and unabsorbed test compound was removed and site of application was washed with lukewarm water. No erythema and oedema were observed in test drug group. To observe mucous membrane toxicity in male rabbits, a single dose of 0.1 ml of UNIM-005 was instilled into conjunctival sac of the left eye and then examined at 1, 24, 48 and 72 hours after administration of the test compound. UNIM-005 did not show any apparent clinical abnormal sign and symptom in rabbits.

Safety evaluation of the coded Unani formulation UNIM-105 at Department of Bio-Chemistry, Chhatrapati Shahuji Maharaj Medical University (CSMMU), Lucknow, Uttar Pradesh

A study on the coded Unani formulation UNIM-105 was conducted in the Department of Bio-Chemistry, Chhatrapati Shahuji Maharaj Medical University (CSMMU), Lucknow to evaluate the safety of the drug. UNIM-105 in the dose of 2000 mg/kg did not show any significant change in body weight, salivation, skin condition and respiration in Wistar rats after 14 days of treatment. UNIM-105 caused significant decrease in weight of liver and stomach, respectively. The study also revealed that UNIM-105 at selected dose levels of 500, 1000 and 1500 mg/kg body weight may produce no adverse effect in studies for 28 days, and no remarkable change in general condition and behavioural profile was noticed. Female rats have shown decrease in their performance on rota rod test during motor coordination at doses of 1000 and 1500 mg/kg body weight for 28 days along with decrease in alkaline phosphatase, total bilirubin and AST. Animals showed decrease in body weight with no change in general condition after 90 days. There was also decrease in locomotion and motor coordination activity, and alkaline phosphatase, total bilirubin, and AST level in female rats compared to male rats with UNIM-105 at doses of 1000 and 1500 mg/kg body weight. No adverse effect on bio-chemical parameter was noticed except for slight increase in blood glucose level in both sexes. Significant decrease in the weight of stomach and ovary was observed in female rats.

Safety evaluation of coded Unani formulation UNIM-115 at Department of Bio-Chemistry, CSMMU, Lucknow, Uttar Pradesh

A study on coded Unani formulation UNIM-115 was conducted at Department of Bio-Chemistry, CSMMU, Lucknow to evaluate the safety of the drug. UNIM-115 in the dose of 2000 mg/kg

body weight did not show any significant change in body weight, salivation, skin condition and respiration in Wistar rats after 14 days of treatment. However, significant decrease in the weight of stomach, spleen and heart was observed. Maximum decrease in the spontaneous locomotion activity (44%) and motor coordination (27%) was recorded. The study also revealed that UNIM-115 at selected dose levels of 500, 1000 and 1500 mg/kg body weight did not produce any adverse effect even after 28 days of treatment, and no remarkable change in general condition and behavioural profile was noticed. Female rats showed decrease in their performance on rota rod test during motor coordination along with decrease in alkaline phosphatase, total bilirubin and AST. Animals showed decrease in body weight with no change in general condition after 90 days of treatment. There was also decrease in locomotion and motor coordination activity, and alkaline phosphatase, total bilirubin, AST level in female rats as compared to male rats at doses of 1000 and 1500 mg/kg body weight. No adverse effect on bio-chemical parameters was noticed except for slight increase in blood glucose level in both sexes. Significant decrease in the weight of stomach and ovary, and increase in TLC and eosinophil count was observed in female rats.

Safety evaluation of the coded Unani formulation UNIM-001 at Department of Pharmacology, Jamia Hamdard, New Delhi

Safety evaluation of the coded Unani formulation UNIM-001 was done at Department of Pharmacology, Jamia Hamdard, New Delhi. UNIM-001 in the dose of 2000 mg/kg body weight in male Wistar rats did not show any change in behaviour and body weight after 14 days of treatment. In the doses of 500, 1000 and 2000 mg/kg body weight for 28 days, the animals did not show any behavioural change and change in the weight of liver, heart, kidney and stomach in comparison to control group. The biochemical investigations in both sexes of Wistar rats did not produce any significant change. In the same dosage group for 90 days, the rats revealed no significant change in body weight gain and internal organs weight. However, the result from animal health monitoring in the entire period of 90 days showed few morbidity but the histopathology reports showed no sign of any toxicity. Both female and male rats were healthy as shown by the normal appearance of general behaviour, respiratory pattern, cardiovascular signs, motor activities, reflexes, and normal change in skin and fur. Haematological and biochemical values in treated groups were normal in comparison with the control group. On histopathological examination, no macroscopic or microscopic changes were seen in the internal organs or tissues in any treated rats.

Safety evaluation of the coded Unani formulation UNIM-003 at Department of Pharmacology, Jamia Hamdard, New Delhi

Safety evaluation of the coded Unani formulation UNIM-003 was done for dermal toxicity at Department of Pharmacology, Jamia Hamdard, New Delhi. Skin and vital organs of the healthy female Wistar rats did not show any sign of toxicity after the topical application of UNIM-003 at a single dose of 2000 mg/kg body weight of body weight after 14 days of treatment. Daily dermal application of UNIM-003 in the dose of 500, 1000 and 2000 mg/kg body weight body weight on more than 10% of dorsal skin area of Wistar rats did not produce any significant change in haematological parameters including the levels of AST, ALT, BUN and creatinine after 28 days of treatment. Also, gross pathological examination did not reveal any lesion attributed to the toxicity. Similarly, tropical application of UNIM-003 in the dose of 500, 1000 and 2000 mg/kg body weight on more than 10% of dorsal skin area of Wistar rats did not

produce any significant change in haematological and biochemical parameters including AST, ALT, BUN and Creatinine levels after 90 days of treatment. Gross pathological examination did not reveal any lesion attributed to the toxicity.

Safety evaluation of the coded Unani formulation UNIM-202 at Department of Pharmacology, Jamia Hamdard, New Delhi

Safety evaluation on developed novel drug delivery systems of UNIM-202 was done on male Wistar rats at Department of Pharmacology, Jamia Hamdard, New Delhi. UNIM-202 in the dose of 2000 mg/kg body weight on male Wistar rats did not show any change in behaviour and body weight after 14 days of treatment. In the doses of 500, 1000 and 2000 mg/kg body weight for 28 days, the rats did not show any behavioural change and change in the weight of liver, heart, kidney and stomach in comparison to control group. The biochemical investigations in both sexes of Wistar rats did not show any significant change. In the same dosage group for 90 days, the rats revealed no significant differences in body weight gain and internal organs weight. However, the result from animal health monitoring in the entire period of 90 days showed few morbidity but the histopathology reports showed no sign of any toxicity. Both female and male rats were healthy as shown by the normal appearance of general behaviour, respiratory pattern, cardiovascular signs, motor activities, reflexes, and normal change in skin and fur. Haematological and biochemical values, in treated groups were normal in comparison with the control group. On histo-pathological examination, no macroscopic or microscopic changes were seen in the internal organs or tissues in any of the treated rats.

Safety evaluation of the coded Unani formulation UNIM-1202 at Department of Pharmacology, Jamia Hamdard, New Delhi

Safety evaluation on developed novel drug delivery systems of UNIM-1202 was done on male Wistar rats at Department of Pharmacology, Jamia Hamdard, New Delhi. UNIM-1202 in the dose of 2000 mg/kg body weight on male Wistar rats did not show any change in behaviour and body weight after 14 days of treatment. In the doses of 500, 1000 and 2000 mg/kg body weight for 28 days, the rats did not show any behavioural change and change in the weight of liver, heart, kidney and stomach in comparison to control group. The biochemical investigations in both sexes of Wistar rats did not show any significant change. In the same dosage group for 90 days, the rats revealed no significant change in body weight gain and internal organ weight. However, the result from animal health monitoring in the entire period of 90 days showed few morbidity but the histopathology reports showed no sign of any toxicity. Both female and male rats were healthy as shown by the normal appearance of general behaviour, respiratory pattern, cardiovascular signs, motor activities, reflexes, and normal change in skin and fur. Haematological and bio-chemical values, in treated groups, were normal in comparison with the control group. On histo-pathological examination, no macroscopic or microscopic changes were observed in the internal organs or tissues of any treated rats.

Safety evaluation of the coded Unani formulation UNIM-051 at Department of Pharmacology, Vallabhbhai Patel Chest Institute (VPCI), University of Delhi, Delhi

Safety evaluation studies of the coded Unani formulation UNIM-051 were done at Department of Pharmacology, Vallabhbhai Patel Chest Institute (VPCI), University of Delhi, Delhi. Unani formulation UNIM-051 was administered orally by gavage using polyethylene tube in doses of 125, 250, 500, 1000 and 2000 mg/kg body weight to rats, for 01, 28 and 90 days, respectively

in separate groups of rats. After 14 days of treatment, no significant changes in body weight and locomotor activity were observed, but retention time decreased significantly. UNIM-051 significantly increased the locomotor activity, but no change was observed in body weight and rota rod test after 28 days of treatment. No change was observed in haematological and biochemical parameters except reduction in haemoglobin level at a dose of 2000 mg/kg body weight. No significant changes were found in the weight of lung, liver and kidney. Significant increase was observed in locomotor activity and retention time, but no change was observed in body weight after 90 days of treatment. There were no significant changes found in haematological and biochemical parameters as compared to control group.

Safety evaluation of the coded Unani formulation UNIM-053 at Department of Pharmacology, VPCI, University of Delhi, Delhi

Safety evaluation studies of UNIM-053 were done at Department of Pharmacology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi. Unani formulation UNIM-051 at 125, 250, 500, 1000, 2000 μ l/kg body weight in the form of aerosol was given by inhalation, and after 14 days of treatment, no significant changes in body weight, rota rod test and locomotor activity were observed. None of the animal showed significant change in body weight, rota rod test and locomotor activity after 28 days of treatment in the same dose. UNIM-053 at a dose of 125 and 2000 μ l/kg body weight significantly reduced the stomach weight as compared to control group. No significant changes were found in stomach weight at other doses of UNIM-053. No significant changes were found in the weight of lung, liver and kidney. None of the animals showed significant change in body weight and rota rod test after 90 days of treatment in the same dose given daily but significant change was observed in locomotor activity. There were no significant changes found in haematological and biochemical parameters as compared to control group after 28 days and 90 days. UNIM-053 at a dose of 125 μ l/kg body weight significantly decreased the urea level and at the dose of 2000 μ l/kg body weight significantly increased the alkaline phosphatase level.

3.3.2 COLLABORATIVE CLINICAL STUDIES

During the reporting period, the following studies were conducted in collaboration with other medical institutions.

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

Integration between traditional and modern systems of medicine has significantly facilitated the drug development process and herbal drugs have emerged as alternative forms of therapy in a variety of patho-physiological states. Further, the concept of “reverse pharmacology” has contributed to the validation of evidence based medicine in the area of phyto-pharmaceuticals. To highlight this, clinical and preclinical studies were conducted to substantiate the therapeutic efficacy and pharmacodynamics of the coded drug UNIM-352, a polyherbal Unani formulation for bronchial asthma. In the clinical study, the efficacy of UNIM-352 was investigated using pulmonary function test parameters, and compared with that of placebo in the patients of Bronchial asthma. UNIM-352 significantly enhanced the therapeutic effect of standard anti-asthma treatment as assessed by Forced Expiratory Volume (FEV₁), FEV₁/VC ratio, frequency of emergency bronchodilator use and symptomatology, as compared to the placebo group.

indicating its efficacy as an adjuvant therapy. During the reporting period, out of the registered 40 subjects, 35 (19 in Test Group and 16 in Placebo group) completed the trial. There was significant improvement in all the clinical signs and symptoms as well as Forced Expiratory Volumes (FEV1) as the expirometry data showed. The drug indicated good tolerability of UNIM-352 in this study. The data on the ongoing study revealed that UNIM-352 has potentiating effect on existing anti-asthma drug therapy. It is safe also as no untoward effects were reported.

Collaborative study on preliminary screening of Unani drug in Qarah-e-Meda wa Isna-e-Ashari (Duodenal Ulcer) at Centre for Liver Research & 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 151 patients registered for study, 124 completed the study. Forty-two (33.9%) patients were cured, 69 (55.7%) relieved, and seven (5.6%) partially relieved whereas six (4.8%) subjects were not relieved. Three patients were under study, and 24 patients dropped out of the study. In the cured patients, presence of *H. pylori* became negative after eight weeks of treatment. No drug intolerance was observed.

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

Preliminary screening of three coded Unani formulations, viz. UNIM-115, UNIM-107 and UNIM-117 was done in patients of acute viral Hepatitis including Hepatitis A Virus (HAV), Hepatitis E Virus (HEV) and HBsAg positive patients. The coded drug UNIM-107 and UNIM-117 were given in the dose of 10 ml thrice daily in syrup form in the patients positive for HEV treated in two separate groups whereas the coded drug UNIM-115 was given in the dose of two tablets thrice daily in HBsAg positive cases. Coded drug UNIM-107 was given in HBsAg positive cases in the dose of 10 ml thrice daily. In each group the treatment was given for a period of three to six weeks.

In group treated with UNIM-115, total 369 cases of either sex were included into the study, out of which 299 completed the study, whereas 70 subjects discontinued the treatment. In the group treated with UNIM 107, 32 subjects were registered, out of which 29 completed the study, whereas three subjects discontinued the treatment. All completed subjects got relieved in both groups. In the group treated with UNIM-117, 32 patients were registered, out of which 24 completed the study, in which 23 (95.8) got relieved and one (4.2%) case got partially relieved. Two subjects are under study whereas four patients dropped out of the study. This clinical study with UNIM-115, UNIM-107 (syrup) and UNIM-117 on Acute viral Hepatitis showed significant response in relation to clinical and biochemical parameters. No side effects and biochemical abnormalities were observed during the treatment.

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

Preliminary screening of a coded drug UNIM-701 was done in patients of gastroesophageal reflux disease (GERD) attending the OPD of Department of Gastroenterology, Owaisi Hospital,

Deccan Medical College, Hyderabad. The drug UNIM-701 was given in the dose of two capsules (500 mg each) twice daily for six weeks. Patients were followed up weekly.

