

ANNUAL REPORT

2012-2013



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

**Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)
Ministry of Health & Family Welfare, Government of India
New Delhi**



Published by:

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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

Ministry of Health & Family Welfare, Government of India

61-65, Institutional Area, Opposite 'D' Block, Janakpuri, New Delhi 110 058 (India)

Telephone: +91-11-28521981, 28525982-83, 28525831-52, 62, 83, 97, 28520501, 28522524

Fax +91-11-28522965

E-mail: unanimedicine@gmail.com

Website: www.ccrum.net

Printed at:

India Offset Press

A-1, Mayapuri Industrial Area, Phase 1

New Delhi - 110 064 (India)

CONTENTS

1. OVERVIEW	7
1.1. Objectives of the Council	7
1.2. Programme-wise Achievements	7
2. MANAGEMENT	11
2.1. Governing Body	11
2.2. Standing Finance Committee	12
2.3. Institutional Ethics Committee	13
2.4. Scientific Advisory Committee	27
2.4.1. Research Sub-committees	28
2.5. Organizational Set-up	28
2.6. Budget (Actual Expenditure)	34
3. TECHNICAL REPORT	37
3.1. Intramural Research	37
3.1.1. Centre-wise Activities	37
3.1.2. Programme-wise Activities	41
3.1.2.1. Survey and Cultivation of Medicinal Plants Programme	41
• Ethnopharmacological Surveys	41
• Herbarium	41
• Folk Claims	42
• Experimental and Field Scale Cultivation of Medicinal Plants	42
• Nursery of Medicinal Plants	42
3.1.2.2. Drug Standardisation Research Programme	43
• Development of Standard Operating Procedures (SOPs) for Manufacture of Compound Formulations and their Pharmacopoeial Standards	43
• Quality Control of Research Drugs	44
• Standardisation of Modified Unani Formulations	49
• Chemical Investigations of Medicinal Plants	50
• Unani Pharmacopoeia Committee	50
3.1.2.3. Clinical Research Programme	51
• Preclinical Studies	51

• Clinical Studies	55
• Multi-centric Randomized Controlled Trials (RCTs)	75
• Validation of Unani Pharmacopoeial Drugs	75
• Validation of Pharmacopoeial Fast-acting Drugs	78
• Validation of Regimenal Therapies	79
• Validation of Fundamentals	80
• Research-oriented Healthcare	81
• Mobile Clinical Research Programme	81
3.1.2.4. Literary Research Programme	81
3.2. Extramural Research	82
3.3. Collaborative Research	87
3.3.1. Collaborative Preclinical Studies	87
3.3.2. Collaborative Clinical Studies	90
3.4. Publications	93
3.4.1. Books, Monographs and Reports	93
3.4.2. Journals	93
3.4.3. Research Papers	93
3.5. Extension Health Care Services	98
3.5.1. School Health Programme	98
3.5.2. Unani Medical Centres in Allopathic Hospitals	99
3.5.3. Health Camps	99
3.5.4. Activities under Gender Component Plan for Women	99
3.5.5. Activities in the North-Eastern Region	100
3.5.6. Activities under Special Component Plan for Schedule Castes and Tribal Sub-Plan	100
4. INFORMATION, EDUCATION AND COMMUNICATION	101
4.1. Library Services	101
4.1.1. Library Automation	101
4.1.2. Networking of Libraries	101
4.1.3. Digitization of Manuscripts	101
4.1.4. E-Journals Consortia	102
4.1.5. Database of M.D. (Unani) Theses	102

4.2.	Organization of Conferences, Seminar, etc.	102
4.2.1.	Workshop on Clinical Trial Protocols	102
4.2.2.	Training Workshop on Ethical Issues and Role of Ethics Committee in Clinical Trials	103
4.2.3.	Appraisal Training for Statisticians and Exposure of Coordination Team to Data Management	104
4.2.4.	Workshop on the Use of Hindi in Official Work	104
4.2.5.	Workshop on Knowledge Sharing and IP Management in Unani Medicine	105
4.3.	Participation in Conferences	106
4.3.1.	National Seminar on Infectious Diseases	106
4.3.2.	Consultative Workshop on Integrative Approach to Cancer	106
4.3.3.	International Congress 'PHYTOPHARM 2012'	107
4.3.4.	National Conference on Creating Digital Library in Globalized E-Society	107
4.3.5.	International Congress on Natural Products Research	108
4.3.6.	National Conference on Hakim Abdul Hameed: Life and Works	108
4.3.7.	National Conference on Phytomedicine	109
4.3.8.	National Conference on Emerging Frontiers of Digital Libraries: Digitization for Cultural Heritage, Knowledge Dissemination and Future Creation	109
4.3.9.	National Conference on Recent Advances in Digital Information Communication Technology (RADICT-2012)	109
4.3.10.	International Symposium on Development of Natural Products	110
4.3.11.	International Conference on Medicinal Plants and Herbal Products	110
4.4.	Training Programme	111
4.5.	Participation in Arogya Fairs	113
4.5.1.	Arogya at Mumbai, Maharashtra	113
4.5.2.	Arogya at Nanded, Maharashtra	113
4.5.3.	Arogya at Lower Subansiri, Arunachal Pradesh	114
4.5.4.	Arogya at Hyderabad, Andhra Pradesh	114
4.5.5.	Arogya at Bhubaneswar, Odisha	115
4.5.6.	Arogya at Lunglei, Mizoram	115
4.5.7.	Arogya at Anandpur Sahib, Punjab	115
4.5.8.	Arogya at Bhopal, Madhya Pradesh	116

4.6. Participation in Promotion of Official Language	116
4.7. Appointments	118
4.8. Retirements	118
4.9. Deaths	120
5. FINANCIAL STATEMENTS	121
5.1. Audit Report	121
5.2. Audited Statement of Accounts	124
5.3. Notes on Accounts	183
Appendix : Institutional Network of CCRUM	184

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 & 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 during the reporting period continued research activities in the areas of survey and cultivation of medicinal plants, drug standardisation research, clinical research, and literary research. Besides, Information, Education and Communication (IEC) activities and extension health services also continued. These activities were undertaken through a network of 23 centres functioning under the Council in different parts of the country.

Under the Survey and Cultivation of Medicinal Plants Programme, ethnopharmacological surveys in different forest divisions/areas were conducted. The areas included Adilabad, Jannaram, Nirmal and Nellore Forest Divisions, Andhra Pradesh; Kalsi Soil Conservation Forest Division, Kalsi, Uttarakhand; Khorda and Nayagarh Forest Divisions, Odisha; Namakkal and Coimbatore Forest Divisions and Anamalai Tiger Reserve Pollachi, Tamil Nadu; and Lidder Valley, Kulgam Anantnag, Sihdh Valley, Bandipora, Srinagar and Baramullah Forest Divisions, Jammu & Kashmir. As a result of the surveys, 5,314 plant specimens comprising 1,934 species of medicinal plants were collected and identified. Besides, 558 folk medicinal claims were also recorded from the tribal and rural inhabitants. Experimental and large scale cultivation of over 13 important medicinal species also continued at different herb gardens of the Council. About 150 common species of medicinal plants used in Unani Medicine were maintained in

the nurseries of the Council's centres. Of the specimen collected during the surveys, 1,964 herbarium sheets were prepared, and 595 Kg of raw drugs were collected. The Council also published a monograph "Unani Medicinal Plants of Dandigul District, Tamil Nadu". Besides, eight research papers were published in reputed scientific journals.

Under the Drug Standardisation Research Programme, work relating to the development of Standard Operating Procedures (SOPs) for manufacture of compound formulations and their Pharmacopoeial standards continued. During the reporting period, work on 45 compound formulations was completed. Two hundred and thirty two single drugs and 42 compound formulations prepared at the Council's pharmacy were tested for their quality control and their data were documented. Standardisation of 18 modified research formulations/classical drugs was also completed. Chemical investigations on two drugs, Kamela (*Mallotus philippinensis*) and Jharambi (*Garcinia xanthochymus*) were completed. Six new compounds were isolated and their structure was established. Based on the studies conducted under the programme, nine research papers were published in reputed scientific Journals.

Under the Clinical Research Programme, preclinical safety evaluation studies, clinical studies, validation of efficacy of classical/Pharmacopoeial formulations continued. Besides, research on fundamental aspects also continued. Preclinical studies establishing the safety of 13 investigational drugs were completed. In clinical research, studies on 31 diseases continued and four preliminary studies – one each on Warm-e-Lissa (Gingivitis), Zahab-o-Mayil Asnan (Tooth hypersensitivity), Iltehab-e-Shobatur-Riyah (Bronchitis) and Qillat-e-Laban (Galactostasis) were consolidated during the reporting period. Four new randomized controlled trials (RCTs) - one each in Ziabetus Sukkari (Diabetes mellitus), Zaghtuddam Qawi Lazmi (Essential hypertension), Iltehab-e-Kabid (Infective hepatitis) and Bars (Vitiligo) were initiated. Validation of 25 Pharmacopoeial formulations in 10 disease conditions continued during the reporting period. Besides, studies on validation of three classical/pharmacopoeial fast-acting drugs were also initiated.

With a view to scientifically validate the concept of humours and temperaments, research on fundamental aspects of Unani Medicine also continued. During the reporting period, temperament assessment of 4,400 patients was carried out and susceptibility of acquiring diseases in relation to the temperaments of the patients was studied.

Regimental therapy experimentation in Amraz-e Mafasil (musculoskeletal disorders) also continued. Efficacy of Hijamat (Cupping) was validated in 60 patients of Waja-ul-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteo arthritis) patients.

Preclinical studies on eight drugs were continued in collaboration with Department of Pharmacology, All India Institute of Medical Science (AIIMS), New Delhi; Department of Biochemistry, King George Medical University, Lucknow; Department of Pharmacology, Faculty of Pharmacy, Jamia Hamdard, New Delhi; and Department of Pharmacology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi.

Collaborative clinical studies on Daus Sadaf (Psoriasis) at Department of Dermatology, AIIMS, New Delhi, Iltehab-e Kabid (Infective hepatitis), Qarah-e-Meda wa Asna-e-Ashari (Duodenal ulcer) and Gastroesophageal reflux disease (GERD) at Owaisi Hospital, Deccan Medical

College, Hyderabad and study on development of Nano Drug Delivery System of Unani drugs at Jamia Hamdard, New Delhi continued during the reporting period.

Under the Extra-Mural Research (EMR) scheme of the Department of AYUSH, 31 research projects continued whereas two projects were completed.

Research-oriented healthcare facilities continued at the general out-patient departments (GOPDs) of 19 clinical centres of the Council. At these GOPDs, the patients were treated with the Unani classical/pharmacopoeial formulations. Special OPDs for reproductive and child health (RCH) and geriatric care also continued. During the reporting period, a total of 2,48,729 new patients were treated in the GOPDs at different centres and their research feedbacks were collected. Referral of research patients to other hospitals for specific diseases was also done.

Under the Mobile Clinical Research Programme, the Council covered a total population of over five lakh in 28 rural areas, urban slums and pockets predominantly inhabited by the Scheduled Castes/Scheduled Tribes. During the reporting period, a total of 35,874 patients were treated in the mobile OPDs in 683 mobile visits made to these pockets. Apart from providing health care, health awareness was also propagated among the masses through group meetings and school health lectures.

Under the Special Component Plan for the Scheduled Castes and Tribal Sub-Plan, the Council continued research oriented medicare activities at the GOPDs of its Institutes/Units and also in the adopted pockets predominantly inhabited by the Scheduled Castes and Scheduled Tribes. During the reporting period, 99,491 patients belonging to the Scheduled Castes/Tribes were treated in different GOPDs of the Council.

Under the Gender Component Plan for women, 1,69,756 patients were treated in the GOPDs at different centres of the Council. With a view to creating health awareness among the females and also to make them aware of the potentialities of Unani medicinal plants, lectures were delivered by the physicians in the pockets adopted under the mobile clinical research programme.

Under the activities in North Eastern Region, 6,810 patients were treated for their common and chronic ailments at the two clinical centres of the Council.

Under the School Health Programme, 3,944 children in 35 schools under the coverage of mobile clinical research programme were checked up for their health status, diseases, deficiencies and deformities by the physicians of the Council. Children suffering from some specific diseases were also referred to allopathic hospitals, besides being provided Unani treatment.

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 40,631 patients were treated. These patients were mostly of chronic ailments.

Under the Literary Research Programme, Urdu translation of two important classical books, Kitab Ma al-Fariq aw al-Furooq and Muheet-i Azam, Volume II was published. Under the scheme of reprinting of rare books, two Unani classical books Tabqat al-Atibba wa al-Hukama (Arabic) and Al-Fihrist (Urdu) were published. Standard Treatment Guidelines for 223 identified

diseases were also compiled. Vetting of a multilingual dictionary of single drugs of Unani Medicine namely Qamoos-u Asma il-Advia was also completed.

With a view to disseminating the research findings, 68 research papers based on the studies conducted in different research programmes were presented at international and national seminars/conference and published in scientific journals. During the reporting period, 16 publications were brought out. 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.

The Council organized three workshops – two on Clinical Research Methodology and one on Intellectual Property Rights (IPR) for its scientists. Hands-on training was also arranged along with the workshop. Besides, the researchers of the Council also participated in 11 National/international seminars in different disciplines for their exposure to the latest updates in their respective fields.

Under the capacity building programme, the Council organized a training programme for its Investigators. Besides, the Council's researchers also attended 30 training programmes organized by other scientific organizations.

The Council participated in eight Arogya fairs and health exhibitions organized by the Department of AYUSH in different parts of the country. On these occasions, the Council's physicians provided consultancy services to the visitors seeking Unani treatment. Apart from this, 36 health camps were also organized by the Council.

The Council 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. A workshop on the use of Hindi in official work was also organized at the headquarters.

The Council continued infrastructural development activities to strengthen its Institutes. During the reporting period, construction of building for Regional Research Institute of Unani Medicine (RRIUM), Bhadrak was completed. Infrastructure of different laboratories at CRIUM, Hyderabad and RRIUMs, Chennai and Srinagar was also upgraded. Collaboration with the local scientific institutions at Hyderabad and Srinagar was materialized.

During the 12th plan period, the Council proposes to conduct research in new areas particularly those of chronic and degenerative nature as well as diseases in which Unani system of medicine can play a pivotal role as safe adjuvant therapy to Allopathic treatments to reduce the side effects of treatment and improve the quality of life for terminal patients. Besides, safety evaluation, standardisation and quality control of classical drugs would continue.



New Delhi
25 November 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

The Governing Body of the Council was reconstituted on 6 September 2012. The following was the constitution of the Governing Body of the Council.

President

Minister of Health & Family Welfare, Government of India

Co-Chairman

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

Vice-President I

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

Vice-President II

Hakim Syed Khaleefathullah, Chennai

Official Members

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

Non-Official Members:

- Prof. M.A. Jafri, New Delhi
- Dean, Faculty of Unani Medicine, Aligarh Muslim University, Aligarh
- Hakim Mirajuddin Ahmad, Meerut
- Hakim Mohammad Umar, Surat
- Prof. M. Ali, New Delhi
- Dr. G.J. Samanthanam, New Delhi
- Prof. Y.K. Gupta, New Delhi
- Dr. Mohsin Wali, New Delhi

Member-Secretary:

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

During the reporting period, no meeting of the Governing Body was held.

2.2 STANDING FINANCE COMMITTEE

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

- | | | |
|--|---|------------------|
| • Joint Secretary, Department of AYUSH
Ministry of Health & Family Welfare
Government of India | : | Chairman |
| • Joint Secretary & Financial Advisor
Ministry of Health & Family Welfare
Government of India | : | Member |
| • Prof. Rais-ur-Rahman | : | Technical Member |
| • Director General, CCRUM | : | Member-Secretary |

During the reporting period, the SFC met twice i.e on 25 July 2012 and 31 January 2013. Important recommendations made by the SFC at these meeting are as follows:

SFC Meeting Held on 25 July 2012

- The SFC considered the expenditure of the CCRUM headquarters and its centres for the period 2011-12 and recommended for consideration of Governing Body.
- The SFC recommended the budget allocation of the Council and its various centres for the year 2012-13 in different heads for approval of Governing Body.
- The SFC recommended continuation and financial requirement of five preclinical collaborative projects for chronic toxicity studies of eight oral drugs.
- The SFC recommended the revised estimate of CPWD for construction of the building of Regional Research Institute of Unani Medicine (RRIUM), Bhadrak from the earlier Rs. 3.76 + 3% contingencies to Rs 5.69 crore including 3% contingencies due to escalation in the cost of material.
- The SFC recommended the proposal for engagement of Ultrasonologist at RRIUM, Srinagar on payment of Rs. 1,000/- per visit as honorarium subject to a maximum of 10 visits in a month.
- The SFC recommended the proposal of Clinical Research Unit (CRU), Bhopal for revision of consultancy charges/honorarium to Prof. A. K. Srivastava, Project Officer, CRU, Bhopal from Rs 500/- p.m to Rs. 5,000/- p.m.
- The SFC recommended the estimate of Rs. 32,40,821/- submitted by CPWD for maintenance of electrical work of CCCBC building at headquarters for the year 2012-13.
- The SFC recommended the estimates submitted by CPWD for Rs. 39,70,060/- for maintenance of civil work of CCCBC building at headquarters for the year 2012-13.
- The SFC considered the progress of collaborative clinical project on 'Comparision of clinical efficacy and safety of PUVAsoL and Unani formulation UNIM - 401 (IF) oral and UNIM - 402 (Oil) and UVA in treatment of chronic plaque psoriasis' awarded to Prof. Nina Khanna at a total cost of Rs. 24,08,952/ spread over a period of 3 years and recommended for release of revised grant in aid of Rs. 11,03,550 for the second year as proposed by Prof. Khanna.

- The SFC considered the project for upgradation of preclinical safety evaluation facility at RRIUM, Srinagar through Department of Science and Technology (DST) and recommended for provision of Council's share of Rs. 122.0 lakhs as recurring expenditure over the period of three years.

SFC Meeting Held on 31 January 2013

- The SFC considered the proposal for continuation of collaborative clinical studies on psoriasis with AIIMS, New Delhi and recommended for release of Rs. 11,03,550/- as the third instalment of the project on fait accompli basis.
- The SFC recommended the proposal for enhancement of remuneration in respect of the contractual staff engaged in the Council i.e. Data Entry Operator, Compounder and Multi Purpose Attendants w.e.f. 01 November 2012. The SFC also recommended renaming all Group "D" contractual workers as Multi Purpose Attendant (MPA).
- The SFC recommended the proposal for repair of HT/LT Panel at electric sub-station of CCCBC building at an estimated cost of Rs. 12,66,653/- through CPWD.
- The SFC recommended engagement of a Consultant (Project Monitoring and Bio-Statistics) at CCRUM headquarters, New Delhi till the date the post of Research Officer (Statistics) is filled up or to a maximum of one year, whichever is earlier.
- The SFC recommended the proposal for development of animal house and allied construction works at CRIUM, Hyderabad at an estimated cost of Rs. 7.95 crore through CPWD.
- The SFC recommended allotment of two rooms at the first floor of CCCBC Building, Janakpuri, New Delhi vacated by CCRS to CCRUM for storing its publications.
- The SFC recommended the proposal for revision of rent of the building of RRIUM, Bhadrak (owned by Sh. S. K. Panigrahi) from the existing Rs. 16,500/- p.m to Rs. 30,000/- p.m w.e.f. 01.08.2012.
- The SFC recommended the proposal for internal and external painting of new building and compound wall of RRIUM, Chennai at an estimated cost of Rs. 25.53 lakhs through CPWD, Chennai.
- The SFC recommended the proposal for payment of actual local taxi charges to experts attending various meetings and conferences of the CCRUM.

2.3 INSTITUTIONAL ETHICS COMMITTEE

The institutional ethics committee (IEC) 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 functioning at different Institutes under the Council.

Central Research Institute of Unani Medicine (CRIUM), Hyderabad

- Dr. Kaiser Jamil Chairman
Emeritus Research Scientist and Head
Genetics Department
Bhagwan Mahavir Medical Research Centre
Hyderabad

- 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
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
Hyderabad
Member
- Mr. Maulana Shamsheer Ali
Ustad
Madarsa Misbah-ul-Uloom
Hyderabad
Member
- Mrs. Rafath Shaheen
Head Mistress
Government High School
Hyderabad
Member
- Incharge
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
Formerly Deputy Director
CRIUM
Lucknow
Member
- Hakim Abdul Quddus
Unani Herbal Clinic
Lucknow
Member
- Dr. Javed Ahmad
Department of Medicine
Vivekananda Polyclinic & Institute of Medical Sciences
Lucknow
Member
- Prof. 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 Mohammad Khan
Lucknow
Member
- Mr. Mufti Ateeq Bastawi
Lucknow
Member
- Dr. R.C. Murthy
Head, Analytical Chemistry Department
Indian Institute of Toxicology Research
Lucknow
Member
- Incharge
CRIUM
Lucknow
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Chennai

- Hakim Syed Khaleefatullah
Vice-President II
Governing Body, CCRUM
New Delhi
Chairman
- Dr. R. Ilavarasan
Assistant Director (Pharmacology)
CSM Drug Research Institute of Ayurveda
Chennai
Member

- Dr. Raziuddeen
Head (Unani Section)
Arignar Anna Government Hospital of Indian Medicine
Chennai
Member
- Dr. Syed M.M. Ameen
Unani Physician
Niamath Science Academy
Chennai
Member
- Dr. Mohammad Jamal
Formerly Additional Professor
Madras Medical College
Chennai
Member
- Mr. Mohammad Muheebu-ul-Khader
Chennai
Member
- Mr. A. Ramasamy
ARR Domestic Chemicals Pvt. Ltd.
Chennai
Member
- Mr. M. Habibullah Jamali
Assistant Professor, Department of Arabic
The New College
Chennai
Member
- Mr. P. B. Rajasekar
Managing Director
Rajkeerth Aromatic & Biotech Pvt. Ltd.
Chennai
Member
- 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. Group of Hospitals
Mumbai
Chairman
- Prof. S.B. Patel
Head, Department of Pharmacology
Grant Medical College & Sir J.J. Group of Hospitals
Mumbai
Member
- Prof. B.S. Usmani
Formerly Principal
Dr. M. Ishaq Jamkhanawala Tibbia Unani Medical College &
Haji A.R. Kalsekar Tibbia Hospital
Mumbai
Member

- Prof. Isa Nadvi
Head, Department of Preventive and Social Medicine (P.S.M.)
Dr. M. Ishaq Jamkhanawala Tibbia Unani Medical College &
Haji A.R. Kalsekar Tibbia Hospital
Mumbai
Member
- Prof. Mankeshwar
Department of P.S.M.
Grant Medical College & Sir J.J. Group of Hospitals
Mumbai
Member
- Dr. Abdul Hannan
Assistant Professor, Department of Pharmacology
Grant Medical College & Sir J.J. Group of Hospitals
Mumbai
Member
- Mr. Javed Bashir Ahmed Ansari
Bombay High Court
Mumbai
Member
- Ms. Gazala Munawwar Azad
Mumbai
Member
- Mr. Zubair Hasan Khan
Mumbai
Member
- Incharge
RRIUM
Mumbai
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Srinagar

- Dr. Abdul Kabir Dar
Director, Indian System of Medicine & Homoeopathy
Jammu & Kashmir
Srinagar
Chairman
- Prof. Ghulam Qadir Mir
Department of Law
University of Kashmir
Srinagar
Member
- Dr. Saleem-ur-Rehman
Director, Health Services
Jammu & Kashmir
Srinagar
Member
- Dr. Shariq Masoodi
Associate Professor
Department of Endocrinology
Sher-i-Kashmir Institute of Medical Sciences
Srinagar
Member

- Dr. Mohammad Iqbal
Formerly Deputy Director
RRIUM
Srinagar
Member
- Prof. Aneesa Shafi
Department of Sociology
University of Kashmir
Srinagar
Member
- Hazrat Maulana Mir Ghulam Mohiuddin Naqib
Chairman, Minhajul Islam
Srinagar
Member
- Mr. Ghulam Rasool Butt
Srinagar
Member
- Incharge
RRIUM
Srinagar
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Aligarh

- Prof. K.M.Y. Amin
Department of Ilmul Advia
Ajmal Khan Tibbiya College
Aligarh Muslim University
Aligarh
Chairman
- Prof. M.M.W. Amin
Chairman, Department of Ilmul Amraz
Ajmal Khan Tibbiya College
Aligarh Muslim University
Aligarh
Member
- Prof. A. Mannan
Department of Moalajat
Ajmal Khan Tibbiya College
Aligarh Muslim University
Aligarh
Member
- Mr. Zakiuddin Khairoowala
Advocate
Civil Court
Aligarh
Member
- Dr. M. Laiq Ali Khan
President
Hakim Ajmal Khan Foundation
Kasganj
Member

- Mr. Mufti Suhaib Ahmad Khan
Madrasa Tameer-e-Millat
Aligarh
Member
- Mr. Abdul Majid Khan
Aligarh
Member
- Incharge
RRIUM
Aligarh
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), New Delhi

- Prof. Mohammad Ahmad
Formerly Dean
Jawaharlal Nehru Medical College
Aligarh Muslim University
Aligarh
Chairman
- Dr. K. K. Sharma
Formerly Head
Department of Pharmacology
Guru Teg Bahadur Hospital
New Delhi
Member
- Dr. Shamshad Ahmad
Formerly Assistant Director (Chemistry)
CCRUM
New Delhi
Member
- Prof. Mohammad Akhtar Siddiqui
Head, Department of Moalajat
Jamia Hamdard
New Delhi
Member
- Prof. Mohammad Idrees
Head, Department of Ilmul Advia
A&U Tibbia College
New Delhi
Member
- Prof. Akhtar-ul-Wasey
Head, Department of Islamic Studies
Jamia Millia Islamia
New Delhi
Member
- Dr. Arun Mukherji
Director
UDAAN
New Delhi
Member

- Mr. Mohammad Haleem Siddiqui
Advocate
Supreme Court
New Delhi
Member
- Mr. Zubair Ahmad Miftahi
Janakpuri
New Delhi
Member
- Incharge
RRIUM
New Delhi
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Kolkata

- Prof. Mohd Ayoob
Professor
The Calcutta Unani Medical College & Hospital
Kolkata
Chairman
- Dr. Eqbal Ahmad
Consultant Physician and Diabatologist
R. P. Islamia Hospital
Kolkata
Member
- Dr. Danish Zafar
Reader
The Calcutta Unani Medical College & Hospital
Kolkata
Member
- Dr. Shadab Ahmed Khan
Lecturer
The Calcutta Unani Medical College & Hospital
Kolkata
Member
- Mr. Imtiaz Hussain
Registrar
State Council of Unani Medicine
Kolkata
Member
- Mr. Pranbesh Kanji Lal
Mayurbhanj Citizen Forum
Manipur Road
Kolkata
Member
- Hakeem Abdul Jaleel
Honorary Consultant (Unani)
RRIUM
Kolkata
Member

- Ms. Nikhat Fatima
Office Suprentendant
The Calcutta Unani Medical College & Hospital
Kolkata
Member
- Incharge
RRIUM
Kolkata
Member Secretary

Regional Research Institute of Unani Medicine (RRIUM), Patna

- Dr. S.K. Sinha
Formerly Professor, Patna Medical College & Hospital
Patna
Chairman
- Dr. M.P. Tripathi
Formerly Medical Officer
Patna
Member
- Dr. Tauheed Kibria
Reader
Government Tibbia College
Patna
Member
- Dr. Syed Hamid Hussain
Medical Officer
Government Tibbia College
Patna
Member
- Dr. Akbar Raza Jamshed
Formerly Additional Judge
Patna
Member
- Dr. Mohd. Aftab Alam
Patna
Member
- Mr. Misbahul Haque Emadi
Khanqaah Emadia
Patna
Member
- Shri S. Ghulam Sarmad
Patna
Member
- Prof. Alauddin Ahmad
Formerly Vice-Chancellor
Jamia Hamdard
New Delhi
Member
- Incharge
RRIUM
Patna
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. Sanjay Kumar
Associate Professor
Department of Pharmacology
IMS & SUM Hospital
Bhubaneswar
Member
- Dr. Mohammad Kamal Khan
Medical Officer (Unani)
Government Unani Dispensary
Bhadrak
Member
- Dr. Sayed Mozammil Ali
Medical Officer (Unani)
Balasore
Member
- Dr. Lalatendu Dikshit
Advocate
Bhadrak
Member
- Mr. Shaikh Abdus Salam
Bhadrak
Member
- Mr. Mohammad Abdul Bari
President, Muslim Jamat
Bhadrak
Member
- Mr. Fazle Rasool
Imam, Badi Masjid, Bada Shankarpur
Bhadrak
Member
- Mr. Rajendra Kumar Panda
Principal In-charge
K.K.R. Mahila Mahavidyalaya
Bhadrak
Member
- Incharge
RRIUM
Bhadrak
Member-Secretary

Regional Research Centre (RRC), Allahabad

- Dr. P. K. Sinha
Formerly Chief Medical Officer
Allahabad
Chairman
- Dr. Saad Usmani
Formerly Principal
State Unani Medical College
Allahabad
Member