Out of the 37 patients registered, 31 completed the study, out of which nine (29.0%) were cured, 19 (61.3%) relieved and three (9.7%) partially relieved. Two cases were under study and four dropped out of the study. In the responding patients heartburn completely subsided. No drug intolerance was reported.

Clinical evaluation of the 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 time. 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.

Sixty patients, 40 in test group and 20 in control group, completed the study. Pain was relieved by 40.42%; stiffness by 36.96% and physical function by 42.35% in the test group after the treatment. However, difference in the efficacy with the control drug was insignificant, but it was observed that reduction in severity of pain was more in control group but difference in subsidence in the swelling, tenderness and reduction in the morning stiffness was insignificant. There was no drug intolerance/adverse effects noted after the treatment, and laboratory parameters including Liver Function Test and Renal Function Test remained unchanged after the treatment.

Clinical evaluation of 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 anti-tubercular treatment (ATT)" was awarded to Department of Moalejat, Jamia Hamdard, New Delhi. The objective of the study was to evaluate the efficacy of a coded Unani formulation UNIM-104 as an 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 received 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. The patients were asked to visit the OPD fortnightly. There was significant improvement in the clinical symptoms as well as reduction in the adverse effects of ATT in control group. In the present study, 51.67% patients were in the age group of 18-28 years. Most of the patients belonged to low income group. In relation with the temperament, 43.31% patients had Damavi

temperament, 23.33% had Balghami temperament, 23.33% had Balghami temperament and 10% had Saudavi temperament. Subsidence of clinical symptoms was found to be faster in control group. Resolution in infiltration in Chest X-rays was found faster in test group in comparison to control group. No change was recorded in test group, while in control group, liver enzymes increased, which may be due to hepato-protective effect of the test drug. No adverse reaction/toxicity was recorded in the test group.

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 at Department of Dermatology, All India Institute of Medical Sciences, New Delhi

The study is being conducted at the Department of Dermatology, All India Institute of Medical Sciences (AIIMS), New Delhi. The primary objective of the study is 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 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 (2 hours later) application of petroleum jelly and sun exposure. Response is assessed by reduction in PASI at two, four, eight and 12 weeks.

Seventy-three patients were registered in the current financial year, in which 38 patients were enrolled in Group A and 35 patients were enrolled in group B. Thirty-one patients completed the trial, 25 dropped out of the study, and 17 patients had to be withdrawn from the study either due to exacerbation or erythroderma. In completed cases, 10 patients in group A and eight patients in group B have the Psoriasis Area and Severity Index (PASI) score of 100. Three patients in group A and five patients in group B have the PASI score more than 75, and two patients in group A and three patients in group B less than 75. The study is continuing in the next financial year.

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 (NFUM), Part-VI
2. An Introduction – RRIUM, Aligarh (Booklet)
3. An Introduction – CRIUM Hyderabad (Booklet)
4. Hijamat (Cupping) Theory (folder)
5. Standard Unani Medicine Terminology
6. Annual Report (2010-11) [English & Hindi]
7. CCRUM Calender 2012

3.4.2 JOURNALS

1. Hippocratic Journal of Unani Medicine (April – June 2011)
2. Hippocratic Journal of Unani Medicine (July – September 2011)
3. Hippocratic Journal of Unani Medicine (October – December 2011)
4. Jahan-e-Tib (July – September 2010)

3.4.3 RESEARCH PAPERS

- ▶ Chakraborty, A., Report of studies undertaken in theory of Akhlath Project (Phase-I) on healthy individuals. Brainstorming Workshop on Fundamentals of Unani System of Medicine. Organized by CCRUM at New Delhi on 24 May 2011.
- ▶ Ansari, K.B. Validation of Theory of Akhlath and Mizaj in cases of Vitiligo and Sinusitis. Brainstorming Workshop on Fundamentals of Unani System of Medicine. Organized by CCRUM at New Delhi on 24 May 2011.
- ▶ Ahmad, M. Leveraging Indian Traditional System of Medicine, Fair in India Medical Tourism Destination 2011. Organized by FICCI, New Delhi on 1-3 November 2011 in Kuwait.
- ▶ Khanum, A. Medicinal properties and action of Asgandh (*Withania somnifera*) in Unani system of Medicine – A review. Oshadi-2011 Herbal Expo Exhibition & National Workshop on Cultivation & Marketing aspects of medicinal plants of Deccan Region, at Hyderabad on 5-6 December 2011.
- ▶ Pratap, G.P., Sudarsanam, G., Khanum, A., Ahmad, M., Jyothi, B., Significance of Conservation for Medicinal Plants in Rapur Forest Division of Nellore District In Andhra Pradesh. International Seminar Consultation on Ecotechnology and Sustainability Science, Biodiversity Conservation & Sustainable Development. Organized at Sri Venkateshwara Vedic University Tripaty, A.P. from 29 February to 2 March 2012.
- ▶ Khan, M.N., Arfeen, S., Khan, M.A. Pharmacovigilance in Unani System of Medicine. National Seminar on innovative trends in Unani Medicine Organized by CCRUM, New Delhi at RRIUM, Aligarh during 3 and 4 March 2012.
- ▶ Arfeen, S., Khan, M. N., Ahmad, W. Lead Poisoning: Risk factors, Diagnosis, Prognosis and Preventive measures, National Seminar on Innovative Trends in Unani Medicine. Organized by CCRUMi at RRIUM, Aligarh on 3 and 4 March 2012.
- ▶ Khan, M.A., Khan, M.N. Cancer and its management in Unani medicine National Seminar on Innovative Trends in Unani Medicine. Organized by CCRUM at RRIUM, Aligarh on 3 and 4 March 2012.
- ▶ Ahmad, W. Tibb-e-Unani main Elaj bit-Tadbeer ki Ahmiyat. Souvenir released on the Occasion of World Unani Day, 15-17 February, 2012.
- ▶ Mageswari, S. Microscopical Studies of Some Seeds in Unani System of Medicine. International Conference on Impact on Physical Sciences & Biology organized at Chennai from 7 to 9 July 2011.
- ▶ Arfin, S. Comparative Chemical Studies on fruits of two *Ficus* species using HPTLC and quality control methods. 12th International Congress of Ethnopharmacology. Organized by School of Natural Product Studies, Jadavpur University, Kolkata, 17-19 February 2012.



- ▶ Aminuddin. Elhnopharmacological diversity in plants species of Family Asteraceae in the state of Orissa. 12th International Congress of Ethnopharmacology. Organized by School of Natural Product Studies, Jadavpur University, Kolkata, 17-19 February 2012.
- ▶ Murugeswaran, R. Ethnopharmacological Uses of Plants among Tribal & Rural Inhabitants of Kanniyakmuri District, Tamil Nadu (South India). 12th International Congress of Ethnopharmacology on Traditional Medicines & Globalization – The Future of Ancient Systems of Medicine. Organized at Kolkata from 17 to 19 February 2012.
- ▶ Meena, R. Evaluation of Pharmacopoeial Standards & Antibacterial Activity for Jawarish-e-Zanjabeel, 12th International Congress of Ethnopharmacology on Traditional Medicines & Globalization – The Future of Ancient Systems of Medicine, organized at Kolkata from 17 to 19 February 2012.
- ▶ Kumar, M., Hussaini, S.A., Qamaruddin, Samiulla, L. Ethnomedicinal Plants of Hadagarh and adjacent areas of Koenjhar District, Odisha, India. Proceedings of National Seminar on Changing Environment: Present Scenario and its Conservation, 2011: 60-63.
- ▶ Hussaini, S.A.; Kumar, M.; Qamaruddin; Samiulla, L. Contribution to the Unani Medicinal Plants from District Cuttack, Odisha (Abstract). Proceedings of National Seminar on Changing Environment: Present Scenario and its Conservation, 2011: 146.
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- ▶ Kumar, M., Hussaini, S.A., Qamaruddin, Khan, S.A., Samiulla, L. Ethnomedicinal Studies in Athagarh Forest Division of Cuttack District, Odisha, India (Abstract). Souvenir of National Seminar on Innovative Trends in Unani Medicine 2012: 50.
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- ▶ Ahmad, S., Parveen, S., Rehman, S., Khan, L.A. Studies on Cosmetic Therapeutics. Silver Jubilee Celebration of RRIUM, Aligarh and National Seminar on Innovative Trends in Unani Medicine, Aligarh, 3-4 March 2012.
- ▶ Ali, Z.A., Ahmad, S., Khan, L.A. Ethnopharmacological Study of the Shivalik Forest Division Saharanpur, Uttar Pradesh. Silver Jubilee Celebration of RRIUM, Aligarh and National Seminar on Innovative Trends in Unani Medicine, Aligarh, 3-4 March 2012.
- ▶ Shamima, H., Rashid, M.A., Zuberi, R.H., Khan, L.A. Contribution of Pharmacognosy Section of RRIUM, Aligarh since its inception. Silver Jubilee Celebration of RRIUM, Aligarh and National Seminar on Innovative Trends in Unani Medicine, Aligarh, 3-4 March 2012.
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- ▶ Kazmi, M.H., Devi, N., Qureshi, M.A., Raza, M. Effect of Climate and Soil on Health of Masses as per Unani System of Medicine. International Congress of Environmental Research held at from 15 to 17 December 2011.
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3.5 EXTENSION HEALTH CARE 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, Aligarh; RRIUM, Mumbai; RRIUM, Srinagar; RRCUM,

Allahabad and CRU, Burhanpur. The Council's team of physicians visited 27 schools that were adopted under the School Health Programme particularly those falling in the pockets adopted under mobile clinical research programme. Five thousand one hundred and twenty school children were checked up. Out of these, 3,787 children 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, otorrhoea, 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 CENTRES AT ALLOPATHIC HOSPITALS UNDER THE SCHEME OF COLOCATION OF AYUSH CENTRES IN ALLOPATHIC HOSPITALS

A Unani Medical Centre was established 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. On demand of the patients, another Unani Speciality Centre started at Deen Dayal Hospital, New Delhi from November 2010. These centres are being run by the CCRUM. Besides the general out patient department (GOPD) facilities, these centres provide specialized 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 41,137 patients were treated and a large number of patients were referred to these centres 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 HEALTH CAMPS

Regional Research Institute of Unani Medicine (RRIUM), Bhadrak organized health camps in different villages including Ampura, Dobel, Dhusri, Rameswarpur, Raghunatpur, Bandaripokhari, Maltira, Bari gaon, Ada, Madina, Paikochattr, Chudunga and Balio. A total number of 3,274 patients were treated in these camps; of which 1,615 patients belonged to Scheduled Caste and 151 patients to Scheduled Tribes. One hundred eleven patients were referred to RRIUM, Bhadrak for further treatment. Flood Relief Camps were conducted in two villages of Bhadrak and Keonjhar Districts. A total number of 329 patients were treated with Unani medicines. Nineteen patients were referred to RRIUM, Bhadrak for further treatment. Central Research Institute of Unani Medicine (CRIUM), Lucknow organized health camps at four selected spots, Husainabad, Aish Bagh, Chickmandi and Nadwa College, Lucknow. Thirteen camps were organized and a total number of 703 patients were treated with Unani Medicine. A total number of 60 patients were treated at a special health camp organized by the institute on Rheumatoid arthritis. RRIUM, Chennai organized 10 health camps at Kanathur, Thiyagarajapuram, Maatumanthai, Mangamma, Puduvoyil, G.M.A. Higher Secondary School, and Karur. A total number of 1628 patients were treated in these health camps. Besides, three hundred fifty-two patients were also treated by the physicians of the institute in State Arogya organized by the Department of AYUSH, Ministry of Health and Family Welfare, Government of India.

3.5.4 FACILITY UNDER GENDER COMPONENT PLAN FOR WOMEN

The Council continued research and treatment facilities for women under gender component plan. Treatment facilities were made available at all clinical centres of the Council 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 1,28,004 female patients were treated at different centres of the Council. In these patients, efficacy of the pharmacopoeial drugs was also 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.

3.5.5 ACTIVITIES IN THE NORTH-EASTERN REGION

The Council's two centres in the North-Eastern region—the Regional Research Centre of Unani Medicine, Silchar with an extension centre, Karimganj, and Clinical Pilot Project, Manipur—continued the GOPD. During the reporting period 12,904 patients were treated. The most commonly occurring diseases were Humma (fever), Humma-e-Ejamia (malaria), Ishal (diarrhoea), Zaheer (dysentery) and Waja-ul-Mafasil (rheumatoid arthritis). The patients were treated with the pharmacopoeial drugs.

3.5.6 FACILITY UNDER SPECIAL COMPONENT PLAN FOR SCHEDULE CASTES AND TRIBAL SUB-PLAN

Under the Special Component Plan for Scheduled Castes and Tribal Sub-Plan, the Council continued research oriented healthcare services at the Council's OPDs and also in the pockets predominantly inhabited by the Scheduled Castes and Scheduled Tribes population under mobile clinical research programme. During the reporting period, 45112 patients belonging to Scheduled Castes and Scheduled Tribes were treated in the General OPDs at the Council's centres. Besides, 6048 patients belonging to Scheduled Castes and Scheduled Tribes were treated through 10 mobile units.

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 on Unani system of medicine, and to disseminate the information thus collected to the researchers, academics and practitioners of the system.

During the reporting period, services of the Library remained automated through local area network, and 420 books, 24 CDs, seven photocopies of rare books and 386 issues of journals including 120 issues of Unani journals and 50 Hindi magazines were added to the existing stock of the Library. Under the WHO global subscription scheme, 165 documents (books, journals and serials) were added to the collection.

Under the centralized purchase for institutes and units of the Council, 292 books and 48 journals were purchased, and were transferred to the Council's centres. Besides, 303 books were classified, 4909 consulted and 701 circulated. The Library also issued 20 books to other libraries under inter-library loan service. Four hundred ninety-four non-members and four foreign delegates visited the Library during the reporting period. The Library continued institutional memberships of British Council Library, Medical Library Association of India, Developing Library Network (DELNET), and American Resource Information Centre.