- Dr. Mazahir Alam
Principal & Superintendent
State Unani Medical College
Allahabad
Member
- Dr. Amirul Hasan
Associate Professor
Moti Lal Nehru Medical College
Allahabad
Member
- Dr. Tariq Mehmood
Associate Professor
Moti Lal Nehru Medical College
Allahabad
Member
- Dr. Barkatullah
Reader
State Unani Medical College
Allahabad
Member
- Mr. Zaheeruddin Ansari
Advocate
Allahabad
Member
- Mr. Mohammad Anees
Managing Director
Dulhan Palace
Allahabad
Member
- Incharge
RRC
Allahabad
Member-Secretary

Clinical Research Unit (CRU), Buhanpur

- Dr. Humayun Shareef Dawood
Incharge, Blood Bank
Government Nehru District Hospital
Burhanpur
Chairman
- Professor Khaleel Ansari
Seva Sadan Law College
Burhanpur
Member
- Dr. Saeed Siddiqui
Principal
S.H. Unani Tibbiya College
Burhanpur
Member

- Dr. B.M. Gupta
Incharge
Saeeda Hospital & Research Center
Burhanpur
Member
- Mr. Kiran Kumar Mahajan
Guest Faculty
Jija Mata Government Polytechnic College
Burhanpur
Member
- Mr. Abdul Hamid Ansari
Azad Nagar
Burhanpur
Member
- Incharge
CRU
Burhanpur
Member-Secretary

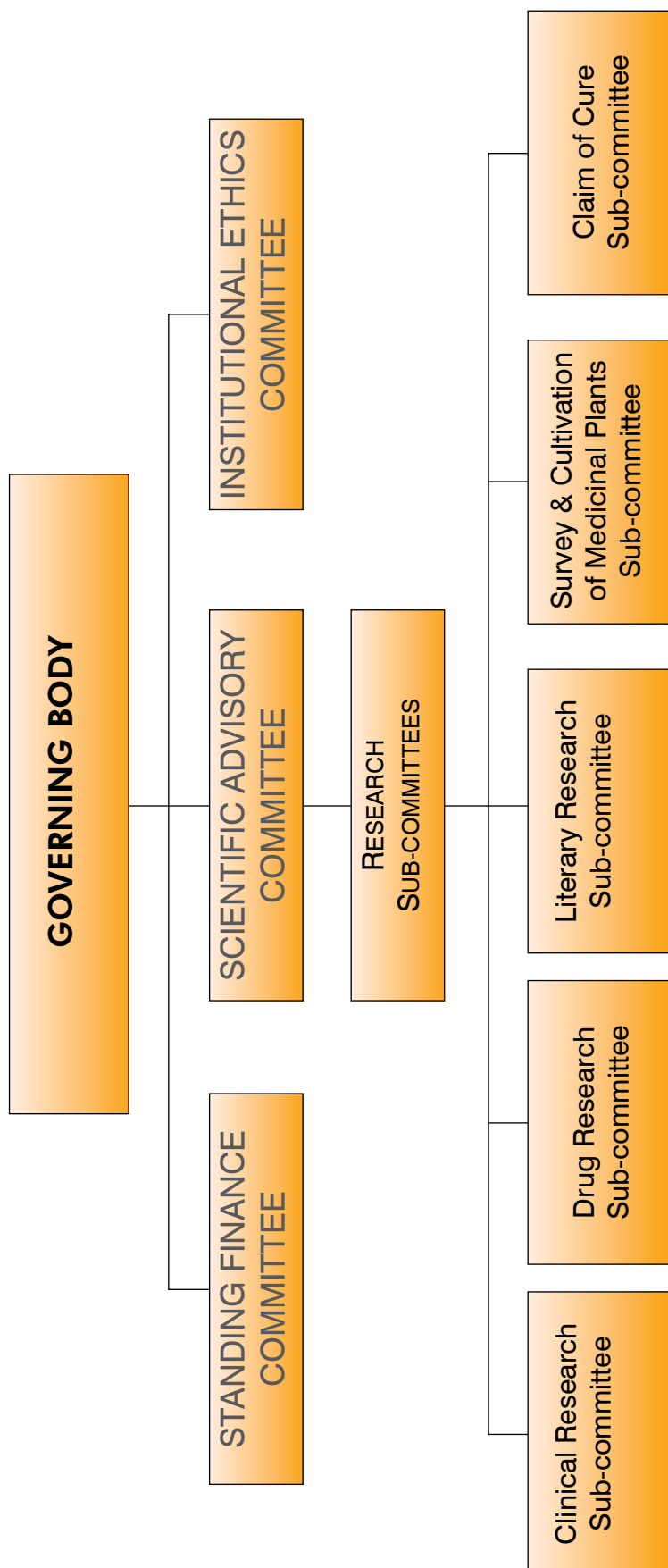
Clinical Research Unit (CRU), Meerut

- Hakim Sirajuddin Ahmad
Manager
Drugs Laboratories
Meerut
Chairman
- Chaudhrey Sartaj Ahmad
President
Westron U.P Advocate Welfare Association
Meerut
Member
- Dr. Ronaq Khan
Pharmacist
LLRM Medical College
Meerut
Member
- Dr. Ashfaq Ahmad
Consultant Unani Physician
Meerut
Member
- Dr. M Mashkooor
Consultant Physiotherapist
Anna Purna Charitable Hospital
Meerut
Member
- Mr. Mahinder Singh Parashar
Sub Inspector
U.P Police, DIG Office
Meerut
Member
- Incharge
CRU
Meerut
Member-Secretary

Clinical Research Unit (CRU), Kurnool

- | | |
|---|------------------|
| • Dr. Habibullah
Principal
Dr. Abdul Haq Unani Medical College
Kurnool | Chairman |
| • Mr. A.S. Omair Javeed
Advocate
Kurnool | Member |
| • Dr. Abdul Haq
Formerly Professor
Osmania College
Kurnool | Member |
| • Mr. H. Mohammad Iqbal
Contractor
Kurnool | Member |
| • Dr. Abdul Rahim Quazi
Retired CMO (Unani)
CGHS
Kurnool | Member |
| • Syed Zakir Ahmed Rasheedi
Imam, Masjid Khubsurat
Kurnool | Member |
| • Incharge
CRU
Kurnool | Member Secretary |

MANAGEMENT OF THE COUNCIL



2.4 SCIENTIFIC ADVISORY COMMITTEE

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

- | | |
|--|------------------|
| • Prof M. A. Jafri
Jamia Hamdard
New Delhi | Chairman |
| • Prof. Rais-ur-Rahman
A & U Tibbiya College
New Delhi | Member |
| • Hakim B. S. Usmani
Formerly Principal
Dr. M. Ishaq Jamkhanawala Tibbia Unani Medical College &
Haji A.R. Kalsekar Tibbia Hospital
Mumbai | Member |
| • Hakim Abdul Haleem
Chairman
Rex (U&A) Remedies Pvt. Ltd.
New Delhi | Member |
| • Hakim Mohammad Yousuf
Formerly Deputy Director
Regional Research Institute of Unani Medicine
Srinagar | Member |
| • Dr. O.P. Agarwal
Emeritus Scientist
Indian Council of Medical Research
New Delhi | Member |
| • Dr. Nandini K. Kumar
Formerly Deputy Director General
Indian Council of Medical Research
New Delhi | Member |
| • Dr. Ahmad Kamal
Project Director
National Institute of Pharmaceutical Education & Research
Hyderabad | Member |
| • Prof. Amir Azam Khan
Jamia Millia Islamia
New Delhi | Member |
| • Prof. Syed Shakir Jamil
Director General
CCRUM | Member-Secretary |

During the reporting year, the SAC met on 5 January 2013. Important recommendations made by the SAC are as follows:

- The SAC recommended the action plan of the Council for the year 2012-13 and outcome budget for the years 2011-12, 2012-13 and 2013-14.

- The SAC recommended protocols of four Randomized Controlled Trials on vitiligo, hepatitis, diabetes mellitus and hypertension.
- The SAC recommended a collaborative project of CRIUM, Hyderabad with the Centre for Cellular and Molecular Biology (CCMB), Hyderabad on Genome-wide analysis for understanding the science behind the principles of Unani system of medicine.
- The SAC also recommended the proposals for five other collaborative projects.
- The SAC recommended the proposal for re-organization of Literary Research Institute of Unani Medicine (LRIUM), New Delhi.
- The Committee recommended the proposal for the development of animal house at CRIUM, Hyderabad and RRIUM, Aligarh.
- The SAC recommended the construction of an additional floor on the existing building of CRIUM, Hyderabad to expand its In-patient Department (IPD) facility.
- The SAC recommended digitization of manuscripts and rare classics of Unani Medicine at the Library and Information Centre of the Council's headquarters, New Delhi.
- The Committee recommended the proposal of RRIUM, Aligarh for organizing a workshop on prescription writing in collaboration with the Department of Moalajat, AMU, Aligarh.

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 functioning in different parts of the country. These include:

Centre	Number
Central Research Institute of Unani Medicine	02
Regional Research Institute of Unani Medicine	08
Regional Research Centre	02
Clinical Research Unit	06
Literary Research Institute of Unani Medicine	01
Drug Standardisation Research Institute	01
Drug Standardisation 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 (RRC), 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 Standardisation 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), Bangaluru

Madhya Pradesh

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

Manipur

- Clinical Research Pilot Project, Imphal

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

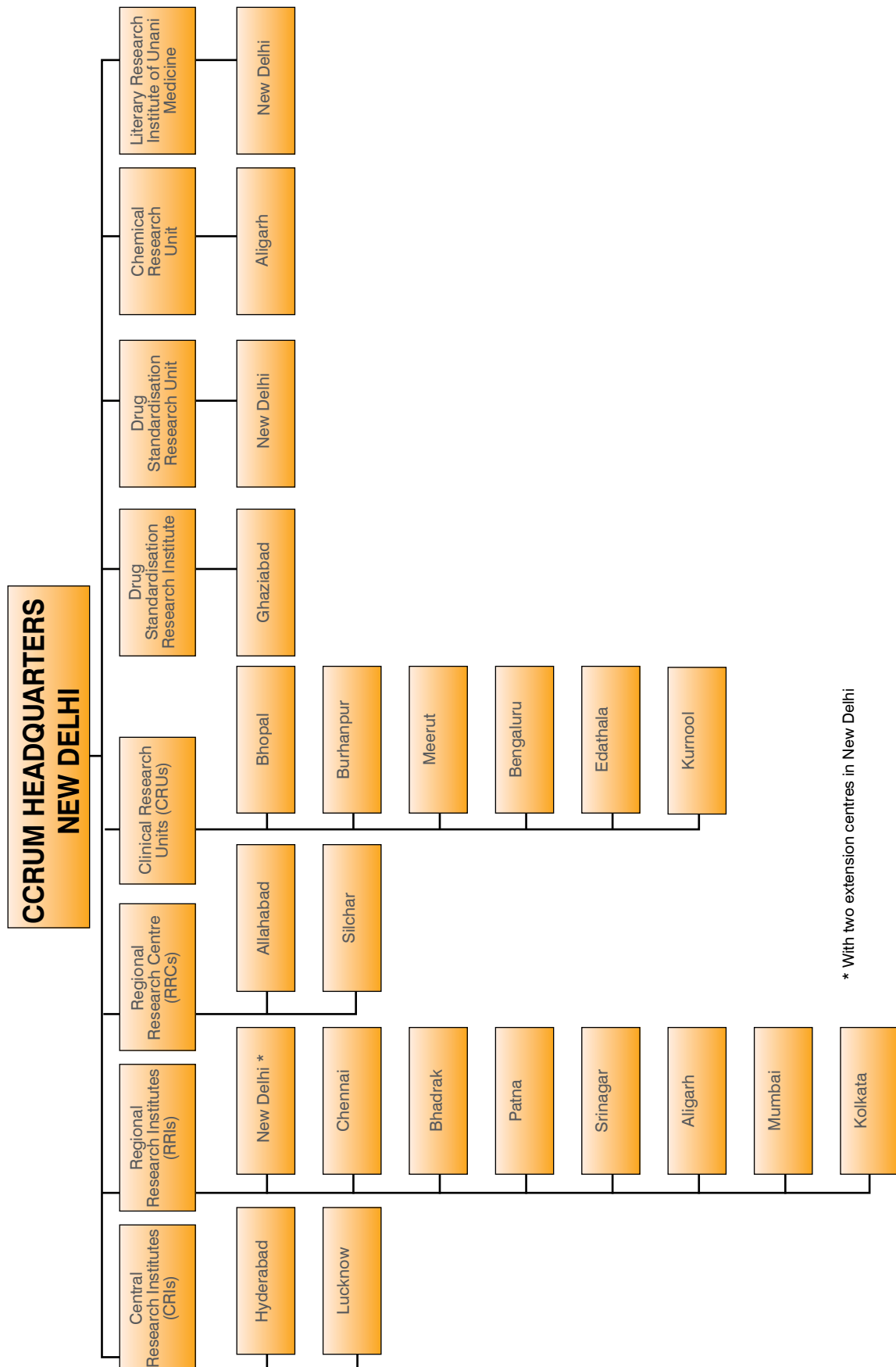
Uttar Pradesh

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

West Bengal

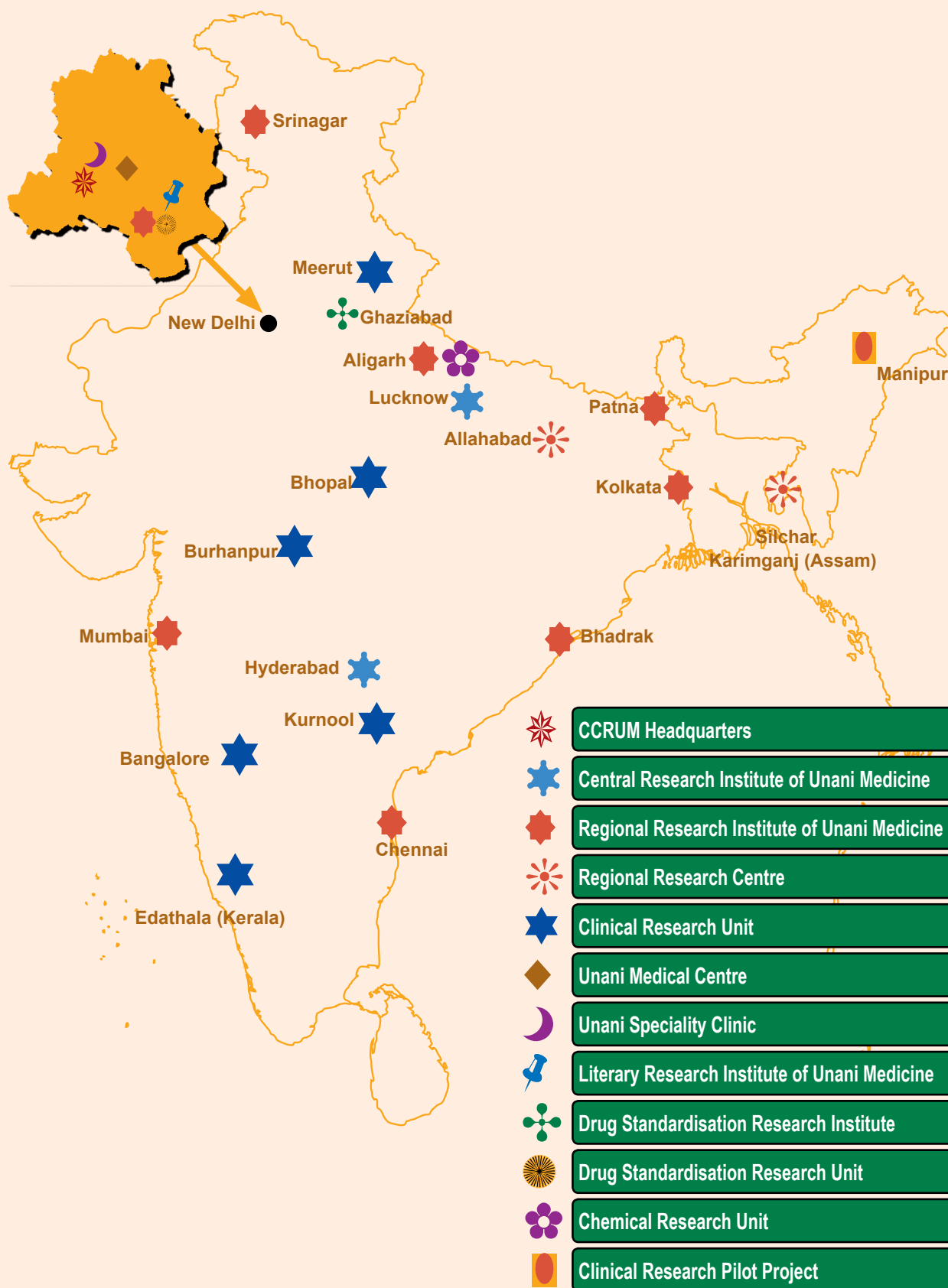
- Regional Research Institute of Unani Medicine (RRIUM), Kolkata

ORGANIZATIONAL SET-UP OF THE COUNCIL

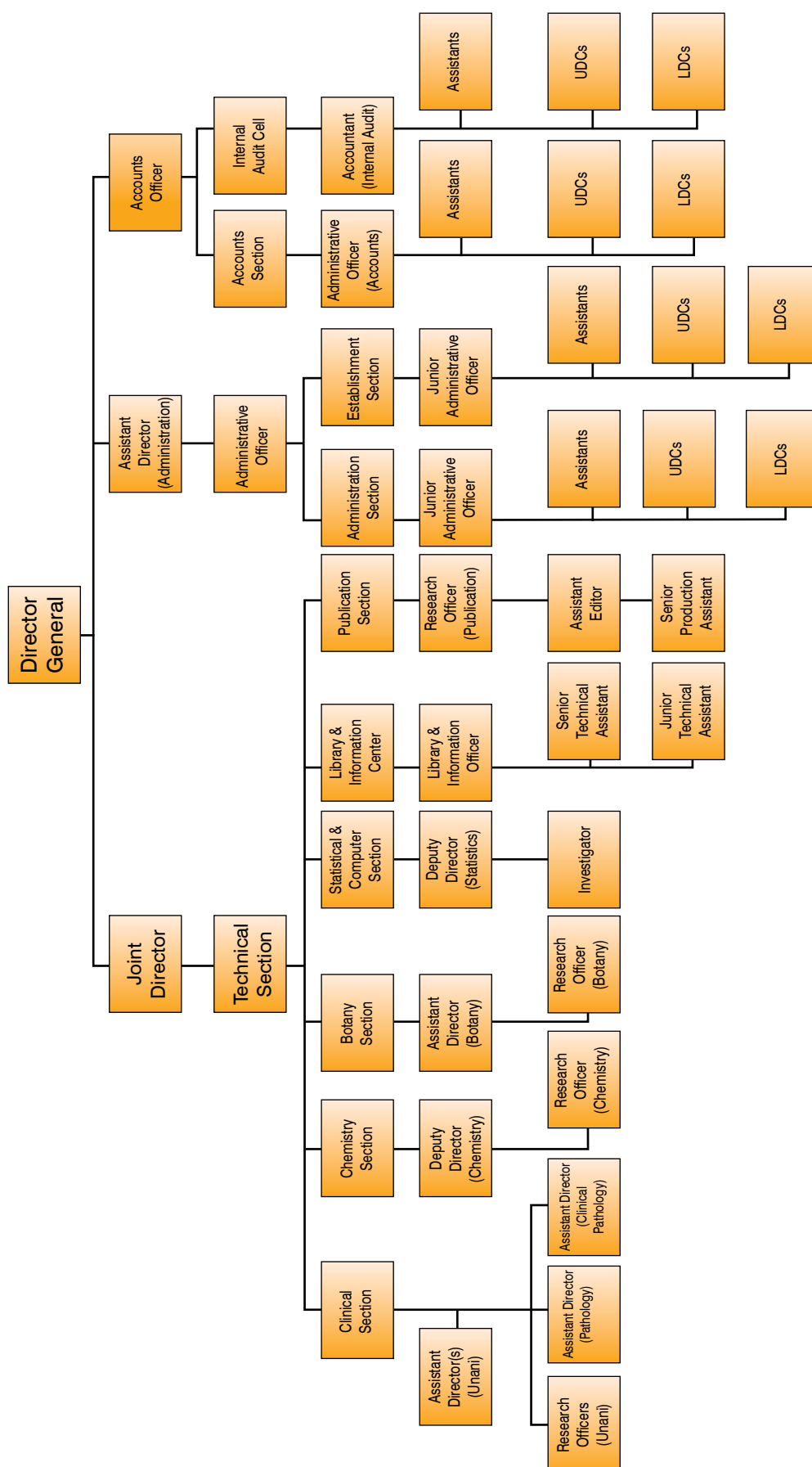


* With two extension centres in New Delhi

INSTITUTIONAL NETWORK OF CCRUM



ORGANIZATIONAL STRUCTURE AT THE HEADQUARTERS



2.6 BUDGET (ACTUAL EXPENDITURE)

The centre-wise actual expenditure of the Council during 2012-13 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	75,926	29,384	1,05,310
(ii)	CRIUM, Lucknow	-	59,736	59,736
2.	Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	23,769	7,955	31,724
(ii)	RRIUM, Patna	13,920	12,758	26,678
(iii)	RRIUM, Chennai	34,859	14,034	48,893
(iv)	RRIUM, Aligarh	16,454	23,239	39,693
(v)	RRIUM, Srinagar	22,157	13,584	35,741
(vi)	RRIUM, Mumbai	6,762	13,483	20,245
(vii)	RRIUM, Kolkata	-	8,105	8,105
(viii)	RRIUM, New Delhi	26,458	30,078	56,536
3.	Regional Research Centre (RRC), Allahabad	10,210	4,031	14,241
4.	Clinical Research Unit (CRU), Bengaluru	5,486	1,847	7,333
(ii)	CRU, Karimganj	-	4,934	4,934
(iii)	CRU, Meerut	-	5,351	5,351
(iv)	CRU, Kerala	1,580	10,235	11,815
(v)	CRU, Burhanpur	3,386	1,453	4,839
(vi)	CRU, Bhopal	-	5,272	5,272
(vii)	CRU, Kurnool	1,797	292	2,089
5.	Unani Speciality Clinic, Dr. Deen Dayal Upadhyay Hospital, New Delhi	-	-	-
6.	Drug Standardisation Research Unit (DSRU), New Delhi	7,112	742	7,854
7.	Drug Standardisation Research Institute (DSRI), Ghaziabad	12,673	640	13,313
8.	Literary Research Institute of Unani Medicine (LRIUM), New Delhi	19,287	671	19,958

S. No.	Name of Centre/Institute/Unit	Non-Plan	Plan	Grand Total
9.	CCCBC, New Delhi	-	30,361	30,361
10.	CCRUM Headquarters, New Delhi	50,853	22,959	73,812
11.	Clinical Research Pilot Project, Manipur	-	810	810
12.	Other Charges (at Headquarters)			
(i)	Pension Liabilities	39,000	-	39,000
(ii)	Council's Contribution and Interest thereon to New Pension Scheme	4,371	1,783	6,154
(iii)	Advances to Government Servants:			
	• Scooter	-	1,150	1,150
	• Car	-	-	-
	• Computer	-	1,120	1,120
	• HBA	-	1,186	1,186
(iv)	Council's Contribution for CGHS	-	1,868	1,868
(v)	Publication Charges (Priced)	-	1,028	1,028
(vi)	Audit Fee	-	87	87
(vii)	Imprest Advance	-	-	-
(viii)	Short-term Research Enquiry	-	1,168	1,168
(ix)	Arogya	-	2,089	2,089
(x)	Advance for Construction of Building	-	2,88,811	2,88,811
(xi)	Seminar/Workshops	-	4,686	4,686
(xii)	Collaborative Studies	-	8,088	8,088
(xii)	Health Camps	-	448	448
(xiv)	EMR	-	484	484
(xv)	TKDL Project	-	-	-
(xvi)	Building A/c	-	-	-
(xvii)	Training Programme Expenses	-	457	457
(xviii)	Council's Contribution for DST Project	-	3,732	3,732
(xix)	Deposit Link Insurance	180	120	300

S. No.	Name of Centre/Institute/Unit	Non-Plan	Plan	Grand Total
(xx)	Manuscript	-	96	96
(xxi)	UPC	-	90	90
(xxii)	Research Activities	-	1,00,000	1,00,000
(xxiii)	Herb Garden	-	7	7
(xxiv)	GIA to Chemical Research Unit, Aligarh	-	300	300
Total		3,76,240	7,20,752	10,96,992

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 Unani Pharmacopoeial Drugs ▪ Research on Fundamentals/Basic Principles of Unani Medicine ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme ▪ School Health Programme ▪ Drug Standardisation 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 Unani 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 Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme ▪ School Health Programme ▪ Drug Standardisation 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 ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme

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

Centre	Activities
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	<ul style="list-style-type: none"> ▪ Survey and Cultivation of Medicinal Plants Programme ▪ Validation of Unani 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 Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme ▪ Unani Speciality Clinics at Allopathic Hospitals
Regional Research Centre (RRC), Allahabad	<ul style="list-style-type: none"> ▪ Clinical Research Programme ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme ▪ School Health Programme
Regional Research Centre (RRC), Silchar with extension Centre at Karimganj	<ul style="list-style-type: none"> ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bangaluru	<ul style="list-style-type: none"> ▪ Clinical Research Programme ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Meerut	<ul style="list-style-type: none"> ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bhopal	<ul style="list-style-type: none"> ▪ Clinical Research Programme ▪ General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Burhanpur	<ul style="list-style-type: none"> ▪ Clinical Research Programme ▪ Validation of Unani Pharmacopoeial Drugs ▪ General Out-patient Department (GOPD) Programme ▪ Mobile Clinical Research Programme

Centre	Activities
Clinical Research Unit (CRU), Edathala	<ul style="list-style-type: none"> General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU) Kurnool	<ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs General Out-patient Department (GOPD) Programme
Drug Standardisation Research Unit (DSRU), New Delhi	<ul style="list-style-type: none"> Drug Standardisation Research Programme
Drug Standardisation Research Institute (DSRI), Ghaziabad	<ul style="list-style-type: none"> Drug Standardisation 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 collect and identify medicinal plants and recording basic data on ethnopharmacological uses of plants from the tribal and other rural folks of the study area. 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, ethnopharmacological 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 document folk knowledge on medicinal uses of plants
- To collect samples of genuine drugs from the forest for Pharmacopoeial standardisation work
- To develop nursery of medicinal plants for demonstration purpose with a view to popularize them among the masses

This programme is being carried out at the following research centers 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 ethnopharmacological surveys in different forest divisions/areas during the period under report. The areas included Adilabad, Jannaram, Nirmal and Nellore Forest Divisions, Andhra Pradesh; Kalsi Soil Conservation Forest Division, Kalsi, Uttarakhand; Khorda and Nayagarh Forest Divisions, Odisha; Namakkal and Coimbatore Forest Divisions and Anamalai Tiger Reserve Pollachi, Tamil Nadu; and Lidder Valley, Kulgam Anantnag, Sihdh Valley, Bandipora, Srinagar and Baramullah Forest Divisions, Jammu & Kashmir. As a result of the survey tours conducted, 5,314 specimens comprising 1,934 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, 1,964 such herbarium sheets were prepared and information pertaining to plant's botanical name, family, local name, Unani name (wherever available), date of

collection, brief morphological features, medicinal/other uses of plant were recorded on each herbarium sheet. Besides, 436 new index cards were compiled and 2,017 index cards were updated. The surveyers during field studies collected 154 saplings of important medicinal species for plantation in the nurseries attached to the institutes. The surveyers also collected fresh raw drugs weighing 595.70 kg and supplied to the pharmacy section of Central Research Institute of Unani Medicine, Hyderabad for preparation of Unani formulations.

Folk Claims

The Council's surveyers collected information from the local communities about traditional uses of plants. This information was systematized taxonomically, and efforts were made to develop a database for comparative analysis of the information recorded thus far. As a result 558 folk medicinal claims were recorded from the tribal inhabitants and other rural folks of the study areas. Recently, the Council took 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 Aatriral (*Ammi majus* L.), Afsanteen (*Artemisia absinthium* L.) Babchi (*Psoralea corylifolia* L.), Gaozaban (*Borago officinalis* L.), Gulnar farsi (*Punica granatum* Linn. abortive var.), Gilo (*Tinospora cordifolia* (Wild.) Miers), Gurmar Buti (*Gymnema sylvestre* R Br.), Kahzaban (*Arnebia benthami* Wall ex G.Don), Khatmi (*Althaea officinalis* L.), Khulanjan (*Alpinia galanga* Willd.), Unsul (*Urgenia indica* Kunth.), Sudab (*Ruta graveolens* Linn.), Zanjabeel (*Zingiber officinale* Rosc.) etc. As a result of field scale cultivation of drug plants, 700.50 kg of raw drugs were yielded.