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

► Publication of Monthly Medical News Index	09 issues
► Publication of Current Contents of Journals (Unani)	04 issues
► Catalogue of Bibliographical searches	1838 titles
► CDs	63 times
► Reference Services (long- and short-range)	1820 queries
► Collection of relevant news items	6591 news
► Photocopying (important articles and routine work)	5832 copies
► Spiral binding	218 documents

4.1.1 NETWORK OF LIBRARIES

The Library & Information Centre of the Council has been linked with the Council's Website www.ccrum.net. The catalogue of the Library can also be accessed through DELNET.

4.1.2 UNION CATALOGUE OF UNANI MEDICAL MANUSCRIPTS

Development of a database of Unani medical manuscripts available at various places in the country was started during the reporting period in the Library, and 500 manuscripts were catalogued.

4.1.3 DIGITIZATION OF MANUSCRIPTS

During the reporting period, 24 manuscripts preserved in the Library & Information Centre were digitized.

4.2 ORGANIZATION OF CONFERENCE, SEMINAR, ETC.

4.2.1 NATIONAL WORKSHOP ON CLINICAL RESEARCH METHODOLOGY

A national workshop on clinical research methodology was organized by Central Council for Research in Unani Medicine (CCRUM) at the Council's Central Research Institute of Unani Medicine (CRIUM), Hyderabad during 13 and 16 February 2012. Inaugurating the workshop, Mr. Anil Kumar, Secretary to Government of India, Ministry of Health and Family Welfare, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) announced that the Planning Commission of India had in principle agreed to a proposal for setting up an All India Institute of Unani Medicine, which would be the first ever in the history of Unani Medicine.

Mr. Kumar informed that the Central Government also planned to establish a first ever referral hospital of Unani Medicine at National Institute of Unani Medicine, Bengaluru that will offer specialized treatments in Unani Medicine. Such referral hospitals for other Indian systems will also be set up at their respective national institutes in the country.

The Secretary underlined the importance of streamlining the educational and regulatory systems in AYUSH systems as well as health care and research facilities in these systems. He stressed the need for further improving the quality of education and research in Unani Medicine as well as other AYUSH systems. He informed that the Indian Government had signed a Memorandum of Association with South Africa, and established a Chair for Unani Medicine at the University of Cape Town. The University of Colombo, Sri Lanka has recently requested India to establish a Chair for Unani Medicine there. Efforts to set up similar chairs for Ayurveda, Unani and Homoeopathy in some other countries are also going on.

Guest of honour for the occasion, Prof. Mohammad Miyan, Vice-Chancellor, Maulana Azad National Urdu University (MANUU), Hyderabad, emphasized that researchers of Unani Medicine should come up with satisfactory solutions to contemporary health challenges. He also stressed the importance of research design and statistical methods in clinical research. He said that his university would be happy to collaborate with the CCRUM in areas of mutual interest including translation, diploma course in Unani pharmacy, etc.

In his welcome address, Prof. Syed Shakir Jamil, Director General, Central Council for Research in Unani Medicine said that the CRIUM, Hyderabad had over the last four decades gained international fame for developing successful treatment of Bars (Vitiligo or leucoderma). He spelt out some of the success stories of his Council in clinical research, drug standardization, survey and cultivation of medicinal plants, and literary research. He said that besides the CRIUM, Hyderabad, 22 other centers of the Council were functioning in various parts of the country.

Under its clinical research programme, the Council has developed safe and satisfactory treatments in the areas of skin diseases, liver and musculo-skeletal disorders/respiratory diseases, malaria and filariasis. The CCRUM has obtained patents on six Unani formulations. Besides, its applications for grant of patents on 35 other Unani formulations are under active consideration of the concerned authority.

Speaking at the occasion, Prof. Syed Khaleefathullah, Vice President, Central Council of Indian Medicine (CCIM) and Member of the CCRUM Governing Body stressed on the development of protocols for research in Unani Medicine while taking stock of the research work carried out over the last three decades at the CCRUM.

Prof. Syed Zillur Rahman, President, Ibn Sina Academy, Aligarh said that Unani Medicine is different from allopathy and other medicines in both its fundamentals and practice. Therefore, the line of research in Unani Medicine should be different from that in other systems. He observed that if the basic concepts of Unani Medicine such as Mizaj (temperament) were validated scientifically it would be a great achievement. Earlier, Director in charge of CRIUM, Hyderabad, Dr. Mohammed Ataullah Shareef gave a brief account of the activities and achievements of the Institute. Mr. Mehr-e-Alam Khan, Consultant (Portal), CCRUM was master of the ceremony.

After the inaugural session, Prof. S. Shakir Jamil, Director General, CCRUM started the scientific deliberations with his lecture on Practical Problems in Clinical Research in Unani Medicine.

Mr. U.V. Narsimha Murthy in his lecture gave an Introduction to Clinical Research whereas Dr. Qaiser Jamil, Director, Mahavir Research Institute, Hyderabad focused his attention on the importance of Hypothesis and Research Questions. Dr. M.M.H. Siddiqui, Department of Moalejat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh lectured on Clinical Research and Literary Survey in Unani Medicine. Other lectures were delivered by Dr. M.U.R. Naidu, former Dean, National Institute of Medical Sciences, Dr. A. Mukherji, Director, UDAAN for the Differently Abled, New Delhi; Dr. Nandini K. Kumar, Former Deputy Director General, Indian Council Medical Research, New Delhi; Dr. M.A. Waheed, Deputy Director, CRIUM, Hyderabad; Dr. S. Srinivas, All India Institute of Medical Sciences, New Delhi; Dr. Ramesh Yadav, Dr. Ravi Chand and Mr. Sampath Kumar from Hyderabad.

On the concluding day on 16 February, the participants were divided into teams and given functional exercise regarding protocol planning. The protocol plannings submitted by the participants were evaluated by a panel of experts. The panel comprised Prof. S. Shakir Jamil, Director General, CCRUM; Prof. S. Zillur Rahman, President, Ibn Sina Academy, Aligarh; Dr. Mushtaq Ahmad, Director, CRIUM, Hyderabad; Dr. Mansoor Ahmed; Dr. M.U.R. Naidu, Consultant; Dr. M.A. Shareef, Deputy Director, CRIUM, Hyderabad; and Dr. M.A. Waheed, Deputy Director, CRIUM, Hyderabad. The members of the panel guided the participants on how to design and develop protocols according to the GCP Guidelines. There was also a panel discussion on role of adjuvant therapy in the management of stubborn, resistant and complicated diseases. At the Valedictory Session, Prof. Shakir Jamil emphasized the significance of protocol planning in conducting research. Dr. Mushtaq Ahmad, Director, CRIUM, Hyderabad thanked the participants and the organizing committee.

4.2.2 NATIONAL SEMINAR ON INNOVATIVE TRENDS IN UNANI MEDICINE

The Council's Regional Research Institute of Unani Medicine (RRIUM) at Aligarh organized a national seminar on innovative trends in Unani Medicine as part of the Institute's Silver Jubilee celebrations on 3 and 4 March 2012.

Prof. Sibghatullah Farooqui, Vice-Chancellor, Aligarh Muslim University (AMU), Aligarh inaugurated the celebrations and the seminar in the Kennedy Auditorium of the University on 3 March. The function was presided over by Nawab Ibn-e Sayeed Khan of Chhatari. The guests of honor for the occasion were Prof. S.C Jain, Vice-Chancellor, Manglayatan University, Aligarh; Prof. S. Zillur Rahman, President, Ibn Sina Academy, Aligarh; Dr. Mohammed Khalid Siddiqui, former Director General, CCRUM; and Dr. Saud Ali Khan, Principal, Ajmal Khan Tibbiya College, AMU, Aligarh.

Prof. Sibghatullah Farooqui, Vice-Chancellor, AMU, Aligarh in his inaugural address stressed the need for better coordination between the University and the CCRUM for developing quality education and research in Unani Medicine.

Speaking on the occasion, Prof. Syed Shakir Jamil, Director General, Central Council for Research in Unani Medicine (CCRUM) urged the researchers of Unani Medicine to so direct their researches as to find out safe and dependable solutions to modern health challenges such as cancers, HIV-AIDS, and several other diseases for which no system of medicine offered complete cure. The Council over the last three decades has made important strides in research

on both fundamental and applied aspects of Unani Medicine and gained international attention of the scientific world for its success stories especially in the areas of clinical trials and quality control of Unani drugs as well as literary research and survey and cultivation of medicinal plants.

Prof. Shakir Jamil said that the Council was busy developing collaborations with leading scientific organizations and universities in the country to develop good quality research in the system and validate its strengths and concepts for global acceptance. He thanked the AMU for providing suitable accommodation for the Council's RRIUM at Aligarh and appreciated the linkages developing between the two institutions.

Prof. S.C. Jain, Vice Chancellor, Mangalayatan University, Aligarh emphasized the importance of the indigenous medicines including Unani Medicine and urged the researchers to scientifically prove the worth of their system for their wider acceptance.

Nawab Ibn-e Sayeed Khan of Chhatari in his presidential address urged the Government to extend increasing grants and support for the multi-pronged development of Unani Medicine in the country. He appreciated the research progress of the Council as well as the Institute.

Dr. Mohammed Khalid Siddiqui, former Director General, CCRUM stressed the need for human resource development in Unani Medicine for the multi-faceted development of the system. He said that the academics as well as researchers of Unani Medicine should strive to achieve global standards in their respective areas. He was also for building better interaction among academics, researchers and practitioners of Unani Medicine for better and faster development of their system.

Prof. S. Zillur Rahman, President, Ibn Sina Academy, Aligarh appealed to the CCRUM to establish a Literary Research Unit (LRU) at RRIUM, Aligarh. He said that the Council's LRU functioning at Aligarh in the 1970s had made important contributions in the advancement of literary research in Unani Medicine.

Dr. Latafat Ali Khan, Deputy Director in charge of RRIUM welcomed the guests and Dr. Shariq Ali Khan, Chairman, Organizing Committee presented vote of thanks. Dr. Amir Abbas, Assistant Director (Unani) anchored the function.

After the inaugural ceremony, the scientific deliberations started in the afternoon with a lecture on Adjuvant Therapy and Unani Medicine by Prof. Syed Shakir Jamil, Director General, CCRUM. The scientific sessions that followed had about 25 research presentations on recent advances in Unani Medicine. Prof. Raisur Rahman, Ayurvedic & Unani Tibbia College, New Delhi; Dr. Nandini K.Kumar, former Deputy Director General, Indian Council of Medical Research, New Delhi and Dr. Mushtaq Ahmad, Director, CRIUM, Hyderabad delivered the invited talk. Prof. Khalid Zaman Khan, Chairman, Department of Kuliyat; Prof. Qamar Akhtar Kazmi, Chairperson, Department of Amraz-e-Niswan-o-Qabalat; and Prof. KMY Amin, Department of Ilmul Advia - all three from Ajmal Khan Tibbiya College, AMU, Aligarh were also present during the event. The seminar concluded with a symposium on "Methodology for validation of pharmacopoeial preparations".

4.2.3 BRAINSTORMING ON FUNDAMENTALS OF UNANI MEDICINE

The Council organized a brainstorming session on research on fundamentals of Unani Medicine at its headquarters in New Delhi on 27 March. The session aimed to review the progress made in the project on fundamental research going on at the Council's Central Research Institute of Unani Medicine (CRIUM), Hyderabad and to finalize future course of the study.

Prof. Syed Shakir Jamil, Director General, CCRUM stressed the need for developing empirical evidence in favour of the fundamental principles of Unani Medicine and communicate it to the world scientific community. He also focused on finding scientific explanation to the theory of Mizaj (Temperament) utilizing knowledge of modern genetics. To realize the idea, the Council has developed collaboration with the Centre for Cellular and Molecular Biology (CCMB), Hyderabad. Besides, the Council is also launching a new project on “Genome-wide analysis for understanding the science behind the principles of Unani Medicine” in collaboration with the CCMB, Hyderabad shortly. Research on fundamentals of Unani Medicine was started at CRIUM, Hyderabad in 1985, and since then much work has been carried out with regard to clinical validation of the Theory of Akhlat (Humors) and Mizaj (Temperament) in healthy individuals as well as in cases of Bars (Vitiligo), Iltehab-e Tajaweef-e-Anf (Sinusitis), Iltehab-e Kabid (Infective Hepatitis), etc.

At the meeting, the format for the assessment of Mizaj (Temperament) was revised in accordance with the ten Unani parameters (Ajnas-e Ashrah). It was also decided to update the protocols of the on-going studies. Besides the Council’s officers, eminent experts including Prof. K.M.Y. Amin, Prof. M.M. Wamiq Amin and Prof. Abdul Mannan – all three from Ajmal Khan Tibbiya College, Aligarh Muslim University (AMU), Aligarh and Dr. G.G.A. Shadab, Department of Zoology, AMU, Aligarh; and Dr. Ashhar Qadeer, Dr. Yasmin Shamsi and Dr. Asiya Sultana – all three from Jamia Hamdard, New Delhi attended the meeting.

4.3 PARTICIPATION IN CONFERENCES

4.3.1 INTERNATIONAL ETHNOPHARMACOLOGY CONGRESS

The researchers of the Central Council for Research in Unani Medicine participated in the 12th International Congress of Ethnopharmacology (ISE 2012) held at Science City Convention Center, Kolkata from 17 to 19 February. The theme of the congress was “Traditional Medicines and Globalization – The future of ancient systems of medicine”.

The Congress, organized jointly by International Society for Ethnopharmacology, UK and School of Natural Products Studies, Jadavpur University, Kolkata, India, aimed to address some of the crucial and contemporary issues relating to natural products, that are helpful in the development of new ideas on traditional medicine that inspire development and the promotion of global trade.