Nursery of Medicinal Plants

With a view to popularize medicinal plants among the masses, the Council has launched a programme of cultivating about 150 common species in its nurseries developed at Aligah, Chennai, Hyderabad and Srinagar. Some of the important and interesting species grown under this activity include: Aatriral (*Ammi majus* L.), Anar (*Punica granatum* L.), Arusa (*Adhatoda vasica* Nees.), Aspaghul (*Plantago ovata* Forsk.), Asl-us-soos (*Glycyrrhiza glabra* Linn.), Belgiri (*Aegle marmelos* (L.) Correa.), Babchi (*Psoralea corylifolia* L.), Bandranjboya (*Valeriana jatamansi* Jones), Bhangra (*Eclipta alba* Hussk), Fufal (*Areca catechu* L.), Gulnar Farsi (*Punica granatum* L. abortive var.), Gurmar Buti (*Gymnema sylvestre* R. Br.), Hina (*Lawsonia inermis* L.), Karanjawa (*Caesalpinia crista* L.), Kasni (*Cichorium intybus* L.), Kasoos (*Cuscuta reflexa* roxb.), Keora (*Pandanus tectorious* Soland. ex Parkinson.), Khulanjan (*Alpinia galanga* Willd), Konch (*Mucuna pruriens* L.), Mako (*Solanum nigrum* L.), Marorphali (*Helicteres isora* L.), Muqil (*Commiphora mukul* (Hook ex Stocks) Engl.), Palas (*Butea monosperma* (Lam.) Taub.), Qinnab (*Cannabis sativa* L.), Qurtum (*Carthamus tinctorius* L.), Rasan (*Inula racemosa* C.B.Clarke), Sadabahar (*Vinca rosea* L.), Sudab (*Ruta graveolens* Linn.), Tulsi (*Ocimum sanctum* L.), Turbud (*Ipomoea turpethum* R. Br.), Waj (*Acorus calamus* Linn.), etc.

3.1.2.2 DRUG STANDARDISATION RESEARCH

The programme of drug standardisation is mainly concerned with evolving pharmacopoeial standards of single 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, standardisation 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. Standardisation 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 Standardisation 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 Standardisation 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
- Quality control of research drugs being manufactured in the Council's pharmacy at Hyderabad
- Standardisation of the modified Unani formulation by technology transfer prepared by the Council's pharmacy at Hyderabad
- 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 followed by their pharmacopoeia standards were developed at various research centres of the Council. During the reporting period, studies on following compounds were carried out:

- | | |
|--------------------------|---------------------------|
| • Habb-e-Gul-e-Aak | • Jawarish-e-Muqawwi Qalb |
| • Habb-e-Bawaseer Damiya | • Jawarish Buqrat |

- | | |
|----------------------------------|-----------------------------------|
| • Qurs-e-Mulayyin | • Jawarish Javed |
| • Arq-e-Gaozaban | • Jawarish Tabasheer |
| • Qurs-e-Ghafis | • Jawarish Ood kibreet |
| • Qurs-e-Kafoor | • Habb-e-Abyaz |
| • Dawa-ul-Kurkum | • Ishtisq-e-Hali |
| • Habb-e-Afiat | • Habb-e-Josheer |
| • Habb-e-Farfiyun | • Habb-e-Maghziat |
| • Habb-e-Ibn-e-Haris | • Habb-e-Mujarrab |
| • Habb-e-Sadr | • Habb-e-Ustukhuddus |
| • Habb-e-Barangi | • Qurs-e-Irsa |
| • Habb-e-Habb-ul-Qutn | • Habb-e-Baryuma |
| • Habb-e-Baqala | • Habb-e-Buzoor |
| • Qurs-e-Ambar Baris | • Majoon Suhag Soonth |
| • Safoof-e-Binai | • Dawa-e-Takore |
| • Safoof-e-Waj | • Sharbat Murkkab Musaffi-e-Khoon |
| • Qurs-e-Tabasheer Mushil | • Majoon Panbadana |
| • Habb-e-Ishrat | • Sharbat Anjabar |
| • Habb-e-Banafasha Mushil | • Tiryag-e-Reham |
| • Majoon Rashidi | • Raughan-e-Surkh |
| • Majoon Pilpapak | • Raughan-e-Baiza-e-Murgh |
| • Majoon Maddat-ul-Hayat Jadwari | |

Quality Control of Research Drugs

(A) During the reporting period, following 230 single ingredients were tested for their quality control:

- | | |
|---------------------------------|------------------|
| • Maghz-e-Chilgoza | • Salab Misri |
| • Maghz-e-Narjeel | • Tukm-e-Karafs |
| • Maghz-e-Chironji | • Tukm-e-Ispast |
| • Funduq | • Tukm-e-Baboona |
| • Maghz-e-Tukm Tarbuz | • Aqaqia |
| • Maghz-e-Tukm Khayareen/Khiyar | • Habb-ul-Aas |

- Zeera Siyah
- Bisbasa
- Post-e-haleela Zard
- Tukm-e-Gazar
- Jauzbuwa
- Elaichi Kalan
- Khurma Khusk
- Maghz-e-Pambadana
- Bozidan
- Kishneez Khusk
- Adas Surkh
- Nishasta
- Ganda Behroza
- Khaskhaash
- Chalk Powder
- Ood-e-Hindi
- Tukm-e-Hummaz
- Tukm-e-Gandana
- Zarawand
- Beikh-e-Kasni
- Mazu Sabz
- Ood-e-Salab
- Filfil Daraz
- Dar-e-Filfil
- Zeera Sufaid
- Sandal Surkh
- Narmushk
- Badam Shireen
- Aaqarqarha
- Kundur
- Ushba
- Post-e-Turanj
- Mocharas
- Asal (Honey) Sample 1
- Asal (Honey) Sample 2
- Asal (Honey) Sample 3
- Asal (Honey) Sample 4
- Asal (Honey) Sample 5
- Roughan-e-Kunjad sample 1
- Roughan-e-Kunjad sample 2
- Roughan-e-Kunjad sample 3
- Roughan-e-Sharsif sample 1
- Roughan-e-Sharsif sample 2
- Roughan-e-Sharsif sample 3
- Roughan-e-Sharsif sample 4
- Roughan-e-Zaitoon sample 1
- Roughan-e- Zaitoon sample 2
- Kalonji sample 1
- Kalonji sample 2
- Kalonji sample 3
- Kalonji sample 4
- Kalonji sample 5
- Babchi Bag No. 1
- Babchi Bag No. 2
- Babchi Bag No. 3
- Babchi Bag No. 4
- Babchi Bag No. 5
- Babchi Bag No. 6
- Babchi Bag No. 7
- Babchi Bag No. 8

- Ajwain Desi
- Filfil Sufaid
- Sheetraj Hindi
- Asaroon
- Chobchini
- Babchi
- Babchi
- Babchi
- Babchi
- Babchi
- Babchi
- Roughan-e-Kunjad
- Tukm-e-Kasni
- Bura Armani
- Mako Khusk
- Babchi Bag No. 1
- Babchi Bag No. 2
- Roughan-e-Kunjad
- Gul-e-Tesu
- Anjeer Zard
- Burada Sandal Surkh
- Majeeth
- Bura Armani
- Sana Makki
- Sarphooka
- Turbud
- Tukm-e-Rehan
- Kaifal
- Ushna/Chadela
- Maghz Amaltas
- Babchi Bag No. 9
- Babchi Bag No. 10
- Gul-e-Babuna
- Zanjabeel
- Irsa
- Filfil Siyah
- Kalonji
- Gul-e-Tesu
- Badiyan
- Muqil
- Behidana
- Beikh-e-Karafs
- Sibr Zard
- Gul-e-Surkh
- Saqmonia
- Post-e-Amla
- Waj-e-Turki
- Darchini
- Badiyan Khurd
- Kishneez Khusk
- Talmakhana
- Zeera Sufaid
- Aspaghol
- Geru
- Halela Siyah
- Revand Chini
- Gurmar Buti
- Tukhm-e-Khitmi
- Samagh-e-Arabi
- Ustukhuddoos

- Qaranful
- Sad Kufi
- Narkachoor
- Satar Farsi
- Darunaj Aqrabi
- Khusta Gaodanti
- Khusta Zamarrud
- Khusta Baiza Murgh
- Satt-e-Gilo
- Sang-e-Jarahat
- Khusta-e-Faulad
- Salajeet
- Saleekha
- Suranjan Shireen
- Filfil Siyah
- Kamela
- Asgandh Nagoori
- Ood-e-Saleeb
- Jauzbuwa
- Bisbasa
- Maghz-e-Tukm-e-Neem
- Tukm-e-Dhatura
- Rubbusoos
- Zahar Mohra
- Zaranbad
- Dar-e-Filfil
- Gandhak Amlasar
- Unnab
- Asl-us-Soos
- Beikh-e-Izkhar
- Mastagi
- Beikh Badiyan
- Raal Sufaid
- Khulanjan
- Asrol
- Tukm-e-Konch Sufaid
- Naushadar Thikri
- Tabasheer
- Behman Surkh
- Maghz-e-Khasta Jamun
- Barg-e-Babool
- Barg-e-Tulsi
- Namak-e-Lahori
- Namak-e-Siyah
- Sang-e-Jarahat
- Maghz-e-Karanjwa
- Beikh-e-Jalapa
- Maghz-e-Tukm-e-Karanjwa
- Glycerine
- Samagh-e-Arabi
- Maghz-e-Khasta Jamun
- Filfil Daraz
- Satte Gilo
- Salajeet
- Khusta Faulad
- Karyapak (powder)
- Behman Surkh
- Asaroon
- Satt-e-Pudina
- Kalonji

- | | |
|---------------------|----------------------|
| • Kundur | • Chirayata Talkh |
| • Kaifal | • Majeeth |
| • Sarphooka | • Ood-e-Saleeb |
| • Narkachoor | • Dar-e-Filfil |
| • Kafoor | • Shahatra |
| • Naushadar Thikri | • Bisfaij |
| • Kamela | • Post Halela Zard |
| • Sad Kufi | • Post Halela Kabli |
| • Barg-e-Sana Makki | • Bhui Amla |
| • Turbud Sufaid | • Aftimoon |
| • Suranjan Shireen | • Sirka |
| • Qaranfal | • Badranjboya |
| • Chadela | • Tukm Sham-e-Hanzal |
| • Konch Sufaid | • Gharikhoon |
| • Bura Armani | • Zeera Siyah |
| • Khusta Gaodanti | • Gurmar Booti |
| • Beikh-e-Jalapa | • Tabasheer |
| • Muqil | • Zanjabeel Surkh |
| • Tukm-e-Rehan | • Roughan Zaitoon |

(B) During the reporting period, following 42 compound formulation prepared at the pharmacy of CRIUM, Hyderabad were tested for their quality control:

- | | |
|----------------------------|----------------------|
| • Habb-e-Shifa | • UNIM 301 (Capsule) |
| • Habb-e-Suranjan | • UNIM 301 (Capsule) |
| • Sharabat-e-Zufa Murakkab | • UNIM 304 (Oil) |
| • Arq-e-Ajeeb | • UNIM 304 (Oil) |
| • UNIM 051 | • UNIM 051 (Capsule) |
| • UNIM 001 | • UNIM 040 (Powder) |
| • UNIM 001 | • UNIM 401 (Capsule) |
| • UNIM 001 | • UNIM 403 (Oil) |
| • UNIM 003 | • UNIM MUNB (Powder) |

- UNIM 003
- UNIM 004
- UNIM 004
- UNIM 004
- UNIM 352 (Majoon)
- UNIM 352 (Majoon)
- UNIM 104 (Majoon)
- UNIM 401 (Granules)
- UNIM 403 (Oil)
- UNIM 402 (Oil)
- UNIM 005 (Powder)
- UNIM 005 (Powder)
- Qurs-e-Ziabetis Khaas (Tablet)
- UNIM 040 (Powder)
- UNIM 304 (Powder)
- UNIM 401 (Powder)
- UNIM MUNSD (Powder)
- UNIM MUSSD (Powder)
- UNIM MUNB (Powder)
- UNIM 006 (Powder)
- UNIM 318 (Powder)
- UNIM 270 (Powder)
- UNIM 271 (Powder)
- UNIM 220 (Powder)

Standardisation of Modified Unani Formulations

Standardisation of the following Modified Unani formulations by technology transfer prepared by the pharmacy of CRIUM, Hyderabad was carried out during the reporting period:

S.No.	Unani Name	Old Form	New Form
1.	UNIM-001	Tablet (Oral)	Tablets (Compressed)
2.	UNIM-004	Tablet (Oral)	Tablets (Compressed)
3.	UNIM-003	Powder for external	Lotion
4.	UNIM-005	Powder for external	Lotion
5.	UNIM-301	Tablet (Oral)	Tablets (Compressed)
6.	UNIM-202	Powder (Oral)	Granules
7.	UNIM-1202	Powder (Oral)	Granules
8.	UNIM-304	Oil external	Emulgel
9.	UNIM-402	Oil	Emulgel
10.	UNIM-403	Oil	Emulgel
11.	Arq-e-Ajeeb	Liquid	Spray liquid
12.	Sunoon-e-Katha	Powder (external	Topical Emulgel
13.	UNIM-904-T	-	Granules
14.	UNIM-221-T	-	Granules

15.	UNIM-118-T	-	Tablet
16.	Qurs-e-Ziabetis Khaas	-	Tablet
17.	UNIM-221-T	-	Granules
18.	UNIM-221-T	-	Granules

Chemical Investigations of Medicinal Plants

During the reporting period, this work was carried out on following drugs, and six compounds were isolated and their structure was established.

Kamela (*Mallotus philippinensis*)

1. Isoallorotellrin
2. Myrecetin 3,7,3',4' tetra methyl ether
3. iso-rettlerin
4. 4, 7' dihydroxy flavanone

Jharambi (*Garcinia xanthochymus*)

1. (+) morelloflavone
2. 2',4 dihydroxy 4',3 dimethoxy 6' methyl chalcone

Unani Pharmacopoeia Committee

The secretariat of Unani Pharmacopoeia Committee (UPC) is at the CCRUM. The committee organizes regular meetings of UPC and its sub-committees to finalize monographs of single as well as compound formulations based on studies carried out at the Council's centres. During the reporting period, the UPC prepared volume IV of Unani Pharmacopoeia of India, Part-II consisting of 50 monographs comprising Araqiya, Dawa, Itrifal, Jawarish, Majoon, Safoof and Tiryaaq and Hindi version of National Formulary of Unani Medicine, Part-III. These documents have been submitted to UPC for their approval.

3.1.2.3 CLINICAL RESEARCH PROGRAMME

Preclinical Studies

Preclinical safety evaluation studies on new investigational drugs were undertaken at the Council's two pharmacological units viz. Regional Research Institute of Unani Medicine, Aligarh and Srinagar. During the reporting period, the following studies were undertaken:

Acute toxicity and safety evaluation of coded Unani formulation capsule Deedan (RRIUM, Srinagar)

Acute toxicity and safety evaluation of coded Unani formulation capsule Deedan was conducted at Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation capsule Deedan in the dose of 2,000 mg/kg was given to Wistar rats orally for once. After 14 days of treatment, there were no significant changes in their body weight. Capsule Deedan at dose level of 2,000 mg/kg body weight did not show any adverse effect in studies for 14 days and any remarkable change in general condition and behavioural profile. No remarkable changes in salivation and skin condition in Wistar rats after 14 days of treatment was found. Capsule Deedan did not cause any significant change in the average feed consumption in treated rats (both male and female) when compared with the normal rats. The average water consumption in both treated male and female rats was slightly increased. Capsule Deedan did not produce any significant changes in various biochemical parameters of both treated male and female rats. No adverse effect on haematological parameter was noticed except for slight increase in Neutrophil count in male rats. The collected tissues and organs of treated male and female rats appeared normal in texture, size and colour. The acute toxicity study of capsule Deedan in both male and female Wistar rats suggests the drug is safe at the dose level of 2,000 mg/kg of body weight when administered orally once.

Subacute toxicity and safety evaluation of coded Unani formulation capsule Deedan (RRIUM, Srinagar)

Subacute toxicity and safety evaluation of coded Unani formulation capsule Deedan was conducted at Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation capsule Deedan in the dose of 1,000 mg/kg was given to Wistar rats orally for 28 days daily. After 28 days of treatment, the rats were sacrificed. There drug treated rats grew up normally and gained body weight in the normal fashion when compared with the normal ones. There was no significant change in the average water and feed consumption of treated male and female rats and no remarkable change in general condition and behavioural profile was observed. No remarkable changes in salivation and skin condition in Wistar rats after 28 days of treatment was found. Capsule Deedan did not produce any significant changes in various biochemical parameters of both male and female rats. No adverse effect on haematological parameter was noticed in both male and female rats. The collected tissues and organs of treated male and female rats appeared normal in texture, size and colour. The subacute toxicity study of capsule Deedan in both male and female Wistar rats suggests the drug is safe at the dose level of 1,000 mg/kg of body weight when administered orally for 28 days.

Acute toxicity and safety evaluation of coded Unani formulation Qurs-e-Mulayyin (RRIUM, Srinagar)

Acute toxicity and safety evaluation of coded Unani formulation Qurs-e-Mulayyin was conducted at Drug Standardisation Research Unit, Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation Qurs-e-Mulayyin in the dose of 2,000 mg/kg was given to Wistar rats orally for once. After 14 days of treatment the rats were sacrificed. There were no significant changes in body weight growth between drug treated male and female rats and normal male and female rats. Qurs-e-Mulayyin at dose levels of 2,000 mg/kg body weight did not show any adverse effect in studies for 14 days, and no remarkable change in general condition and behavioural profile. No remarkable changes in salivation and skin condition in Wistar rats after 14 days of treatment were found. Qurs-e-Mulayyin did not cause any significant change in the average feed and water consumption in treated rats (both male and female) when compared with normal rats. Qurs-e-Mulayyin did not induce any significant changes in various biochemical parameters of both male and female rats except the levels of SGOT and glucose. No adverse effect on haematological parameter was noticed in drug treated male and female rats. The collected tissues and organs of treated male and female rats appeared normal in texture, size and colour. The acute toxicity study of Qurs-e-Mulayyin in both male and female Wistar rats suggests the drug is safe at the dose level of 2,000 mg/kg of body weight when administered orally for once.

Subacute toxicity and safety evaluation of coded Unani formulation Qurs-e-Mulayyin (RRIUM, Srinagar)

Subacute toxicity and safety evaluation of coded Unani formulation Qurs-e-Mulayyin was conducted at Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation Qurs-e-Mulayyin was orally given in the dose of 90 mg/kg body weight for 28 days to albino Wistar rats. None of the animals showed significant changes in body weight growth and behaviour after repeated dose upto 28 days. The drug treated rats consumed water and feed normally. There were no statistically significant changes in haematological parameters at the end of treatment in test group. No change in ALT and AST levels which show normal functioning of liver after 28 days of administration of Qurs-e-Mulayyin was observed. No changes in any other biochemical parameter were found in drug treated rats. The examination of collected tissues and organs revealed normal appearance in size, shape and texture. The subacute study of Qurs-e-Mulayyin at the dose level of 90 mg/kg of body weight suggests the drug is safe at this dose when administered orally for 28 days.

Acute toxicity and safety evaluation of coded Unani formulation capsule Shaqiqa (RRIUM, Srinagar)

Acute toxicity and safety evaluation of coded Unani formulation capsule Shaqiqa was conducted at Drug Standardisation Research Unit, Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation capsule Shaqiqa at the dose of 2,000 mg/kg was given to Wistar rats orally for once. After 14 days of treatment the rats were sacrificed. There were no significant changes in body weight growth of test and control group rats of both sexes. Capsule Shaqiqa at dose level of 2,000 mg/kg body weight did not show any adverse effect in studies for 14 days, and no remarkable change in general condition and behavioural profile. No remarkable changes in salivation and skin condition in Wistar rats after 14 days of

treatment was found. Capsule Shaqiqa did not cause any significant change in the average feed consumption in treated rats (both male and female) when compared with normal rats, however the average water consumption in both drug treated male and female rats was slightly decreased but within the physiological limits. Capsule Shaqiqa did not induce any significant changes in various biochemical parameters of both male and female rats except the levels of SGOT in female rats. No adverse effect on haematological parameter was noticed in drug treated male and female rats in comparison to control group. The collected tissues and organs of treated male and female rats appeared normal in texture, size and colour. The acute toxicity study of capsule Shaqiqa in both male and female Wistar rats suggests the drug is safe at the dose level of 2,000 mg/kg of body weight when administered orally once.

Subacute toxicity and safety evaluation of coded Unani formulation capsule Shaqiqa (RRIUM, Srinagar)

Subacute toxicity and safety evaluation of coded Unani formulation capsule Shaqiqa was conducted at Regional Research Institute of Unani Medicine, Srinagar. Aqueous suspension of coded Unani formulation capsule Shaqiqa was orally given in the dose of 90 mg/kg body weight for 28 days to albino Wistar rats. None of the animals showed significant changes in body weight growth and behaviour after repeated dose upto 28 days. The drug treated rats consumed water and feed normally. There were no statistically significant changes in haematological parameters at the end of treatment in male and female rats. No changes in biochemical parameters were found in drug treated rats. The examination of collected tissues and organs revealed normal appearance in size, shape and texture. The collected samples of tissues and organs were processed and slides were prepared and stained.

Evaluation of hypoglycemic and toxicity study of a coded Unani formulation UNIM-215 on experimental animals (RRIUM, Aligarh)

Hypoglycaemic and toxicity evaluation of coded Unani formulation UNIM-215 was conducted at Regional Research Institute of Unani Medicine, Aligarh. The aqueous suspension of the drug was also investigated for its hypoglycemic activity, acute and subacute toxicity in albino rats and albino mice. The hypoglycemic activity was evaluated on alloxan induced diabetic rats. The animals were divided into four groups of six each. Group I was kept as diabetic control which received distilled water, group II was given glibenclamide at a dose of 5mg/kg orally, while the III and IV groups received test drug suspension in the dose of 0.5g/kg and 1.5g/kg orally for a period of eight days. Blood samples of all the four groups of rats were collected from the overnight fasted rats on day 1st, 5th and 9th for blood glucose estimation. The findings of the results revealed that there was no change in the blood glucose level in group I throughout the experimental period of 8 days. Whereas, glibenclamide significantly reduced the elevated blood glucose level after 4 days of treatment, while the test drug significantly brought down elevated blood glucose level at the dose of 0.5g/kg and 1.5g/kg after eight days of treatment. It shows Unani coded formulation UNIM-215 has significant hypoglycaemic activity.

The acute toxicity study of aqueous suspension of UNIM-215 was carried out on albino mice of either sex weighing around 25gm. It was observed that a dose upto 5g/kg was well tolerated by all the animals, and there was no change in general behaviour and no overnight mortality was recorded.

The subacute toxicity study of aqueous suspension of coded Unani formulation UNIM-215 was carried out on albino rats. The animals were divided into three groups of six each. Group I was kept as control which received distilled water, while the groups II and III received aqueous suspension of the coded Unani formulation at the doses of 0.5g/kg and 1.5g/kg for 28 days. Blood samples were collected on 29th day for biochemical and pathological investigations. After collection of blood, animals were sacrificed and liver, heart, spleen and kidney were excised out for macroscopic examination and for determination of organ to body weight ratio. Result of the study revealed that there was no significant change in SGOT, SGPT, Serum alkaline phosphatase, Serum urea, Serum creatinine, Serum cholesterol, Serum HDL, Serum triglyceride, percentage haemoglobin, ESR, TLC and DLC. No macroscopic abnormality was observed in the organs like liver, heart, spleen and kidney and no change in the organ to body weight ratio was recorded.

Evaluation of effect of coded Unani formulation UNIM-104 on ethanol induced fatty liver and its safety evaluation on experimental animals (RRIUM, Aligarh)

UNIM-104, a coded compound Unani formulation, is under clinical evaluation for the treatment of fatty liver. Effect of the drug on fatty liver was evaluated in albino rats of either sex weighing between 100-150g on ethanol induced fatty liver. A dose of 5ml/100gm of 15% ethanol given daily for 45 days orally to the group of animals significantly increased SGOT, SGPT, Serum Alkaline Phosphatase, Serum Cholesterol, Serum Triglyceride and Serum HDL as compared to control values. Two doses of drug 1g/kg and 2g/kg in the form of suspension given orally along with ethanol for 45 days significantly reduced the levels of SGOT, SGPT, Serum Alkaline Phosphatase, Serum Cholesterol, Serum Triglyceride and Serum HDL when compared with that of ethanol treated control values.

Acute toxicity of UNIM-104 was evaluated in albino mice of either sex weighing around 25gm. Observation of the animals fed with 5g/kg of UNIM-104 revealed that the drug was safe at this dose level for short term treatment as all the animals remained perfectly normal with no untoward sign and symptoms during the whole observation period and there was no overnight mortality. Thus it may be inferred that the drug has no acute toxic effect.

Subacute toxicity study was conducted on albino rats of either sex weighing around 150gm. The rats were divided into three groups of six each. One group served as control and was given distilled water daily for 28 days. The other two groups were given UNIM-104 (Majoon) in the form of suspension at the dose of 1g/kg and 2g/kg orally daily for 28 days. Blood samples of all the animals were collected from retro-orbital vein for biochemical and pathological investigations. The animals were sacrificed to excise out the organs like liver, heart, spleen and kidney for macroscopic examination and for determination of organ to body weight ratio. The data obtained were analysed statistically to establish the significance of the finding. The liver function test, renal function test, lipid profiles and hematological studies revealed that the level of SGOT, SGPT, Serum Alkaline Phosphatase, Serum Urea, Serum Creatinine, Serum Cholesterol, Serum Triglyceride and Serum HDL did not undergo any significant deviation from those of the normal values. The finding of the hematological test also showed no significant changes in the hemoglobin, TLC, DLC levels and in the polymorph and lymphocyte count of the drug treated animals as compared to normal ones. The variation in relative organ to body weight ratio of the drug treated rats was found to be statistically insignificant as compared to that of normal rats.

Clinical Studies

The clinical research programme of the Council deals with the methods of diagnosis and treatment of diseases and aims at critical appraisal of the theory of pathogenesis, symptomatology, clinical methods of diagnosis and prognosis, principles, lines and methods of treatment, and the drug and diet therapies peculiar to Unani Medicine. Under this programme, clinical and therapeutic studies are being conducted on common and chronic ailments, some of them having national priority, in order to find effective remedies for them. Effectiveness of certain special therapies (Regimental therapies) of Unani Medicine is also being validated 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 (RRC), Allahabad
- Regional Research Centre (RRC), Silchar
- Clinical Research Unit (CRU), Bengaluru
- Clinical Research Unit (CRU), Meerut
- Clinical Research Unit (CRU), Bhopal
- Clinical Research Unit (CRU), Burhanpur
- Clinical Research Unit (CRU), Edathala (Kerala)
- Clinical Research Unit (CRU), Kurnool

CENTRE-WISE ALLOCATION OF DISEASES FOR CLINICAL / VALIDATION STUDIES ON THE SAFETY AND EFFICACY OF UNANI DRUGS

Centre	Disease
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	Bars(Vitiligo), Iltehab-e-Tajaweef-e-Anf(Sinusitis), Kasrat-e-Shahmuddam (Hyperlipidemia), Qarh-e-Meda-wa-Isna-e-Ashari (Duodenal ulcer), Gastro-oesophageal reflex disease (GERD), Daus Sadaf (Psoriasis), Zof-e-Masana (Over active bladder), Qillat-e-Laban (Galactostasis) and Nisyan (Amnesia)
Central Research Institute of Unani Medicine (CRIUM), Lucknow	Waja-ul-Mafasil (Rheumatoid arthritis), Ziabetes Sukkari (Diabetes mellitus), Saman-e-Mufrit (Obesity), Takhalkhul-e-Izam (Osteoporosis), Warm-e-Lissa (Gingivitis), Zof-e-Masana (Over active bladder), Zahab-o-Mayil Asnan (Tooth hypersensitivity) and Su-ul-Qinyah (Anaemia)
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), Nazla-e-Har (Common cold), Waja-ul-Mafasil (Rheumatoid arthritis) and Sual-e-Ratab (Productive cough)
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	Bars (Vitiligo), Ziabetes Sukkari (Diabetes mellitus), Zaghtuddam Qawi Lazmi (Essential hypertension), Su-ul-Qinyah (Anaemia) and Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity)
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	Iltehab-e-Kabid (Infective hepatitis), Nisyan (Amnesia) and Warm-e-Kabid (Hepatitis)
Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Daus Sadaf (Psoriasis), Zof-e-Masana (Over active bladder) and Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity)
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	Bars (Vitiligo), Takhalkhul-e-Izam (Osteoporosis), Tashahhum-e-Kabid (Fatty liver), Zaheer (Dysentry), Su-ul-Qinyah (Anaemia), Kasrat-e-Shahmuddam (Hyperlipidemia) and Bawaseer-e-Damia (Bleeding piles)

Centre	Disease
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	Bawaseer-e-Damia (Bleeding piles)
Regional Research Centre (RRC), Allahabad	Busoor-e-Jild (Boils and Pustules), Shoabtur-Riyah (Bronchitis) and Surat-e-Inzaal (Premature ejaculation)
Clinical Research Unit (CRU), Bengaluru	Daus Sadaf (Psoriasis), Busoor-e-Jild (Boils and Pustule) and Waja-ul-Mafasil (Rheumatoid arthritis)
Clinical Research Unit (CRU), Bhopal	Nar-e-Farsi (Eczema) and Daus Sadaf (Psoriasis).
Clinical Research Unit (CRU), Burhanpur	Busoor-e-Jild (Boils and Pustule), Shoabtur-Riyah (Bronchitis) and Surat-e-Inzaal (Premature ejaculation)
Clinical Research Unit (CRU), Meerut	Surat-e-Inzaal (Premature ejaculation) and Zaheer (Dysentery)
Clinical Research Unit (CRU), Edathala (Kerala)	Clinical validation studies on pharmacopoeial drugs in different disease conditions in the General OPD
Clinical Research Unit (CRU), Kurnool	Bawaseer-e-Damia (Bleeding piles), Nazla-e-Har (Common cold), Waja-ul-Mafasil (Rheumatoid Arthritis) and Sual-e-Ratab (Productive cough)
Regional Research Centre (RRC), Silchar (Assam)/Extension Centre, Karimganj	Waja-ul-Mafasil (Rheumatoid arthritis)

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 (RRIUMs), New Delhi and Aligarh. During the reporting period following studies were conducted:

Evaluation of therapeutic efficacy of a combination of coded drugs UNIM-001 and UNIM-003 in Bars (Vitiligo) patients (CRIUM, Hyderabad)

Therapeutic efficacy of a combination of two coded drugs, UNIM-001 and UNIM-003, was evaluated in 2,275 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 was applied locally on the affected parts early in the morning and then exposed to sun rays for 10 to 15 minutes. The paste was washed off after 30 minutes of the local application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

During the reporting period, 1,159 new patients were registered whereas 1,116 patients continued from the previous year bringing a total of 2,275 patients studied. Out of them, 304 patients completed the study. One (0.3%) patient showed 91-99% repigmentation. In 21 (6.9%) patients repigmentation was 71-90%. Twenty-one (6.9%) patients showed 51-70% repigmentation. In 25 (8.2%) patients repigmentation was 41-50%. One hundred seventy-nine (58.9%) patients showed < 40% repigmentation. Fifty-seven (18.7%) patients showed no response. One thousand three hundred and seventy patients were under study whereas 601 patients dropped out of the study. The drugs showed significant therapeutic effects in arresting the exacerbation in the existing size of the patches and appearance of new patches, besides repigmenting the depigmented patches. No drug intolerance/side effects was noted.