Dr. A.P.J. Abdul Kalam, Former President of India inaugurated the Congress on 17 February in the presence of Mr. Shekhar Dutt, Governor of Chhattisgarh; Mr. Partha Chatterjee, Minister in charge of Commerce and Industries, Parliamentary Affairs, Industrial Reconstruction & Information Technology, Government of West Bengal; Prof. Pradip Narayan Ghosh, Vice Chancellor, Jadavpur University, Kolkata; Dr. Marce Leonti, President, International Society for Ethnopharmacology; Prof. B. Suresh, President, Pharmacy Council of India, New Delhi; Dr. V. M. Katoch, Secretary – DHR & DG – ICMR, Government of India; Dr. Nirmal Maji, Chairman, West Bengal State Medicinal Plants Board & WBPPDC, Government of West Bengal; Prof. Siddhartha Datta, Chairman, 12th ISE Congress & Pro-Vice Chancellor, Jadavpur University and Dr. Pulok K. Mukherjee, Director, School of Natural Products Studies, Jadavpur University, Kolkata & Organizing Secretary ISE 2012.

The Council’s researchers Dr. Shamsul Arfin, Research Officer (Chemistry); Mr. Aminuddin, Research Officer (Botany); Dr. Jamal Akhtar; Dr. Misbahuddin Azhar; Dr. Amanullah; Dr. Ahmad Sayeed; Dr. Usama Akram, all Research Officers (Unani) from the Council’s headquarters



in New Delhi, and Mr. R. Murugeswaran, Assistant Director (Botany) and Mr. R. P. Meena, Research Officer (Chemistry) from the Council's Regional Research Institute of Unani Medicine, Chennai presented their papers based on research findings.

About 800 delegates from over 50 countries participated in the event. More than 600 research papers were presented in parallel sessions in oral and poster presentation series along with special lectures by stalwarts in the area of research around the globe.

4.3.2 CONFERENCE ON MEDICINAL AND AROMATIC PLANTS

The Council's researchers working at its Regional Research Institute of Unani Medicine (RRIUM), Srinagar participated in a national conference on current trends in medicinal and aromatic plants and plant products held at Osmania University, Hyderabad, Andhra Pradesh on 17 and 18 March.

Inaugurating the conference, Prof. S. Satyanarayan, Vice-Chancellor, Osmania University, Hyderabad said that medicinal plants are not only a major resource base for the traditional medicine and herbal industry but also provide livelihood and health security.

Dr. K. P. Srivasuki (IFS), Chief Executive Officer, Andhra Pradesh State Medicinal & Aromatic Plants Board said that Government of India had sanctioned substantial amount for conservation of medicinal plants, agriculture, development of new nurseries, and for the development of latest techniques to improve the cultivated as well as wild species of medicinal plants.

Other speakers included Prof. S. Padmaja, Dean, Faculty of Science, Osmania University Hyderabad; Prof. B. Badraiah, Chairman of the Conference and Head, Department of Botany, Osmania University; and Prof. S. Gangadhar Rao, Organizing Secretary of the conference. After the inaugural function, lectures were delivered by the invitees from universities and research organizations.

Mr. Parwez Ahmad, Research Assistant (Botany) from RRIUM, Srinagar presented his research paper on the ethno-pharmacological uses of plants among tribal and rural folks of Banihal forest area of Kashmir in poster session. Over 100 research papers were presented at the conference.

4.4 TRAINING PROGRAMMES

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. International Intellectual Property Rights Conference - Global IP Convention 2011, organized by ITAG Business Solution at Bengaluru, 28-30 April 2011.
2. Second National Conference and Live Workshop on Laparoscopic Surgery JCON-2011, organized by Department of Jarahat, Aligarh Muslim University, Aligarh, 21-22 January 2012.
3. Training-cum-workshop on Regimenal Therapy in collaboration with State Health Society, Bihar at Patna, 17-18 May 2011.
4. National Seminar on Current Trends in Genomics and Proteomics, organized by Center for Bio-informatics, Pondicherry University, Puducherry, 21-23 September 2011.

5. Orientation training programme for AYUSH and Allopathy doctors, organized by Central Council for Research in Yoga and Naturopathy (CCRYN), New Delhi, 25-30 July 2011.
6. International Congress on Emergency Medical Service Systems - EMS 2012, organized by Department of Hospital Administration, All India Institute of Medical Sciences, New Delhi, 9 - 11 February, 2012.
7. National Seminar on Medicinal Plants Research in India, organized by Jamia Hamdard, New Delhi, 16-17 March 2012.
8. Workshop on Promoting Ethics and Professionalism in Biomedical Research, organized by Department of Pharmacology, All India Institute of Medical Sciences, New Delhi, 20 January 2012
9. National Conference on Environment and Biodiversity of India, organized by Jamia Millia Islamia, New Delhi, 30-31 December 2011.
10. Workshop on Biomedical Informatics, organized by Biomedical Informatics Center, Jamnalal Bajaj Tropical Diseases research Center, Mahatma Gandhi Institute of Medical Sciences, Wardha, Nagpur, 5-6 December 2011.
11. Management Training Programme, organized by Indian Institute of Management, Ahmedabad, 22-24 April, 2011.
12. Workshop on Bio-informatics & Bioinformatics Tools, Post Graduate Department of Biotechnology, A.V. College, Hyderabad, 13-14 April, 2011.
13. HR Administration, Recruitment, Promotion, Seniority, APARS, DPC and various procedures, organized by Parsam Institute of Statutory Rules, Bengaluru, 25-27 May, 2011.
14. Condensed Translation Interaction Course in Hindi, organized by Central Translation Bureau, Department of Official Language, Ministry of Home Affairs, New Delhi at Hyderabad, 4-8 July, 2011.
15. Foreign Procurements – Procedures & Formalities, organized by Parsam Institute of Statutory Rules, Bengaluru, 24-06-2011.
16. Training Programme on Science Administration and Research Management, organized by Department of Science & Technology at Hyderabad, 5-16 September, 2011.
17. India-Africa Workshop on Traditional Medicine, organized by Department of AYUSH, State of Rajasthan at Jaipur, 18-20 October, 2011.
18. Business Seminar, organized by Federation of Indian Chambers of Commerce and Industry (FICCI), New Delhi at Oman, Muscat on 31 October 2011.
19. Plant Molecular Biology – Tools & Techniques, organized by P.G. Department of Biotechnology, A.V.P.G. Center and Agri Biotech Foundation at Agri Biotech Foundation, Hyderabad, 29-30 November, 2011.
20. Oshadi-2011 Herbal Expo Exhibition & National Workshop on Cultivation & Marketing Aspects of Medicinal Plants of Deccan Region, organized by Sri Kotla Vijaya Bhaskar Reddy Indoor Stadium, Hyderabad, 5-6 December, 2011.



21. Training Course on Administrative and Financial Skills for Faculty of Medical Colleges of AYUSH, organized by National Institute of Health and Family Welfare, New Delhi 12-16 March, 2012 at New Delhi
22. Do Divasiya Samuhik Hindi Karyashala, organized by Nagar Rajbhasa Karyanvan Samiti, Lucknow, 27-28 June 2011.
23. Seminar on Molecules to Medicine, organized by Central Drug Research Institute (CDRI), Lucknow, 19 December, 2011.
24. National Seminar on Changing Environment: Present Scenario and its Conservation, organized by Department of Botany, DBS College, Kanpur, 1-2 December 2011.
25. Workshop on Methods and Approaches in Plant Systematics, organized by National Botanical Research Institute, Lucknow, 5-14 December 2011.
26. Workshop on Expanding Horizon of Care support and treatment (Focus on women and children) organized by Bihar State AIDS Control Society and UNICEF, at Patna, 25 & 26 August 2011.
27. National seminar on Hakim Ajmal Khan-Ek Tarikh Saz Shaksiyat, organized by Ibn Sina Academy, Aligarh, 16-17 October 2011.
28. Maharashtra Pathologists Conference & CME, organized by A.C.P.M. Medical College, Dhule, Maharashtra, 23-25 September 2011.
29. Fourth International Congress of Environmental Research, organized by Journal of Environmental Research and Development, at Surat 15-17 December 2011.
30. World Conference on AYU-2012, organized by International Academy of Ayurved at Pune, 5 to 8 January 2012.
31. Seminar on Global Adult Tobacco Survey-India, organized by WHO and International Institute of Population Study (IIPS), ICMR, Bombay at Sher-e-Kashmir International Convention Complex (SKICC), Srinagar on 24 September 2011.
32. Workshop on Sustainable Utilization of Medicinal and Aromatic Plants of Kashmir Himalaya in Regional Development, organized by Department of Botany, University of Kashmir, Srinagar on 15 October 2011.
33. National Summit on Development of Unani Medicine – Challenges and Opportunities' organized by Department of ISM & Homoeopathy, J&K, Srinagar at University of Kashmir, Srinagar on 20 October 2011.
34. Scientific Deliberations at the Fourth Diabetes India International Conference, organized by Delhi Medical Council at New Delhi, 15-17 April 2011.
35. Conference on Stem cell research and therapy, organized by Indian Council for Medical Research, New Delhi, 17 December 2011.
36. International Conference on Cardiology, organized by Department of Pharmacology and Cardiology at All India Institute of Medical Sciences, New Delhi, 17-18 February 2012.
37. Interactive Workshop on Regulatory Issues in Traditional Medicine, organized by Department of AYUSH and Ministry of External Affairs at New Delhi, 12-13 October 2011.

4.5 PARTICIPATION IN AROGYA FAIRS

During the reporting year, the Central Council for Research in Unani Medicine (CCRUM) participated in Arogya fairs held at Jaipur, (Rajasthan), Mumbai (Maharashtra), Aizawl (Mizoram), Agartala (Tripura), Gangtok (Sikkim) and Bengaluru (Karnataka). 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.

4.5.1 AROGYA AT JAIPUR, RAJASTHAN

The CCRUM participated in the Arogya-2012 - the fair on traditional Indian systems of medicine – held at Jaipur, Rajasthan from 6 to 9 January. The fair, aimed to showcase the strengths of AYUSH systems and the inevitable linkages with the industry, was jointly organized by Department of AYUSH, Ministry of Health & Family Welfare, Government of India; Department of Ayurveda, ISM, Government of Rajasthan; and Federation of Indian Chambers of Commerce and Industry (FICCI).

Rajasthan Chief Minister Mr. Ashok Gehlot inaugurated the event on 6 January. Organized along side with *Pravasi Bharatiya Divas*, held at Jaipur from 7 to 9 January, the Arogya saw a large turnout right from the first day. Mr. Gehlot also visited the Regimenal Therapy Clinic put up by the Council at the fair and discussed with the Council's researchers the benefits and efficacy of the therapy. During the fair, a total of 170 patients benefited from the clinic. Rajasthan Health & Family Welfare Minister Mr. Aimaduddin Ahmad Khan also visited the Council's pavilion, besides other State Government officials.

The CCRUM pavilion displayed the Council's progress in its research programme covering clinical research, drug standardization, survey and cultivation of medicinal plants, and literary research. The Council's Regimenal Therapy Clinic was the main attraction for the visitors from India and abroad. Unani physicians from different institutions including National Institute of Unani Medicine (NIUM), Bengaluru and some colleges of Unani Medicine also participated in the fair. Over 70 companies specializing in traditional medicines had set up their stalls at the fair.

4.5.2 AROGYA IN MUMBAI, MAHARASHTRA

The Council's Regional Research Institute of Unani Medicine (RRIUM), Mumbai participated in a health exhibition, *Arogya Expo*, in Mumbai from 20 to 22 April. The exhibition showcased the strengths of different Indian systems of medicine - Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).

The *Arogya Expo* was inaugurated by Dr. Arun Jamkar, Vice Chancellor, Maharashtra University of Health Sciences, Nashik. Parallel sessions sponsored by ADMA (Ayurvedic Drug Manufacturers Association) were also organized in the adjacent hall.

Mr. Bala Prasad, Joint Secretary, Department of AYUSH, Ministry of Health & Family Welfare, Government of India was the chief guest at the interactive meet of stakeholders in medicinal plants on 22 April. He made a presentation on "Emergence of India as global leader in the

medicinal plants sector during the 12th Five Year Plan". In the afternoon, Mr. Bala Prasad visited the CCRUM stall, and appreciated the display of the Council's progress. He also made few suggestions to make the show more impressive. He was briefed by the officers of the RRIUM, Mumbai about the Institute's research activities and achievements.

4.5.3 AROGYA AT AIZAWL, MIZORAM

Department of AYUSH in collaboration with the State Government of Mizoram organized Arogya-2011 at Aizawl, Mizoram during 9 and 12 May 2011. In his Inaugural address, Lt. General (Retd.) M.M. Lakhera, Governor of Mizoram said that it was time to turn to other sources of medicine (alternative medicine) along with Allopathic medicine to cope with the need of the increasing population of Mizoram. He also stressed to re-discover the medicinal plants which were used by practitioners of that era. He expressed his gratitude to the Department of AYUSH for taking the initiative in his State. He desired that health fairs like the Arogya should be ganized at a regular interval in the southern parts of the State.

Mr. P.K Lalnghinglova, Secretary, Department of Health & Family Welfare, Government of Mizoram welcomed the guests. The inaugural function was also graced by Mr V L Robiaka, Chairman, Zidco, and Mr. R.L. Pianmawia, Deputy Chief Whip. Dr. C Lalthanmawia, Director of Health Services thanked the guests and the participants.

The Council's stall displayed its major achievements, schemes and research activities, and pamphlets on different diseases were distributed to the visitors for creating awareness. Mr. Lakhera with other dignitaries visited the Council's stall and appreciated the research work done by the Council.

Free clinics of AYUSH systems were arranged and free medication along with consultancy was provided to the patients. Lectures were delivered by the experts of the AYUSH system. The valedictory function was held at Tourist Lodge, Chaltlang Aizawl on 12.5.2011 under the chairmanship of Dr. Ramfangzauva, Nodal Officer (AYUSH), Directorate of the Health Services, Mizoram. Other dignitaries present on the occasion included Mr. Pu R. Lalrothanga, Joint Secretary, Department of Health and Family Welfare, and Dr. C. Lalthanmawia, Director of Health Services and Programme Executive, Department of AYUSH, Government of Mizoram.

4.5.4 AROGYA AT AGARTALA, TRIPURA

Arogya Mela 2012 was organized during 18 and 22 February 2012 at Agartala by the Department of AYUSH, Ministry of Health & Family Welfare, Government of India in collaboration with Department of AYUSH, Government of Tripura.

Tripura Chief Minister Mr. Manic Sarkar was the Chief Guest at the inaugural ceremony. In his inaugural address, he laid emphasis on controlling malnutrition and ensuring proper sanitation to all through AYUSH systems of medicine. Mr. Tapan Chakrabarty, Minister of Health and Family Welfare, Government of Tripura stressed the need to develop AYUSH systems of medicine in the State. Other dignitaries on the dais included Dr. R.K. Dhar, Director, Family Welfare & Preventive Medicine, Government of Tripura; and Dr. Samarjeet Bhomik, Mission Director, National Rural Health Mission (NRHM) who shared their views on the occasion. Dr. S.K. Panda, Chief Secretary to Government of Tripura and Mr. Khgen Das, Member of Parliament also

graced the occasion. Earlier, Dr. S.R. Debbarma, Director of Health Services, Government of Tripura welcomed the guests and participants.

The Council's clinic was managed by Dr. S. Manzar Ahsan and Dr. Mahboobus Salam. About 350 patients of different diseases were examined and given free treatment. The visitors were very keen to know about the Unani Medicine. Dr. Dhar and Dr. Bhomik visited the Council's stall and praised the efforts made by the Council in the field of Unani Medicine.

4.5.5 AROGYA AT BENGALURU, KARNATAKA

The CCRUM's Clinical Research Unit (CRU), Bengaluru participated in the Arogya Expo held during 9 and 13 February 2012 at Bengaluru. The CCRUM stall exhibited the Council's research activities through posters, photographs and video films. Officers managing the Council's stall informed the visitors about the research activities of the Council and healthy living through Unani Medicine. The visitors were also given booklets, pamphlets and other literature published by the Council. The Council's physicians and other staff also helped the Government Unani Medical College, Bengaluru in conducting the clinic at the fair.

4.5.6 AROGYA AT GANGTOK, SIKKIM

The Arogya Sikitex 2011 was organized at Gangtok, Sikkim on 24 and 25 November 2011 by the Department of Information Technology Government of Sikkim with the theme "Citizen Centric e-governance". Inaugurating the event, Mr. K.T. Gyltsen, Speaker, Sikkim Legislative Assembly highlighted the importance of Information Technology in human resource development. He said that technology enriched human beings for knowledge and comfort besides empowering them for facing global challenges.

Mr. N.K. Pradhan, State Minister for Information Technology, Sikkim emphasized the need to hold such exhibitions to empower the citizens towards e-governance and encourage employment in technology sector. He also highlighted the initiatives, schemes and future plan of the State Government in the field of technology and its plan for interconnecting all government establishments and public sector through e-governance.

The CCRUM stall displayed the Council's research activities and achievements at the fair, and the staff managing it distributed among the visitors free brochures published by the Council on its success stories. The visitors showed keen interest in Unani Medicine.

4.6 PARTICIPATION IN PROMOTION OF OFFICIAL LANGUAGE

Hindi should be promoted as the country's national language as well as its official language. Dr. G.S. Khawaja, Director, Epigraphy, Archaeological Survey of India, Nagpur 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 2011.

Addressing the CCRUM staff, Dr. Khawaja, 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. He said that India had the richest linguistic diversity, and well-planned efforts to preserve and promote different languages of the country should be made. He 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. He also recited some of his poems for the audience.

Prof. 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. Mehr e Alam Khan, Consultant (Portal) to CCRUM, who coordinated the event, was the master of ceremony.

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:

Hindi Shrutlekh (Dictation) Competition

Hindi Shrutlekh (dictation) competition for Group D employees of the Council was organized at the headquarters. Of the seven participants, Mr. Sompal bagged the First Prize, Mr. Ishrat Ali the Second Prize, and Mr. Ramanand the Third Prize. Mr. Mahesh Shah Gaur and Mr. Samarpal won the Consolation Prize.

Debate Competition

The winners of prizes at the Hindi Debate Competition organized on this occasion were as follows. *First Prize*: Mr. Masooduz Zafar Khan, Library and Information Assistant (LIA) at CCRUM headquarters. *Second Prize*: Mrs. Gayatri Chawla, Upper Division Clerk (UDC) at CCRUM headquarters; *Third Prize*: Mr. S. Shuaib Ahmad, LIA, CCRUM headquarters; *Consolation Prize*: Mr. Mohammed Shahnawaz, Junior Stenographer at CCRUM headquarters; and Mrs. Veena Sharma (LDC), LRIUM, New Delhi.

Hindi Poetry Competition

Of the eight participants of the self-composed Hindi poetry competition organized at the occasion, following were declared winners of different prizes. *First Prize*: Mr. Masooduz Zafar Khan, LIA at the CCRUM headquarters; *Second Prize*: Miss Shabnam Siddiqui, Coordination Cell at the CCRUM headquarters; *Third Prize*: Mrs. Veena Sharma, LRIUM, New Delhi and Mr. S. Shuaib Ahmad, LIA at the CCRUM headquarters; and *Consolation Prize*: Mrs. Gayatri Chawla, UDC at the CCRUM headquarters. and Mr. S. Shuaib Ahmad, LIA, CCRUM headquarters.

Essay Writing Competition

Of the 11 participants of the Hindi essay writing competition held at the occasion, following were declared winners.

First Prize: Mr. Mohammed Shahnawaz, Junior Stenographer at CCRUM headquarters; *Second Prize:* Mrs. Gayatri Chawla, UDC at the CCRUM headquarters; *Third Prize:* Mr. Masooduz Zafar Khan, LIA at CCRUM headquarters; and *Consolation Prize:* Mr. Anwar Ali, LDC, at CCRUM headquarters and Mr. Mahboob Hasan, Pharmacist, Deen Dayal Upadhyay Hospital.

Hindi Translation Competition

The details of winners of various prizes at the Hindi translation competition are as follows.

First Prize: Mr. Shahnawaz Junior Stenographer at the CCRUM headquarters; *Second Prize:* Mrs. Gayatri Chawla, UDC at the CCRUM headquarters; *Third Prize:* Mr. Sompal, Messenger at the CCRUM headquarters; and *Consolation Prize:* Mr. Ishrat Ali, Messenger at the headquarters and Mr. Saquib Hasan, Data Entry Operator, working at the headquarters.

4.7 RETIREMENTS

Dr. (Mrs.) Gowher Sultana, Assistant Director (Unani), Regional Research Institute of Unani Medicine (RRIUM), Chennai retired on superannuation on 30 April 2011. She joined the erstwhile Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) as Research Assistant (Unani) on 24 May 1975.

Mr. Surinder Nath, Accounts Officer, Central Council for Research in Unani Medicine (CCRUM) retired on superannuation on 30 April 2011. He joined the Council on 05 April 1999 as Accounts Officer.

Mr. Amir Basha, Investigator, at Regional Research Institute of Unani Medicine, Chennai retired on superannuation on 31 May 2011 after serving the Council since 29 April 1991.

Mr. Mehr-e-Alam Khan, Research Officer (Publication), Central Council for Research in Unani Medicine (CCRUM) retired on superannuation on 31 July 2011. He joined the Council as Proof Reader on 10 November 1981. He was appointed Assistant Editor on 9 January 1984, and Research Officer (Publication) on 21 February 1991.

Mr. Mohd. Mujeebuddin, Pharmacy Attendant, Central Research Institute of Unani Medicine (CRIUM), Hyderabad retired on superannuation on 31 July 2011 after serving the Council since 14 March 1974.

Mr. Puttan Khan, Investigator at Regional Research Institute of Unani Medicine, Aligarh retired on superannuation on 30 September 2011 after serving the Council since 1 August 1981.

Ms. Laxmi Bai, Safaiwala, Central Research Institute of Unani Medicine, Hyderabad retired on superannuation on 31 October 2011 after serving the Council since 20 October 1973.

Dr. Abdul Wahab, Research Officer (Unani), RRIUM, Patna retired on superannuation on 31 January 2012 after serving the Council for more than 31 years. He joined the Council on 13 August 1980.

Dr. Amir Abbas, Research Officer (Unani), Regional Research Institute of Unani Medicine, Aligarh retired on superannuation on 31 January 2012 after serving the Council for more than 30 years. He joined the Council on 20 July 1981.



Mr. Khwaja Sabihuddin, Investigator at RRIUM, Allahabad retired on superannuation on 29 February 2012 after serving the Council since 27 August 1979.

Ms. Ummul Hasanath, Junior Administrative Officer, CRIUM, Hyderabad retired on superannuation on 29 February 2012 after serving the Council for more than 37 years. She joined the erstwhile CCRIMH on 30 April 1974.

Dr. Mushtaq Ahmad, Director, CRIUM, Hyderabad retired on superannuation on 31 March 2012. He served the Council for 30 years. He joined the Council as Assistant Research Officer (Unani) on 6 March 1982, and was promoted to Research Officer (Unani) on 12 April 1984. He became Director, CRIUM, Hyderabad on 15 December 2009.

Mr. Chandra Prakash, Ward Boy, CRIUM, Hyderabad retired on superannuation on 31 March 2012 after serving the Council since 22 August 1972.

4.8 DEATHS

Mr. G. Satyanarayan, Driver, CRIUM, Hyderabad expired on 22 May 2011 after serving the Council for more than 28 years. He joined the Council on 20 December 1982.

Dr. Raisuddin, Senior Scientific Assistant (Chemistry), CRIUM, Lucknow expired on 10 December 2011 after serving the Council for more than 30 years. He joined the Council on 30 April 1980.

Mr. Umesh Chandra Das, General Duty Assistant (GDA), RRIUM, Patna expired on 26 December 2011 after serving the Council for more than 18 years. He joined the Council on 12 December 1992.

Mr. Zaigum Hussain, Upper Division Clerk (UDC) at CRIUM, Lucknow expired on 8 February 2012. He joined the Council on 5 March 1983.

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 (CCRUM) FOR THE YEAR ENDED 31 MARCH 2012.

We have audited the attached Balance Sheet of Central Council for Research in Unani Medicine (Council) as at 31 March 2012, Income & Expenditure Account and Receipts & Payments Account for the year ended on that date under Section 20(1) of the Comptroller & Auditor General's (Duties, Powers & Conditions of Service) Act, 1971. The audit has been entrusted for the period up to 2013-2014. These financial statements are the responsibility of the Council's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

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

4. Based on our audit, we report that:

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



A. RECEIPTS AND PAYMENTS ACCOUNT

A.1 UNDERSTATEMENT OF RECEIPT

The Council had receipts amounting to ₹ 75.66 lakh (₹ 74,66,782.00 and ₹ 99,360.00 on account of Registration fee for OPD, follow-up/investigation charges and Royalty, respectively) but the amount had been transferred to the Pension Fund Account. This resulted in overstatement of Pension Fund Account and understatement of Receipt by ₹ 75.66 lakh.

Similarly, receipt of ₹ 0.61 lakh on account of licence fee was depicted under Pension Fund Account resulting in understatement of receipt and overstatement of Pension Fund Account by ₹ 0.61 lakh.

B. GRANT IN-AID

(I) HEALTH ACCOUNT:

The Council had received grant amounting to ₹ 66.38 crore (Plan : ₹ 30.75 crore and Non-Plan: ₹ 35.63 crore) from the Ministry of Health and Family Welfare. It had an opening balance of ₹ 1.05 crore (Plan : ₹ 0.08 crore and Non-Plan : ₹ 0.97 crore) and miscellaneous receipts amounting to ₹ 5.66 crore (Plan : ₹ 5.34 crore and Non-Plan: 0.32 crore) during the year. Thus Council had an amount of ₹ 73.09 crore available against which it utilised ₹ 72.06 crore (Plan: ₹ 35.80 crore and Non-Plan : ₹ 36.26 crore) leaving an unutilised balance of ₹ 1.02 crore (Plan : ₹ 0.37 crore and Non-Plan : ₹ 0.65 crore) as on 31 March 2012.

(II) SPECIFIC PROJECTS:

The Council also received grant of ₹ 0.34 crore (Plan) for specific projects from various agencies. It had an opening balance of ₹ 3.13 crore and miscellaneous receipts of ₹ 1.19 crore under these projects. Thus Council had an amount of ₹ 4.66 crore, available against which it utilised ₹ 2.48 crore during the year leaving an unutilised balance of ₹ 2.18 crore as on 31 March 2012.

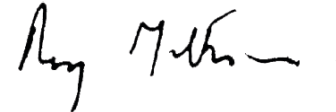
C. MANAGEMENT LETTER

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, Income and Expenditure Account and 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 Accounting Policies and 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 2012; 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 CAG of India

A handwritten signature in black ink, likely of the Director General of Audit, is positioned above the title.

Director General of Audit
Central Expenditure

Place : New Delhi
Date : 18.12.2012



ANNEXURE I

1. Adequacy of internal audit system

- ▶ The Internal audit of the Council had been conducted by the Ministry of Health & Family Welfare upto the year 2011-12. The last audit was conducted for the period 2009-12 however, inspection report was awaited. Twenty five paras for the period 2000-09 were outstanding.

2. Adequacy of internal control system- Monitoring

- ▶ The management's response to external audit objections is not effective as 26 paras for the period 2000-11 were outstanding.
- ▶ As per Rule 292 of the General Financial Rules, 2005 the advances given for contingent and miscellaneous purposes should be adjusted within 15 days from the date of drawal of advance. It was however, noticed that contingent advances amounting to ₹ 306.07 lakh were unadjusted as of 31 March 2012. These advances were given during the period 1998-99 to 2011-12. In addition to this Travelling Leave Travel Concession etc. advance amounting to ₹ 27.70 lakh pertaining to the period 1984-85 to 2011-12 were also outstanding.
- ▶ Time barred cheques may be cancelled and amount written back after obtaining no payment certificate from bank.
- ▶ As per the Bank Reconciliation Statement prescribed by the Council in respect of Bank Account No. 602310100016640 Cheques/DD amounting to ₹ 1,08,647 deposited by the Council were not credited. Necessary action may be taken to credit these cheques to the Council account.