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

Therapeutic efficacy of a combination of two coded drugs, UNIM-004 and UNIM-005, was evaluated in 5,358 patients of Bars (Vitiligo). The drug UNIM-004 was given in the dose of 1.5 gm twice (in morning and evening) daily, preferably on empty stomach. Besides, the paste of the drug UNIM-005 was applied locally on the affected parts early in the morning and then exposed to sun rays for 10 to 15 minutes. The paste was washed off after 30 minutes of the local application. The treatment was given for a period of three months initially. This was extended till the maximum repigmentation was achieved.

During the reporting period, 2,871 new patients were registered whereas 2,487 patients continued from the previous year bringing a total of 5,358 patients. Out of them, 586 patients completed the study. Eight (1.4%) patients showed 100% repigmentation. In three (0.5%) patients, repigmentation was 91-99%. Thirty-five (6.0%) patients showed 71-90% repigmentation. In 88 (15.0%) patients repigmentation was 51-70%. Eighty-five (14.5%) patients showed 41-50% repigmentation. In 327 (55.8%) patients repigmentation was <40%. Forty (6.8%) patients showed no response. Three thousand seven hundred and fifty-one patients were under study whereas 1,021 patients dropped out of the study.

No drug intolerance/toxicity of the drug was noted. However, itching and blister formation was reported in some patients with sensitive skin. This was managed by diluting the concentration of the paste and applying the coconut oil on the affected parts.

Preliminary screening of coded drugs UNIM-044(O)+UNIM-044(L) in Bars (Vitiligo) patients (CRIUM, Hyderabad)

Preliminary screening of a new combination of coded drugs UNIM-044(O) and UNIM-044(L) was conducted in 59 patients of Bars (Vitiligo). The drug UNIM-044 was given in the dose of two capsules (500 mg each) twice daily along with the local application of the Ointment UNIM-044(L) once a day and then exposed to sun rays for 10-15 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 59 patients studied, one (1.7%) showed 100% repigmentation. In two (3.4%) patients repigmentation was 91-99%. Ten (16.9%) patients showed 71-90% repigmentation. In 17 (28.8%) patients repigmentation was 51-70%. Fourteen (23.7%) patients showed 41-50% repigmentation. In 15 (25.4%) patients repigmentation was <40%. In the responding

patients, appearance of new patches was completely stopped. Repigmentation depend on the part of the body affected and the chronicity of the disease. No drug intolerance/side effect was observed.

Preliminary screening of a new combination of coded drugs UNIM-045(O)+UNIM-045(L) in progressive Bars (Vitiligo) patients (CRIUM, Hyderabad)

Preliminary screening of a combination of coded drugs UNIM-045(O) and UNIM-045(L) was conducted in 72 patients of Bars (Vitiligo). The drug UNIM-045 was given in the dose of two capsules (500 mg each) twice daily along with the local application of the Ointment UNIM-045(L) once a day and then exposed to sun rays for 10-15 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 72 patients studied, two (2.8%) patients showed 91-99% repigmentation and 19 (26.4%) patients showed 71-90% repigmentation. Eighteen (25.0%) patients showed 51-70% repigmentation. In eight (11.1%) patients, repigmentation was 41-50%. Twenty-five (34.7%) patients showed <40% repigmentation. In the responding patients, appearance of new patches stopped. Repigmentation depends on the part of the body affected and the chronicity of the disease. No drug intolerance/side effect was observed.

Preliminary screening of a new coded combination of drugs UNIM-046(O)+UNIM-046(L) in extensive cases of Bars (Vitiligo) (CRIUM, Hyderabad)

Preliminary screening of a combination of coded drugs UNIM-046(O) and UNIM-046(L) was conducted in 66 extensive cases of Bars (Vitiligo). The drug UNIM-046 was given in the dose of two capsules (500 mg each) twice daily along with the local application of the Ointment UNIM-046(L) once a day and then exposed to sun rays for 10-15 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 66 patients studied, five (7.6%) patients showed 71-90% repigmentation. In 17(25.7%) patients, repigmentation was 51-70%. Seven (10.6%) patients showed 41-50% repigmentation. In 37 (56.1%) patients repigmentation was <40%. In the responding patients, appearance of new patches stopped. Repigmentation also started in the depigmented patches. No drug intolerance/side effect was noted.

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

Preliminary screening of a combination of coded drugs UNIM-047(O) and UNIM-047(L) was conducted in progressive cases of Bars (Vitiligo). The drug UNIM-047(O) was given in the dose of two capsules (500 mg each) twice daily along with the local application of the Ointment UNIM-047(L) once a day and then exposed to sun rays for 10-15 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 36 patients studied, one (2.8%) patient showed 51-70% repigmentation. In one (2.8%) patient, repigmentation was 41-50%. Thirty-two (88.9%) patients showed <40% repigmentation. Two (5.5%) patients showed no response.

Preliminary screening of a new coded combination of 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) patients (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 in 133 patients of Bars (Vitiligo). The patients were divided in four treatment groups according to the combinations of drugs. In each group, the patients were first subjected to Munzij-Mushil therapy followed by treatment with the oral and local drugs. In Munzij-Mushil therapy, Munzij-e-Balgham was given till the Nuzj appeared in urine followed by Mushil and Tabreed drugs for six days alternately. After completion of the Munzij-Mushil therapy, patients were treated with the oral drugs, UNIM-044(O), UNIM-045(O), UNIM-046(O), and UNIM-047(O) in the dose of two capsules (500 mg) each twice daily along with the local application of the drugs UNIM-044(L), UNIM-045(L), UNIM-046(L) and UNIM-047(L) in the ointment form in the respective groups. The treatment was given for a period of three months excluding the Munzij-Mushil therapy period. The period of treatment was extended till the maximum repigmentation was achieved.

In group-I, 12 new patients were registered during the reporting period whereas 17 patients continued from the previous year bringing a total of 29 patients studied. Out of them, 13 patients completed the study. Three (23.0%) patients showed 51-70% repigmentation. In five (38.5%) patients, repigmentation was 41-50%. Five (38.5%) patients showed <40% repigmentation. Twelve patients were under study whereas four patients dropped out of the study.

In group-II, 16 new patients were registered during the reporting period whereas 14 patients continued from the previous year bringing a total of 30 patients studied. Out of them, nine patients completed the study. Two (22.2%) patients showed 41-50% repigmentation. In seven (77.8%) patients repigmentation was <40%. Sixteen patients were under study whereas five patients dropped out of the study.

In group-III, 29 new patients were registered during the reporting period whereas 15 patients continued from the previous year bringing a total of 44 patients studied. Out of them, 11 patients completed the study. Three (27.3%) patients showed 41-50% repigmentation. In eight (72.7%) patients, repigmentation was <40%. Twenty-nine patients were under study whereas four patients dropped out of the study.

In group-IV, 20 new patients were registered during the reporting period whereas 10 patients continued from the previous year bringing a total of 30 patients studied. Out of them, five patients completed the study. One (20.0%) patient showed 41-50% repigmentation. In four (80.0%) patients repigmentation was <40%. Twenty patients were under study whereas five patients dropped out of the study.

Evaluation of therapeutic efficacy of Munzij-Mushil drugs (UNIM-040+UNIM-041+UNIM-042) in Bars (Vitiligo) patients, (CRIUM, Hyderabad)

Therapeutic efficacy of coded Munzij-Mushil drugs (UNIM-040+UNIM-041+UNIM-042) was evaluated in 45 stubborn patients of Bars. The Munzij drugs were given till the appearance of Nuzj in urine followed by Mushil and Tabdeer drugs for six days alternately. Out of 45 patients studied, 39 completed the treatment. In these patients, Nuzj appeared in urine in two

to three weeks of the treatment. Six patients dropped out of the study. There was definite sign of repigmentation either in the form of islands of pigmentation or perilesional pigmentation or both, which indicates the correction of humoral derangements and overcoming previous treatments resistance.

Multicentric preliminary screening of coded drugs UNIM-045(O)+UNIM-045(L) in Bars (Vitiligo) patients (RRIUM, New Delhi and RRIUM, Aligarh)

Preliminary screening of a combination of coded drugs UNIM-045(O) and UNIM-045(L) was conducted in patients of Bars (Vitiligo). The drug UNIM-045(O) was given in the dose of two capsules (500 mg each) twice daily along with the local application of UNIM-045(L) once a day and then exposed to sun rays for 10-15 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.

At RRIUM, New Delhi, 15 new patients were registered during the reporting period, whereas eight patients continued from the previous year bringing a total of 23 patients studied. Of them eight patients completed the study. These patients showed <40% repigmentation. Nine patients were under study whereas six patients dropped out of the study. The response of the drugs was not very significant.

At RRIUM, Aligarh, 24 new patients were registered during the reporting period, out of which nine completed the study. Eight (88.9%) patients showed 41-70% repigmentation and one (11.1%) patient showed <40% repigmentation. Nine patients were under study whereas six patients dropped out of the study.

NAR-E-FARSI (ECZEMA)

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

Evaluation of therapeutic efficacy of coded drugs UNIM-401(O) and UNIM-403 (L) in Nar-e-Farsi (Eczema) patients (CRU, Bhopal)

Therapeutic efficacy of a combination of coded drugs UNIM-401(O) + UNIM-403 (L) was evaluated in patients of chronic Nar-e-Farsi (Eczema). The drug UNIM-401(O) was given in the dose of two capsule (500 mg) twice daily along with the local application of the oil on the affected parts at bed time. The treatment was given for a period of three months. However, the duration of treatment was extended upto six months in some patients.

During the reporting period, 42 new patients were registered whereas four continued from the previous year bringing a total of 46 patients studied. Sixteen patients completed the study. Eleven (68.7%) patients were completely relieved and five (31.3%) patients partially relieved. Eighteen patients were under study whereas 12 patients dropped out of the study. So far as sample size of 76 patients have been completed in the study.

DAUS SADAF (PSORIASIS)

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

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

Preliminary screening of coded drugs UNIM-401(O) and UNIM-403 (L) was conducted in two groups of patients. In group-I, the patients were first subjected to Munzij-Mushil therapy followed by treatment with the coded drugs UNIM-401(O)+UNIM-403(L). In group-II, the patients were treated with the drugs UNIM-401(O)+UNIM-403(L) only. Munzij-e-Sauda was given till the Nuzj appeared in urine followed by Mushil and Tabreed drugs for six days alternately. After completion of the Munzij-Mushil therapy, the drug UNIM-401(O) was given in the dose of two capsules (500 mg) twice daily before meals along with the local application of UNIM-403(L) on the affected parts. Treatment was given for a period of three months initially, which was extended upto six months.

At CRIUM, Hyderabad, 68 new patients were registered in group-I during the reporting period whereas 19 patients continued from the previous year bringing a total of 87 patients studied. Out of them, 20 patients completed the trial. Thirteen (65.0%) patients showed complete remission, five (25.0%) partial remission, whereas two (10%) patients showed no response. Forty-six patients were under study whereas 21 patients dropped out of the study.

In group-II, 54 new patients were registered, whereas 12 patients continued from the previous year bringing a total of 66 patients studied. Out of them, 14 patients completed the study. Nine (64.3%) patients showed complete remission, four (28.6%) patients showed partial remission, whereas one (7.1%) patient showed no response. Twenty-nine patients were under study whereas 23 patients dropped out of the study.

At RRIUM, Srinagar, six new patients were registered in group-I during the reporting period. Out of them, two patients completed the study and showed partial remission, whereas four patients dropped out of the study. In group-II seven new patients were registered. Out of them, two patients showed partial remission whereas five patients dropped out of the study.

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

Preliminary screening of a combination of coded drugs UNIM-401(O)+UNIM-403(L)+ 777(O) was done in patients of chronic plaque psoriasis. The drug UNIM-401(O) was given in the form of infusion 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.

During the reporting period, 12 new patients were registered whereas 13 patients continued from the previous year bringing a total of 25 patients studied. Out of them, 13 patients completed the study. Two (15.4%) patients showed complete remission, six (46.1%) patients partial remission whereas five (38.5%) patients showed no response. Twelve patients were under study.

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

Preliminary screening of a combination of coded drugs UNIM-401(O)+UNIM-403(L) was done in psoriasis patients. The drug UNIM-401(O) was given in the dose of two capsule (500 mg) twice daily along with the local application of UNIM-403(L) at bed time. Treatment was given for a period of three months

During the reporting period, 58 new patients were registered whereas five patients continued from the previous year bringing a total of 63 patients studied. Out of them, 24 completed the study. Sixteen (66.7%) patients showed complete remission, six (25.0%) patients partial remission whereas two (8.3%) patients showed no response. Twenty six patients were under study whereas 13 patients dropped out of the study.

JARB (SCABIES)

Comparative study of coded drugs UNIM-401(O)+UNIM-403 (L) and Gama Benzine Hexachloride in Jarb (Scabies) patients (RRIUM, Bhadrak)

Therapeutic efficacy of coded drugs UNIM-401(O) + UNIM-403 (L) was compared with Gama Benzine Hexachloride in Jarb (Scabies) patients. The patients were divided in two groups. In Group-I, the patients were given the drug UNIM-401(O) in the dose of one capsule twice daily along with the local application of drug UNIM-403 (L) at bed time 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.

In Group-I, out of 24 patients registered, 13 patients completed the study. Twelve (92.3%) patients showed complete remission, whereas one (7.7%) patient showed partial remission. Eight patients were under study whereas three patients dropped out of the study.