3. System of physical verification of fixed assets

- ▶ The physical verification of fixed assets has been conducted upto 2010-11. However, for the year 2011-12 the physical verification was in progress.

4. System of physical verification of inventory

- ▶ Physical verification of inventory like stationery and other consumable items had been conducted upto 2010-11. However, in respect of publications the verification was completed upto April 2010 only.

5. Regularity in payment of statutory dues

- ▶ As per accounts no statutory dues over six months were outstanding as on 31.03.2012.

5.2 AUDITED STATEMENT OF ACCOUNTS

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Index of the Annual Accounts for the Year 2011-12

S. No.	Name of the accounts	Page No.	Schedules at Page No.
1.	Receipt & Payment account	108-109	112-158
2.	Income & Expenditure account	110	159-160
3.	Balance Sheet	111	161-164
4.	Notes on Accounts	165	

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

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

Sd/-
(Mohd. Nasim)
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 2012

S. No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
	Opening balance			1.	Establishment expenses	47,09,14,685.00	42,59,28,722.00
1.	(i) Cash in hand	2,19,373.75	1,45,449.75	2.	Administrative Expenses	7,17,26,080.00	11,38,46,790.13
				3.	Other Expenses		
	(ii) Cash-at-bank	4,88,53,372.97	8,23,26,581.27		(i) Material & Supplies	7,84,72,218.00	9,68,35,683.00
	Total Opening balance	4,90,72,746.72	8,24,72,031.02		(ii) Advance to Govt. Servants	15,75,250.00	10,36,000.00
2.	G.I.A. received				(iii) Outstanding advances	39,00,814.00	2,03,57,837.20
	(i) From Government of India	66,71,81,000.00	75,44,27,750.00		(iv) Other charges	2,17,01,112.00	2,55,74,665.00
	(ii) From other sources			4.	Investments (Out of own funds)	8,76,93,193.49	48,60,26,681.68
3.	Bank interest	1,59,25,884.03	2,02,62,093.09	5.	Fixed assets	3,73,62,926.72	1,91,16,395.80
4.	Interest on refundable advances	3,68,069.00	4,20,727.00	6.	Work in progress	4,77,35,000.00	6,17,92,430.00
5.	Other receipts	6,86,03,849.00	5,55,81,515.10	7.	Publication (Priced)	41,800.00	1,83,651.00
				8.	Remittance of recoveries	4,28,25,463.00	3,77,18,074.00
6.	By adjustment of Advances pertaining to previous years	1,76,98,837.00		9.	Refund of unspent balance to concerned Depts./Offices	2,892.00	8,395.00
7.	Recoveries for remittance	4,28,25,882.00		10.	Undisbursed amount in Previous Year disbursed	3,50,000.00	2,00,000.00
8.	Sale of Publication (Priced)	2,35,994.00		11.	Amount to be received from concerned a/c, Instts.	1,19,258.00	5,02,10,737.00

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S. No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
9.	Miscellaneous receipts to be transferred to pension fund a/c	61,395.00	73,907.00	73,907.00	-do-	15,81,172.00	8,395.00
10.	Recovery of subscription & advances	4,84,20,232.00	4,59,27,163.00	12.	LIC amount disbursed	2,00,000.00	2,00,000.00
11.	Investment received	4,61,54,555.92	38,16,49,268.92	13.	Other Misc. payments	6,18,25,807.00	5,02,10,737.00
12.	Amount receivable received	5,04,985.00	49,71,586.00	14.	Exps. Paid in advance	-	33,089.00
13.	Security deposit	25,000.00	17,000.00	15.	Arogya (North East)	-	19,29,600.00
14.	Advance from C.C.R.A.S. New Delhi	30,00,000.00	-	16.	Misc. receipts transferred to pension fund a/c	4,340.00	2,34,766.00
15.	In transit in Previous Year received	1,32,32,089.00	-	17.	Amount payable paid	70,672.00	44,75,690.00
16.	Payable to other a/cs	1,63,19,648.00	11,69,203.00	18.	Temporary transfer from CRISM a/c to be received from Health a/c (Plan)	1,20,00,000.00	-
17.	Recovery of refundable advances	27,10,833.00	26,18,027.00				
18.	Undisbursed amount	-	-	19.	Closing Balance		
19.	LIC for disbursement	2,00,000.00	2,00,000.00		Cash-in-hand	2,02,723.75	2,19,373.75
20.	Receipt from RRIUM, New Delhi	1,67,365.00	-		Cash-at-bank	5,24,02,957.71	4,88,53,372.97
21.	Transferred from B01 to AXIS Bank	-	-				
	Total Rs.	99,27,08,364.67	1,39,46,62,917.53		Total Rs.	99,27,08,364.67	1,39,46,62,917.53

Sd/-
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Accountant (I/A)

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(D.S. Negi)
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Sd/-
(Mohd. Nasim)
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 2012

S.No.	Expenditure	Current Year	Previous Year	S.No.	Income	Current Year	Previous Year
1	Establishment expenditure	47,11,97,266.00	42,54,03,856.00	1	GIA	88,90,00,000.00	76,76,27,750.00
2	Administrative expenditure	7,51,08,273.00 8,77,46,653.00	21,12,07,339.13	2	Other income	50,79,037.00	1,10,52,634.70
3	Other charges	2,48,71,604.00	2,55,74,665.00	3	Less : Capitalised expenditure	(-) 2,90,40,418.00	(-) 1,93,00,046.80
4	Depreciation	3,49,61,599.00	3,49,61,599.00				
5	Balance being Excess of Income over Expenditure :	17,11,53,224.00	17,11,53,224.00	9,71,94,477.77			
	Total	86,50,38,619.00	75,93,80,337.90		Total	86,50,38,619.00	75,93,80,337.90

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

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(D.S. Negi)
Administrative Officer

Sd/-
(Mohd. Nasim)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Balance Sheet as on 31 March 2012

S.No.	Liabilities	Schedule No.	Current Year	Previous Year	S.No.	Assets	Schedule No.	Current Year	Previous Year
1.	Capital fund	(S/1)	65,91,38,945.81	50,12,93,701.21	1.	Fixed assets	(S/3)	24,40,64,623.00	25,55,50,232.35
2.	Current Liabilities	(S/2)	60,38,38,089.76	33,22,98,979.88	2.	Investments (Others)	(S/5C)	35,79,93,585.70	31,64,54,948.13
3.	Earmarked/Endowment fund	S/3(A)	2,18,21,179.22	—	3.	Current assets:			
						(i) Loans & advances	(S/5B)	63,01,34,324.63	21,25,14,753.89
						(ii) Bank/Cash balance : 3,07,84,502.24 2,18,21,179.22	(S/5A)	5,26,05,681.46	4,90,72,746.72
	Total Rs.		1,28,47,98,214.79	83,35,92,681.09		Total Rs.		1,28,47,98,214.79	83,35,92,681.09

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

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(D.S. Negi)
Administrative Officer

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(Mohd. Nasim)
Administrative Officer

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



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			35,63,00,000.00	35,75,69,000.00	-	32,090.00
	(a) Cash in hand	15,200.00	10,200.00				
	(b) Cash-at-bank	96,43,607.11	3,993.11				
	Total (Non-Plan) S.No. 1	96,58,807.11	14,193.11	35,63,00,000.00	35,75,69,000.00	-	32,090.00
2.	PLAN						
	(i) Health Scheme a/c			30,75,00,000.00	38,32,00,000.00	20,57,181.00	23,54,121.00
	(a) Cash-in-hand	1,71,667.60	1,30,167.60				
		5,422.15 27,084.00	4,545.15				
Sd/- (S. Asif Mian) Accountant (I/A)		Sd/- (D.S. Negi) Administrative Officer		Sd/- (Mohd. Nasim) Administrative Officer		Sd/- (Prof. S. Shakir Jamil) Director General	



(b) Cash-at-bank	5,87,284.21	3,04,215.74				
Total (H) PLAN	7,91,457.96	4,39,465.49	30,75,00,000.00	38,32,00,000.00	20,57,181.00	23,54,121.00
(ii) ROTP a/c		-				
(iii) Herb Garden a/c	72,473.00	9,39,147.00			4,683.00	33,326.00
(iv) Pub. Of Text Book a/c	42,129.00	11,303.00			1,648.00	30,826.00
(v) UPS a/c I	1,768.68	41,908.68			1,424.00	2,745.00
(vi) Seminar a/c	-	-				
(vii) DSOP	1,63,910.05	1,86,140.00			6,389.00	6,561.00
		(+) 3,215.05				
(viii) EMR						
(ix) Digitilisation of Manuscript a/c	13,833.00	13,02,345.00			1,115.00	28,903.00
(x) WHO a/c	1,11,837.00	28,977.00	3,81,000.00	1,58,750.00	4,473.00	1,710.00
(xi) NMPB a/c						
(xii) UPS a/c II	861.00	861.00				
(xiii) ICST a/c						

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 Sd/- (D.S. Negi) Administrative Officer
 Sd/- (Mohd. Nasim) Administrative Officer
 Sd/- (Prof. S. Shakir Jamil) Director General



	(xiv) Donation a/c	40,359.75	38,978.75			1,562.00	1,381.00
	(xv) International Events conference a/c	5,39,242.00	5,21,975.00			21,100.00	17,267.00
	(xvi) DST a/c	1,16,06,252.00	2,27,45,464.00			2,60,877.46	2,58,683.00
	(xvii) CRISM a/c	1,25,97,400.00	77,95,772.00		1,00,00,000.00	2,65,848.00	2,48,543.00
	(xviii) CIGSM a/c	60,85,912.00	25,47,579.00		35,00,000.00	2,33,279.00	1,22,729.00
	(xix) South Asian a/c	-	-	30,00,000.00	-	78,270.00	-
	Total (Plan) S.No. 2 (ii to xix)	3,12,75,977.48	3,66,03,130.97	33,81,000.00	39,68,58,750.00	8,80,668.46	31,06,795.00
3.	(i) NPS a/c	4,532.33	1,38,15,458.00			25,28,236.78 1,70,226.00	12,90,908.48 (-) 5,92,166.67
	(ii) CPF/GPF a/c	10,50,343.61	2,93,93,591.61			88,21,754.64	1,46,18,431.64
						(-) 938.00	(-) 938.00
	(iii) GIS a/c	7,20,666.65	5,12,838.65			27,693.00	9,92,493.70
	(iv) Pension fund a/c	55,70,961.58	21,32,818.68			14,41,062.15	(+) 8,14,557.94 (-) 79.00
	Total S.No. 3	73,46,504.17	4,58,54,706.94	-	-	1,29,88,034.57	1,71,23,208.09
	Grand Total S.No. 1 to 3	4,90,72,746.72	8,24,72,031.02	66,71,81,000.00	75,44,27,750.00	1,59,25,884.03	2,02,62,093.09

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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



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				
		8,66,763.00	6,63,476.00	3,02,220.00	3,98,900.00
					6,44,529.00
					4,05,128.00
	Total (Non-Plan) S.No. 1	8,66,763.00	6,63,476.00	3,02,220.00	3,98,900.00
2.	PLAN				
	Health Scheme a/c	17,29,280.00	65,47,663.20	65,849.00	21,827.00
		(-) 4,48,387.00			
		(-) 100.00			
		(-) 32,089.00			
		(+) 2,326.00			
		(+) 50,000.00			
		(+) 2,50,000.00			

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



Total (H) PLAN							
(ii) ROTP a/c	-						2,144.90
(iii) Herb Garden a/c	-						
(iv) Pub. Of Text Book a/c	-						
(v) UPS a/c I	34,794.00						
(vi) Seminar a/c							
(vii) DSOP							
(viii) EMR							
(ix) Digitilisation of Manuscript a/c							
(x) WHO a/c						10,000.00	
(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	1,10,00,000.00						20,00,000.00
(xvii) CRISM a/c							17,00,000.00

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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



	(xviii) CICSMA a/c							
	Total (Plan) S.No. 2			65,47,663.20	21,827.00			64,32,372.90
3.	(i) NPS a/c							
	(ii) CPF/GPF a/c							
	(iii) GIS a/c							
	(iv) Pension fund a/c	4,75,00,000.00		4,10,00,000.00				
		16,000.00		1,11,959.90				
		74,66,782.00		72,58,416.00				
		99,360.00						
		(-) 4,787.00						
		73,907.00						
	Total S.No. 3			4,83,70,375.90				
	Grand Total S.No. 1 to 3	6,86,03,849.00		5,55,81,515.10	3,68,069.00	4,20,727.00	1,76,98,837.00	68,37,500.90

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S.No.		Recoveries of refundable advances		Sale of Council's publications		OPD/Registration fee amount (RRIUM, New Delhi)	
		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	23,25,983.00	24,69,836.00				
	Total (Non-Plan) S.No. 1	23,25,983.00	24,69,836.00				
2.	PLAN						
	(i) Health Scheme a/c	3,84,850.00	1,48,191.00	2,35,994.00	2,81,883.50	1,67,365.00	
	(b) Cash-at-bank						
	Total (H) PLAN						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP						
	(viii) EMR						

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

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(Mohd. Nasim)
Administrative Officer

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

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

	(ix) Digitilisation of Manuscript 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		2,81,883.50		
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	27,10,833.00	26,18,027.00	2,35,994.00	2,81,883.50	1,67,365.00	-

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S.No.		Recoveries for remittance		Recovery of subscription/advances		Misc. receipts to be transferred to pension fund a/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(10)		(11)		(12)	
1.	Health Scheme a/c						
	(1) NON-PLAN						
	Health Scheme	3,24,72,252.00	3,19,90,755.00			61,395.00	69,567.00
		2,50,824.00	35,188.00				
			1,62,612.00				
	Total (Non-Plan) S.No. 1	3,27,23,076.00	3,21,88,555.00			61,395.00	69,567.00
2.	PLAN						
	(i) Health Scheme a/c	96,58,091.00	49,13,652.00				4,340.00
		1,09,000.00	85,200.00				
	(b) Cash-at-bank						
	Total (H) PLAN						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(vi) Seminar a/c								
	(vii) DSOP								
	(viii) EMR								
	(ix) Digitilisation of Manuscript a/c			42,544.00					
	(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			9,081.00					
	(xvii) CRISM a/c			45,622.00					
	(xviii) CICISM a/c								
	Total (Plan) S.No. 2			50,96,099.00					4,340.00
3.	(i) NPS a/c					(-) 14,701.00 (-) 3,186.00 1,02,79,685.00 (-) 1,02,091.00		(-) 2,848.00 15,39,771.00 82,27,630.00	
	(ii) CPF/GPF a/c					3,44,46,222.00		3,25,81,128.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



					29,29,643.00	26,54,732.00		
	(iii) GIS a/c				(+) 140.00 8,84,640.00 (-) 20.00 (-) 100.00	9,26,750.00		
	(iv) Pension fund a/c			2,94,289.00 29,426.00 12,000.00	4,68,608.00			
	Total S.No. 3			4,68,608.00		4,59,27,163.00		
	Grand Total S.No. 1 to 3			4,28,25,882.00	4,84,20,232.00	4,59,27,163.00	61,395.00	73,907.00

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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



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(Prof. S. Shakir Jami)
Director General

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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



	(xviii) CICSMA a/c						
	Total (Plan) S.No. 2			2,45,341.00		17,000.00	
3.	(i) NPS a/c						
	(ii) CPF/GPF a/c			44,30,434.00			
	(iii) GIS a/c						
	(iv) Pension fund a/c		2,118.00	2,34,766.00			
	Total S.No. 3			46,65,200.00			
	Grand Total S.No. 1 to 3		5,04,985.00	49,71,586.00	25,000.00	17,000.00	30,00,000.00
							-

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S.No.		In transit amount received		Un-disbursed amount		Payable amount	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)		(17)		(18)	
1.	Health Scheme a/c						4,606.00
	(1) NON-PLAN						1,00,000.00
	(i) Health Scheme					8,36,361.00	
						8,36,361.00	1,04,606.00
	Total (Non-Plan) S.No. 1						
2.	PLAN						720.00
	(i) Health Scheme a/c	1,32,00,000.00				15,44,252.00	58,184.00
		32,089.00				1,20,00,000.00	2,575.00
	T.D.S					19,18,469.00	
	Total (H) PLAN						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(v) UPS a/c I								
	(vi) Seminar a/c								
	(vii) DSOP a/c								
	(viii) EMR a/c								
	(ix) Digitisation of Manuscript 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								10,00,000.00
	(xvi) DST a/c								
	(xvii) CRISM a/c								
	(xviii) CICISM a/c								10,61,479.00
	Total (Plan) S.No. 2								
3.	(i) NPS a/c								
	(ii) CPF/GPF a/c								

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(iii) GIS a/c						3,118.00
	(iv) Pension fund a/c					20,566.00	3,118.00
	Total S.No. 3						11,69,203.00
	Grand Total S.No. 1 to 3				1,32,32,089.00	1,63,19,648.00	10,500.00

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

S.No.		Investment received		LIC amount for disbursement		Transfer from B.O.I. to AXIX Bank	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
1.	Health Scheme a/c						
	(1) NON-PLAN						
	(i) Health Scheme						
	Total (Non-Plan) S.No. 1						
2.	PLAN						
	(i) Health Scheme a/c						
	Total (H) PLAN						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(vi) Seminar a/c								
	(vii) DSOP								
	(viii) EMR a/c								
	(ix) Digitilisation of Manuscript 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) CCRISM a/c								
	Total (Plan) S.No. 2								
3.	(i) NPS a/c	76,36,935.04	70,07,615.94						
	(ii) CPF/GPF a/c	1,21,50,080.22	28,11,96,493.29						
	(iii) GIS a/c	—	2,63,57,093.12	2,00,000.00	2,00,000.00	2,00,000.00			

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(iv) Pension fund a/c	2,63,67,540.66	6,70,88,066.57			
	Total S.No. 3		38,16,49,268.92		2,00,000.00	
	Grand Total S. No. 1 to 3	4,61,54,555.92	38,16,49,268.92	2,00,000.00	2,00,000.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S.No.	Receipt of Bank balance of other accounts		Total receipts	
	Current Year	Previous Year	Current Year	Previous Year
	(22)		(23)	
1.	Health Scheme a/c			
	(1) NON-PLAN			
	(i) Health Scheme		40,37,23,727.11	39,39,76,396.11
	Total (Non-Plan) S.No. 1		40,37,23,727.11	39,39,76,396.11
2.	PLAN			
	(i) Health Scheme a/c		37,17,83,209.96	40,10,50,391,.19
	Total (H) PLAN			
	(ii) ROP a/c		-	2,144.90
	(iii) Herb Garden a/c		77,156.00	9,72,473.00
	(iv) Pub. Of Text Book a/c		43,777.00	42,129.00
	(v) UPS a/c I		37,986.68	44,653.68
	(vi) Seminar a/c			
	(vii) DSOP		1,70,299.05	1,95,916.05

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(viii) EMR a/c				
	(ix) Digitisation of Manuscript a/c			14,948.00	13,73,792.00
	(x) WHO a/c			5,07,310.00	1,89,437.00
	(xi) NMMPB a/c				
	(xii) UPS a/c II			861.00	861.00
	(xiii) ICST a/c				
	(xiv) Donation a/c			41,921.75	40,359.75
	(xv) International Events conference a/c			5,60,342.00	5,39,242.00
	(xvi) DST a/c			2,28,67,129.46	2,60,13,228.00
	(xvii) CRISM a/c			1,28,63,248.00	1,97,89,937.00
	(xviii) CICSIM a/c			63,19,191.00	61,70,308.00
	(xix) South Asian a/c			30,78,270.00	
	Total (Plan) S.No. 2				45,64,24,872.57
3.	(i) NPS a/c			2,04,99,637.15	3,12,86,368.75
	(ii) CPF/GPF a/c			5,93,97,105.47	36,48,73,872.54
	(iii) GIS a/c			18,33,019.65	2,89,89,175.47

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



(iv) Pension fund a/c				8,88,89,225.39	11,91,12,232.09
Total S.No. 3					54,42,61,648.85
Grand Total S.No. 1 to 3				99,27,08,364.67	1,39,46,62,917.53

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Payments for the Year ended 31 March 2012

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	35,77,45,764.00	34,31,25,539.00	39,41,546.00	31,28,370.00	1,53,971.00	3,49,633.00
	Total (Non-Plan) S.No. 1	35,77,45,764.00	34,31,25,539.00	39,41,546.00	31,28,370.00	1,53,971.00	3,49,633.00
2.	Plan						
		-	-	-	+240.00	-	-
	(i) Health scheme a/c	11,31,68,921.00	8,20,98,317.00	6,62,40,284.00	9,46,82,044.23	7,83,18,247.00	9,64,65,406.00
					+5,208.00		
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan						
	(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/-
(Mohd. Nasim)
Administrative Officer

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



(iv) Pub. Of Text Book a/c						
(v) UPS a/c I						8,091.00
(vi) Seminar a/c						
(vii) DSOP a/c					26,529.00	5,477.00
(viii) EMR a/c						
(ix) Digitisation of Manuscript a/c				1,80,000.00	11,19,415.00	
(x) WHO a/c					5,02,728.00	
(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				5,24,866.00	10,21,132.00	
(xvii) CRISM a/c					20,390.00	7,076.00
(xviii) CCRISM a/c					84,396.00	
Total (Plan)				8,28,03,183.00	11,07,18,420.13	9,64,86,050.00

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

3.	(i) NPS a/c							
	(ii) GPF a/c							
	(iii) GIS a/c							
	(iv) Pension fund a/c							
	Total S.No. 3	47,09,14,685.00	42,59,28,722.00	7,17,26,080.00	11,38,46,790.13	7,84,72,218.00	9,68,35,683.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



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	24,591.00	99,788.00				4,08,000.00
	Total (Non-Plan) S.No. 1	24,591.00	99,788.00				4,08,000.00
2.	Plan						
	(i) Health scheme a/c	1,38,89,220.00	1,79,02,666.80	41,800.00	1,83,651.00	15,75,250.00	6,28,000.00
		1,22,34,997.00					
	Health scheme a/c						
	Health scheme a/c						
	Total (H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

	(vii) DSOP a/c								
	(viii) EMR a/c								
	(ix) Digitisation of Manuscript 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	1,12,14,118.72	11,13,941.00						
	(xvii) CRISM a/c								
	(xviii) CCRISM a/c								
	Total (Plan)		1,90,16,607.80	1,83,651.00	41,800.00	15,75,250.00	10,36,000.00		
3.	(i) NPS a/c								
	(ii) GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c								
	Total S. No. 1 to 3	3,73,62,926.72	1,91,16,395.80	1,83,651.00	41,800.00	15,75,250.00	10,36,000.00		

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S. No.	Name of the Scheme	Outstanding advances		Other charges		Work in progress	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(7)		(8)		(9)
1.	Non-Plan						
	(i) Health scheme a/c	7,64,661.00	4,95,791.00		60,000.00		
	Total (Non-Plan) S. No. 1	7,64,661.00	4,95,791.00		60,000.00		
2.	Plan						
	(i) Health scheme a/c	26,96,752.00	1,37,49,168.20	3,38,640.00	2,55,14,665.00	4,77,35,000.00	6,17,92,430.00
		4,29,401.00					
		10,000.00					
				2,13,62,472.00			
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

(v) UPS a/c I			34,794.00			
(vi) Seminar a/c						
(vii) DSOP a/c						
(viii) EMR a/c						
(ix) Digitisation of Manuscript a/c						
(x) WHO a/c			10,000.00			
(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			60,21,843.00			
(xvii) CRISM a/c			46,241.00			
(xviii) CICISM a/c						
Total S.No. 2			1,98,62,046.20	2,55,14,665.00		6,17,92,430.00

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

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

Sd/-
(Mohd. Nasim)
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. 1 to 3	39,00,814.00	2,03,57,837.20	2,17,01,112.00	2,55,74,665.00	4,77,35,000.00	6,17,92,430.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

S. No.	Name of the Scheme	Expenses paid in advance		Excess paid to be received /adjusted		North East Arogya	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(10)		(11)		(12)
1.	Non-Plan						
	(i) Health scheme a/c			99,558.00	57,569.00		
				19,700.00			
	Total (Non-Plan) S.No. 1			1,19,258.00	57,569.00		
2.	Plan						
	(i) Health scheme a/c		33,089.00		4,787.00		19,29,600.00
					18,608.00		
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(vii) DSOP a/c								
	(viii) EMR a/c								
	(ix) Digitisation of Manuscript a/c								
	(x) WHO a/c								
	(xi) NMPB a/c								
	(xii) UPS a/c II								
	(xiii) ICSI 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		23,395.00		19,29,600.00	
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	1,19,258.00	80,964.00		19,29,600.00	

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

S. No.	Name of the Scheme	Remittance of recoveries		Unspent balance to be refunded to the concerned Departments/Offices		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	3,24,72,252.00	3,19,90,755.00			1,00,000.00	
		2,50,824.00	+1,62,612.00				
	Total (Non-Plan) S. No. 1	3,27,23,076.00	3,21,53,367.00			1,00,000.00	
2.	Plan						
	(i) Health scheme a/c (Gen)	96,57,672.00	49,13,652.00			2,50,000.00	
		1,09,000.00	(+) 85,200.00				
	Total (H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						
	(ix) Digitisation of Manuscript a/c		42,544.00				
	(x) WHO a/c			2,892.00			
	(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		9,081.00				
	(xvii) CRISM a/c		45,622.00				
	(xviii) CCRISM a/c						
	Total S.No. 2		50,96,099.00				
3.	(i) NPS a/c						
	(ii) GPF a/c						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(iii) GIS a/c						
	(iv) Pension fund a/c	3,23,715.00	4,68,608.00				
		12,000.00					
	Total S.No. 3		4,68,608.00				
	Grand Total S.No.1 to 3	4,28,25,463.00	3,77,18,074.00	2,892.00	-	3,50,000.00	-

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



S. No.	Name of the Scheme	Amount receivable		Investments a/c		Temporary transfer to Health a/c to be received	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)		(17)		(18)	
1.	Non-Plan						
	(i) Health scheme a/c	15,44,252.00	255.00 (+) 3,186.00 (+) 1,045.00 (-) 6.00				
	Total (Non-Plan) S.No. 1	15,44,252.00	4,492.00				
2.	Plan						
	(i) Health scheme a/c	511.00	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) Pub. Of Text Book a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(vii) DSOP a/c								
	(viii) EMR a/c								
	(ix) Digitisation of Manuscript 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							1,20,00,000.00	
	(xviii) CCRISM a/c								
	Total S.No. 2			1,785.00			-		-
3.	(i) NPS a/c		36,409.00			1,90,84,561.82	3,12,81,836.42		
	(ii) GPF a/c					2,70,97,070.86			
							33,99,81,825.93		
	(iii) GIS a/c						2,70,07,243.82		

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



	(iv) Pension fund a/c		2,118.00	4,15,11,560.81	8,77,55,775.51		
	Total S.No. 3		2,118.00		48,60,26,681.68		
	Grand total S.No. 1 to 3	15,81,172.00	8,395.00	8,76,93,193.49	48,60,26,681.68	1,20,00,000.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

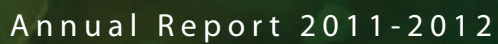
S. No.	Name of the Scheme	Received from LIC disbursed		Misc. receipt transferred to pension fund a/c		Amount payable paid	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(19)		(20)		(21)
1.	Non-Plan						
	(i) Health scheme a/c					69,567.00	44,30,434.00 (+) 4,606.00
	Total (Non-Plan) S.No. 1					69,567.00	44,35,040.00
2.	Plan						
	(i) Health scheme a/c			4,340.00	2,34,766.00		15,650.00
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan						
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Book a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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S. No.	Name of the Scheme	Transferred to Axis Bank		Other Mis. Payments	
		Current Year	Previous Year	Current Year	Previous Year
			(22)		(23)
1.	Non-Plan				
	(i) Health scheme a/c				
	Total (Non-Plan) S.No. 1		—		—
2.	Plan				
	(i) Health scheme a/c			50,000.00 (sec. dep.)	
	Health scheme a/c				
	Health scheme a/c				
	Total(H) Plan				
	(ii) ROTP a/c				
	(iii) Herb Garden a/c				
	(iv) Pub. Of Text Book 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/- (Mohd. Nasim) Administrative Officer	
				Sd/- (Prof. S. Shakir Jami) Director General	



	(ix) Digitisation of Manuscript a/c				
	(x) WHO a/c				
	(xi) NMMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICSI 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		-		-
3.	(i) NPS a/c				
	-do-				
	(ii) GPF a/c			30,32,350.00	29,21,629.00
	-do-			1,77,67,500.00	1,40,83,000.00
	-do-			93,50,346.00	68,30,074.00
	-do-			49,996.00	

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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



				8,36,361.00	
	(iii) GIS a/c			4,14,399.00	3,91,265.00
				5,05,513.00	6,70,000.00
	(iv) Pension fund a/c			2,98,19,342.00	26,684.00
					2,52,88,085.00
	Total S.No. 3			—	5,02,10,737.00
	Grand Total S.No. 1 to 3			6,18,25,807.00	5,02,10,737.00

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



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	65,37,041.11	96,58,807.11	40,37,23,727.11	39,39,76,396.11
	Total (Non-Plan) S.No. 1	65,37,041.11	96,58,807.11	40,37,23,727.11	39,39,76,396.00
2.	Plan				
	(i) Health scheme a/c (Gen)	36,70,702.96	7,91,457.96	37,17,83,209.96	40,10,50,391.19
	Health scheme a/c (SCP)				
	Health scheme a/c (TSP)				
	Total(H) Plan				
	(ii) ROTP a/c				2,144.90
	(iii) Herb Garden a/c	77,156.00	17,473.00 (+) 55,000.00	77,156.00	48,17,431.00
	(iv) Pub. Of Text Book a/c	43,777.00	42,129.00	43,777.00	42,129.00
	(v) UPS a/c I	37,986.68	1,768.68	37,986.68	44,653.68
	(vi) Seminar a/c		-		
	(vii) DSOP a/c	1,70,299.05	3,215.05 (+) 1,60,695.00	1,70,299.05	45,83,299.00

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

	(viii) EMR a/c				
	(ix) Digitisation of Manuscript a/c	14,948.00	13,833.00	14,948.00	13,73,792.00
	(x) WHO a/c	1,690.00	1,11,837.00	5,07,310.00	1,89,437.00
	(xi) NMMPB a/c		-		-
	(xii) UPS a/c II	861.00	861.00	861.00	861.00
	(xiii) ICSJ a/c		-		-
	(xiv) Donation a/c	41,921.75	40,359.75	41,921.75	40,359.75
	(xv) International Events conference a/c	5,60,342.00	5,39,242.00	5,60,342.00	5,39,242.00
	(xvi) DST a/c	1,06,31,878.74	1,16,06,252.00	2,28,67,129.46	2,60,13,228.00
	(xvii) CRISM a/c	8,42,858.00	1,25,97,400.00	1,28,63,248.00	1,97,89,937.00
	(xviii) CICISM a/c	63,19,191.00	60,85,912.00	63,19,191.00	61,70,308.00
	(xix) South a/c	30,78,270.00		30,78,270.00	
	Total S.No. 2		3,20,67,435.44		45,64,24,872.57
3.	(i) NPS a/c	13,78,666.33	4,532.33	2,04,99,637.15	3,12,86,368.75
	(ii) GPF a/c	12,62,376.61	10,50,343.61	5,93,97,105.47	36,48,73,872.54
	(iii) GIS a/c	7,13,107.65	7,20,666.65	18,33,019.65	2,89,89,175.47

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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



(iv) Pension fund a/c	1,72,22,607.58	55,70,961.58	8,88,89,225.39	11,91,12,232.09
Total S.No. 3		73,46,504.17		54,42,61,648.85
	5,26,05,681.46	4,90,72,746.72	99,27,08,364.67	1,39,46,62,917.53

	Current year	Previous year
Cash	2,02,723.75	2,19,373.75
Bank	<u>5,24,02,957.71</u>	<u>4,88,53,372.97</u>
Total	<u>5,26,05,681.46</u>	<u>4,90,72,746.72</u>

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

Schedule of Income for the Year ended 31 March 2012

S. No.	Grant-in-aid	Miscellaneous Receipts	Capital Expenditure
1.	Health a/c (Plan)	20,57,181.00 + 65,849.00	1,38,89,220.00
		2,35,994.00 + 17,29,280.00	24,51,887.00
		(+)50,000.00 + 2,326.00 + 2,50,000.00	1,22,34,997.00
		(-)4,48,387.00 (-)100.00 (-)32,089.00	41,800.00 + 3,97,923.00
	Total (Plan)	39,10,054.00	2,90,15,827.00
2.	Health a/c (N.P.)	3,02,220.00 + 8,66,763.00	24,591.00
3.	Total (Non Plan)	3,02,220.00 + 8,66,763.00	24,591.00
	Grand Total	50,79,037.00	2,90,40,418.00

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Expenditure for the Year ended 31 March 2012

S. No.	Depreciation	Establishment expenses	Administrative expenses	Material & Supplies	Other charges	Excess of Income over Expenditure	Excess of Expenditure over Income
1.							
(A) PLAN		11,31,68,921.00	6,62,40,284.00		3,38,640.00 16,93,83,579.00		
Health a/c	3,48,15,727.00	2,82,581.00	49,26,443.00	92,74,435.00	(-)3,97,923.00		
				7,83,18,247.00	8,13,74,269.00		
					(-)41,800.00		
					(-)1,22,34,997.00	17,56,95,985.00	
					(-)16,58,15,164.00		
					(-)4,77,35,000.00		
Total (Plan)	3,48,15,727.00	11,34,51,502.00	7,11,66,727.00	8,75,92,682.00	2,48,71,604.00	17,56,95,985.00	
2.							
Health a/c (Non Plan)	1,40,953.00	35,77,45,764.00	39,41,546.00	1,53,971.00	-	-	45,37,842.00
3.							
FW. a/c	4,919.00						
							4,919.00
Grand Total	3,49,61,599.00	47,11,97,266.00	7,51,08,273.00	8,77,46,653.00	2,48,71,604.00	17,56,95,985.00	45,42,761.00
Less excess of Expenditure over Income						(-)45,42,761.00	(-) 45,42,761.00
Net excess of Income over Expenditure						17,11,53,224.00	-
Sd/- (S. Asif Mian) Accountant (I/A)	Sd/- (D.S. Negi) Administrative Officer			Sd/- (Mohd. Nasim) 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 2012

S. No.	Name of Schemes	Fixed assets (S/3)	Excess of Expenditure over Income (S/4)	Current assets (S/5A)	Current assets (S/5B)	Investments (S/5C)	Total assets
1.	Health a/c	24,40,26,736.00		1,02,07,744.07	61,21,29,610.65		86,63,64,090.72
2.	F.W. a/c	37,887.00	1,70,678.06		2,047.94		2,10,613.00
3.	NPS a/c			13,78,666.33	18,11,236.00 36,409.00	4,52,44,296.75	4,84,70,608.08
4.	CPF/GPF a/c			12,62,376.61	33,852.98	24,55,29,448.42	
	-do-				19,18,469.00		25,84,73,804.72
	-do-				53,67,017.00		
	-do-				43,62,640.71		
	GIS a/c			7,13,107.65	180.00	1,41,96,823.88	1,64,13,717.51
	-do-				3,500.00		
	-do-				15,00,105.98		
5.	Pension fund a/c			1,72,22,607.58	6,557.00	5,30,23,016.65	
	-do-				11,156.00		7,32,14,879.60
	-do-				11,870.00		
					29,39,672.37		
	Total	24,40,64,623.00	1,70,678.06	3,07,84,502.24	63,01,34,324.63	35,79,93,585.70	1,26,31,47,713.63

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

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

Sd/-
(Mohd. Nasim)
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 2012**

S. No.	Name of Schemes	Capital fund (S/1)	Excess of Income over Expenditure (S/4)	Current Liabilities (S/2)	Total liabilities
1.	Health a/c	41,51,31,466.98	24,39,84,633.89	20,72,47,989.85	86,63,64,090.72
2.	F.W. a/c	1,93,523.00		17,090.00	2,10,613.00
3.	NPS a/c			4,24,10,417.00	
	-do-			60,45,809.08	4,84,70,608.08
	-do-			6,582.00 + 7,800.00	
4.	CPF/GPF a/c			19,00,01,615.49	
	-do-			77,799.00	25,84,73,804.72
	-do-			53,67,017.00	
	-do-			6,30,27,373.23	
5.	GIS a/c			43,31,821.40	
	-do-			1,20,80,870.11	1,64,13,717.51
	-do-			1,026.00	
6.	Pension fund a/c			7,31,56,790.60	
	-do-			10.00	7,32,14,879.60.00
	-do-			58,079.00	
	Total	41,53,24,989.98	24,39,84,633.89	60,38,38,089.76	1,26,31,47,713.63
	Excess of Income over Expenditure :	24,38,13,955.83			
	Less: Excess of Expenditure over Income :		(-) 1,70,678.06		
	Total	65,91,38,945.81	24,38,13,955.83		
			(-) 24,38,13,955.83		
			Nil		

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

Consolidated Schedule of Fixed Assets as on 31 March 2012

S. No.	Name of the assets	Gross Block		Less: Sale of Council's publications (priced)			Depreciation			Net Block	
		Opening balance as on 01.04.11	Addition	Deductions	Total	Opening balance as on 01.04.11	Addition	On addition	Total	As on 31.03.2012	As on 31.03.2011
1.	Machinery & Equipments	7,63,71,743.88	97,31,317.00 (-) 10,39,971.00	(-) 52,35,792.35	7,98,15,297.53			91,25,660.00	2,81,03,247.32	5,17,12,049.00	5,61,77,101.56
2.	Furniture & Fixture	7,74,81,815.87	22,90,945.00	(-) 74,194.00	7,98,96,564.87			69,67,168.00	1,72,14,963.57	6,26,81,401.00	6,74,22,589.30
3.	Computers	85,62,691.00	35,77,517.00	(-) 59,777.00	1,20,80,431.00			37,44,740.00	95,83,948.00	24,96,483.00	26,87,619.00
4.	Land	27,85,336.00			27,85,336.00			-	-	27,85,336.00	27,85,336.00
5.	Construction work of Haid Garden et/c	4,79,102.00		(-) 4,79,102.00	Nil			(-) 47,910.00	Nil	Nil	4,31,192.00
6.	Books & Journals	2,44,34,386.17	13,53,946.00	(-) 63,231.00	2,77,25,101.17			-	-	2,77,25,098.00	2,44,34,386.17
7.	Vehicles	92,40,431.00	4,45,944.00 (-) 7,08,316.00	(-) 367.00	89,77,692.00			11,06,398.00 (-) 1,06,247.00	33,10,165.00	56,67,527.00	69,30,325.00
8.	Buildings	9,10,24,896.00	1,22,34,997.00	-	10,32,61,893.00			1,41,23,880.00	2,32,26,570.00	8,00,35,323.00	8,19,24,206.00
9.	Council's Publications (Priced)	1,14,68,478.82	4,39,723.00	-	1,19,08,201.82	7,11,001.50	2,35,994.00		9,46,995.50	1,09,61,206.00	1,07,57,477.32
	Total	30,40,30,880.74	2,83,32,102.00	(-) 59,12,465.35	32,64,50,517.39	7,11,001.50	2,35,994.00	3,49,61,599.00	8,14,38,893.89	24,40,44,23.00	25,55,50,282.35
								(Health) Rs. 3,49,56,680.00 (FM) 4,91,900.00 Rs. 3,49,61,599.00			

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

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

5.3 NOTES ON ACCOUNTS

1. Annual accounts of the Council for the year 2011-12 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 organization.
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 and NPCC.
7. There is no valuation of Inventories since it is not a profit earning organization but a research organization under Ministry of Health & Family Welfare, Department of AYUSH.
8. A schedule of Investment is prepared every year and given to audit which is duly reconciled with actual documents figures mentioning there the rate of interest, duration, amount, name of Institutions, etc.
9. Retirement benefits are treated as per GOI Rules.
10. Current year depreciation has been charged under expenditure in compliance of audit observation in the previous year's audit report and previous year depreciation figures up to 2010-11 have been transferred from capital fund account to Income & Expenditure account as expenditure.
11. Earmarked/Endowment fund has been shown separately in the Balance Sheet with necessary Schedule, in compliance of audit observations in the previous year audit report.
12. The annual accounts of the Council for the year 2011-12 have been approved by the competent authority i.e. Standing Finance Committee on 25.07.2012.

Sd/-

Administrative Officer
CCRUM, New Delhi



APPENDIX

INSTITUTIONAL NETWORK OF CCRUM

Central Council for Research in Unani Medicine (CCRUM) Headquarters

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Central Research Institute of Unani Medicine

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Clinical Research Unit

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Clinical Research Unit

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Regional Research Centre of Unan Medicine (RRCUM)

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Clinical Research Unit (Unani)

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Chemical Research Unit

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

Drug Standardization Research Unit

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Phone : +91-11-26089688

Literary Research Institute of Unani Medicine

Jamia Hamdard, Hamdard Nagar
New Delhi – 110 062

Drug Standardization Research Institute

PLIM Building
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Uttar Pradesh
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Fax : 2787016
E-mail : dsrigzb@gmail.com

Unani Medical Centre

(Extension Centre of RRIUM, New Delhi)
Dr. Ram Manohar Lohia Hospital
New Delhi - 110 001
Phone : 23404594

Unani Speciality Centre

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

Clinical Pilot Project (Unani)

LACHUA Complex
Mairang Palli Bazar
Cherapur, P.O. Wangjing – 795 148
District Thoubal
Manipur



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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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

Ministry of Health and Family Welfare, Government of India

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