In group-II, 17 new patients were registered whereas four patients continued from the previous year bringing a total of 21 patients studied. Ten patients completed the study. Nine (90.0%) patients showed complete remission whereas one (10.0%) patient showed partial remission. Four patients were under study whereas seven 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) at RRIUMs, Chennai, Bhadrak and Patna and Iltehab-e-Kabid (Infective hepatitis) continued at CRIUM, Hyderabad and RRIUMs, Chennai and Mumbai. During the reporting period, following studies were conducted.

DAUL FEEL (FILARIASIS)

Comparative trial of two combinations of coded drugs UNIM-268+UNIM-270+ UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 in patients of Daul Feel (Filariasis) (RRIUM, Chennai)

Therapeutic efficacy of two combinations of coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 was compared in patients of Daul Feel (Filariasis) particularly in acute lymphatic filariasis in two groups of

patients. 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 the local application of the paste of UNIM-270 and UNIM-272 on the affected parts at bed time. 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 after Nutool (hot wet fomentation) of the drug UNIM-271. In both the groups the treatment was given for 60 days.

During the reporting period, two new patients in both Group-I and II were registered. In Group-I, both the patients completed the study. In Group-II, out of two patients studied, one completed the study and one patient dropped out of the study. So far, a sample size of 44 patients in Group-I and 63 in Group-II has been completed. In Group-I, out of 44 patients studied, 13 (29.5%) patients were completely relieved, 18 (41.0%) partially relieved whereas 13 (29.5%) patients showed no response. In Group-II, out of 63 patients studied, 17 (27.0%) patients were completely relieved, 27 (42.1%) partially relieved whereas 19 (30.1%) patients showed no response.

The drugs have shown significant therapeutic efficacy in subsiding different sign and symptoms and reducing the swelling. No drug intolerance/side effect was observed. Treatment groups I and II showed almost equal efficacy.

Comparative clinical trial of two combinations of coded drugs UNIM-268+ UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 with and without Munzij-Mushil therapy in Lymphatic Filariasis (Daul-Feel) patient (RRIUM, Bhadrak)

Therapeutic efficacy of two combinations of coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 with and without Munzij-Mushil therapy was compared in patients of Daul Feel (Filariasis) particularly in 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 on the affected parts at bed time for a period of 80 days.

In Group-II, the patients were first subjected to Munzij-Mushil therapy followed by the treatment with the combination of the drugs as in Group-I. The Munzij drugs were given till the appearance of Nuzj in urine followed by Mushil and Tabreed drugs alternately for six days. After completion of Munzij-Mushil therapy, the patients were given the combination of the drugs (UNIM-268+UNIM-270+UNIM-271+UNIM-272) for a period of 80 days.

In Group-III, the patients were given the drug UNIM-269 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 drugs UNIM-270 and UNIM-272 on the affected parts at bed time for a period of 80 days.

In Group-IV, the patients were first subjected to Munzij-Mushil therapy followed by the treatment with the combination of the drugs as in Group-II. The Munzij drugs were given till

the appearance of Nuzj in urine followed by Mushil and Tabreed drug alternately for six days. After completion of Munzij-Mushil therapy, the patients were given the combination of the drugs (UNIM-269+UNIM-270+UNIM-271+UNIM-272) for a period of 80 days.

During the reporting period, 86 new patients were registered. Out of 21 patients studied in Group-I, 12 completed the study. Six (50.0%) patients showed complete remission, five (41.7%) partial remission whereas one (8.3%) patient showed no response. Seven patients were under study whereas two patients dropped out of the study.

In Group-II, out of 24 patients studied, 11 completed the study. Seven (63.6%) patients were completely relieved, two (18.2%) patients partially relieved whereas two (18.2%) patients showed no response. Seven patients were under study whereas six patients dropped out of the study.

In Group-III, out of 16 patients studied, five completed the study. Three (60.0%) patients were completely relieved and two (40.0%) partially relieved. Six patients were under study whereas five patients dropped out of the study.

In Group-IV, out of 22 patients studied, nine completed the study. Four (44.5%) patients were completely relieved, two (22.2%) partially relieved whereas three (33.3%) patients showed no response. Six patients were under study whereas seven patients dropped out of the study.

Comparative trial of two combinations of coded drugs UNIM-268+UNIM-270+ UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 in patients of Daul Feel (Filariasis) (RRIUM, Patna)

Therapeutic efficacy of two combinations of coded drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 was compared in patients of Daul Feel (Filariasis) with less than five years chronicity in two groups of patients. 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 drugs UNIM-270 and UNIM-272 on the affected parts at bed time. 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 (hot wet fomentation) of the drug UNIM-271 as in Group-I. In both the groups, the treatment was given for a period of 60 days.

During the reporting period, thirty-two new patients were registered whereas six patients continued from the previous year bringing a total of 38 patients studied. These patients were divided in two groups. In Group-I, out of 16 patients studied, eight completed the study. One (12.5%) patient was completely relieved, six (75.0%) patients partially relieved whereas one (12.5%) patient showed no response. Six patients were under study whereas two patients dropped out of the study.

In Group-II, out of 22 patients studied, 18 completed the study. Three (16.7%) patients were completely relieved, 13 (72.2%) patients partially relieved whereas two (11.1%) patients showed no response. Two patients were under study whereas two patients dropped out of the study.

The drugs have shown significant therapeutic efficacy in subsiding different sign and symptoms and reducing the swelling in the patients. No drug intolerance/side effect was observed.

ILTEHAB-E-KABID (INFECTIVE HEPATITIS)

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

Clinical evaluation of coded drug UNIM-105 and UNIM-115 in Iltehab-e-Kabid (Infective hepatitis) patients (RRIUM, Chennai)

Therapeutic efficacy of coded drugs UNIM-105 and UNIM-115 was evaluated in patients of Iltehab-e-Kabid (Infective hepatitis). The patients were divided in two groups. In Group-I, UNIM-105 was given in the dose of two tablets (500mg) twice daily whereas in Group-II, UNIM-115 was given in the same dose as in Group-I. In both the groups, treatment was given for a period of one month. However, the duration of treatment was extended in some cases upto six weeks.

In Group-I, during the reporting period, 79 patients were registered. Out of them, 53 completed the study. All these patients were completely relieved of their sign and symptoms. The raised biochemical parameters including Serum Bilirubin, SGOT, SGPT and Serum Alkaline Phosphatase levels normalized within four weeks of the treatment. However, in some cases the biochemical parameters attained normal levels in six weeks. Five patients were under study whereas 21 patients dropped out of the study. So far a sample size of 216 has been completed in the study.

In Group-II, four new patients were registered during the reporting period. All these patients were under study. A sample size of 43 patients has been completed in the study. Forty-two (97.7%) patients were completely relieved and one (2.3%) patient was partially relieved. In the completely relieved patients, the clinical sign and symptoms subsided completely and biochemical parameters including Serum Bilirubin, SGOT, SGPT and Serum Alkaline Phosphatase levels attained to the normal levels.

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

Preliminary screening of coded drug UNIM-104 was conducted in acute Hepatitis-B marker positive patients. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 180 days. During the reporting period, one patient was registered whereas 14 patients of previous year were followed up bringing a total of 15 patients studied. Ten (66.7%) patients were completely relieved, three (20.0%) patients partially relieved whereas two (13.3%) patients showed no response. The drug showed significant therapeutic effects in subsiding the clinical sign and symptoms and normalization of bio-chemical parameters.

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

Preliminary screening of coded drug UNIM-104 was conducted in acute Hepatitis-C positive marker patients. The drug UNIM-104 was given in the dose of 5 gm twice daily for a period of 180 days. During the reporting period, one patient was registered whereas one patient continued from previous year bringing a total of two patients studied. Both the patients were completely relieved. The patients were meticulously followed up. These patients remained symptom-free after completion of the treatment.

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

Preliminary screening of coded drugs UNIM-116 and UNIM-117 was conducted in two groups of acute Hepatitis-E marker positive patients. The patients were divided into two groups. In Group-I, the drug UNIM-116 was given in the dose of 5 gm in Majoon form twice daily whereas the drug UNIM-117 was given in the dose of 10 ml twice daily. In both the groups treatment was given for 30 days initially.

In group-I, 34 patients were studied. Out of them, 25 (73.6%) were completely relieved, six (17.6%) partially relieved whereas three (8.8%) patients showed no response. In group-II, out of 36 patients studied, 26 (72.2%) patients were completely relieved, eight (22.2%) partially relieved whereas two (5.6%) patients showed no response. Both the drugs have shown significant effects in subsiding the clinical sign and symptoms and normalizing the bio-chemical parameters.

Preliminary screening of coded drug UNIM-115 in asymptomatic Hepatitis-B Carriers (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.

During the reporting period, 18 new patients were registered whereas seven patients continued from the previous year bringing a total of 25 patients studied. Out of them seven patients completed the study. In these patients, there was no change/deterioration in the LFT and KFT parameters. All these patients remained positive for HBsAg after treatment. There was no enhancement in viral load after the treatment. It was observed that asymptomatic cases of Hepatitis-B did not progress into active Hepatitis-B disease. No sign of any liver disease was found and no renal toxicity was noted.

AMARZ-E-MAFASIL (MUSCULO-SKELETAL DISORDERS)

Clinical studies continued on patients of Amraz-e-Mafasil (Musculo-skeletal Disorders) including Waja-ul-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteo-arthritis) at CRIUM, Lucknow and RRIUMs, Chennai and New Delhi. Following studies were conducted during the reporting period:

Waja-ul-Mafasil (Rheumatoid Arthritis)

Study on optimization of duration of Munzij-Mushil therapy with involvement of different Akhlat in Waja-ul-Mafasil (Rheumatoid arthritis) patients (CRIUM, Lucknow)

The study was conducted with the objective of optimizing the duration of Munzij-Mushil therapy in patients of Waja-ul-Mafasil (Rheumatoid arthritis) with the dominance of different Akhlat. The patients of Waja-ul-Mafasil (Rheumatoid arthritis) were classified as per dominance of the Khilt and accordingly Munzij drugs for Istifragh (Evacuation) of that Khilt was given. Munzij drugs were given till Nuzj appeared in urine followed by Mushil and Tabreed drugs for six days alternately. During the reporting period, 14 new patients were registered. One patient was administrated Munzij-e-Balgham, 10 Munzij-e-Safra and three Munzij-e-Sauda. The average duration of appearance of Nuzj was two weeks in patients with dominance of Khilte Balgham,

and three weeks in patients with dominance of Khilte Safra and Khilte Sauda. The actual day of appearance of Nuzj varied from patient to patient depending on the age of the patient and chronicity of the disease. So far, a sample size of 50 patients with dominance of Khilte Balgham, 43 patients with Khilte Safra and 13 patients with Khilte Sauda and one patient with dominance of Khilte Dam has been completed. The study is in progress.

Evaluation of therapeutic efficacy of coded drugs UNIM-318+UNIM-319 with Munzij-Mushil therapy in Waja-ul-Mafasil (Rheumatoid arthritis) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded drugs UNIM-318+UNIM-319 was evaluated in 61 patients of Waja-ul-Mafasil (Rheumatoid arthritis). These patients were first subjected to Munzij-Mushil therapy followed by treatment with the oral and local drugs. Munzij-drugs were given according to the dominance of the respective Khilt till Nuzj appeared in urine followed by Mushil and Tabrid drugs for six days alternately. After completion of Munzij-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 time. Patients were also advised to follow prescribed diet schedule. The treatment was given for a period of 90 days after completion of Munzij-Mushil therapy.

Out of the 34 patients with dominance of Khilte Balgham studied, nine (26.5%) patients were completely relieved, 11 (32.3%) partially relieved whereas 14 (41.2%) patients showed no response.

Out of 21 patients with dominance of Khilte Safra studied, seven (33.3%) patients were completely relieved, seven (33.3%) partially relieved whereas seven (33.3%) patients showed no response.

Out of 5 patients with dominance of Khilte Sauda, two (40.0%) patients were completely relieved, one (20.0%) partially relieved whereas two (40.0%) patients showed no response.

The only case of Khilte Dam was partially relieved.

The administration of Munzij drugs as per dominance of the particular Khilt showed more encouraging results. After completion of Munzij-Mushil therapy, the response improved. Some patients started feeling better during the Munzij-Mushil therapy.

Preliminary screening of coded drugs UNIM-314+UNIM-319 with Munzij-Mushil therapy in Waja-ul-Mafasil (Rheumatoid arthritis) patients (RRIUM, Chennai)

Preliminary screening of a combination of coded drugs UNIM-314+UNIM-319 was conducted with Munzij-Mushil therapy in patients of Waja-ul-Mafasil (Rheumatoid arthritis). The patients were first subjected to the Munzij-Mushil therapy followed by treatment with the oral and local drugs. Munzij-e-Balgham was given to the patients. The Munzij drugs were given till Nuzj appeared in urine followed by Mushil and Tabrid drugs alternately for six days. After completion of Munzij-Mushil therapy, oral drug UNIM-314 was given in the dose of 5gms in Majoon form twice daily along with the local application of oil UNIM-319 at bed time. Patients were also advised to follow a prescribed diet schedule. The treatment was given for a period of 90 days after completion of Munzij-Mushil therapy.

During the reporting period, 12 new patients registered whereas two patients continued from the previous year bringing to a total of 14 patients studied. Out of them, four patients completed

the study. One (25%) patient was partially relieved whereas three (75%) patients showed no response. Four patients were under study whereas six patients dropped out of the study.

Tahajjur-e-Mafasil (Osteo-arthritis)

Preliminary screening of coded drugs UNIM-318+UNIM-319 in patients of Tahajjur-e-Mafasil (Osteo-arthritis) (RRIUM, Chennai)

Preliminary screening of coded drugs UNIM-318+UNIM-319 was evaluated in 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 time. The treatment was given for a period of 90 days.

During the reporting period, 30 new patients were registered whereas one patient continued from the previous year bringing a total of 31 patients studied. Out of them, 16 patients completed the study. Seven (43.7%) patients were completely relieved, six (37.5%) patients partially relieved whereas three (18.8%) patients showed no response. Eleven patients were under study whereas four patients dropped out of the study.

The drugs showed significant therapeutic response in subsiding clinical sign and symptoms including pain, swelling, tenderness and stiffness in the joints. No drug intolerance/side effect was noted. So far a sample size of 82 patients has been completed in this study.

Takhallul-e-Izam (Osteoporosis)

Multi-centric preliminary screening of coded drugs UNIM-320+UNIM-321 in patients of Takhallul-e-Izam (Osteoporosis) (CRIUM, Lucknow and RRIUM, New Delhi)

Preliminary screening of coded drug UNIM-320+UNIM-321 was evaluated in patients of Takhallul-e-Izam (Osteoporosis). The drug UNIM-320 was given in the form of one capsule (500 mg) along with 4 gm of the coded drug UNIM- 321 orally twice daily for a period of 180 days.

At CRIUM, Lucknow, three new patients were registered during the reporting period whereas five patients continued from the previous year bringing a total of eight patients studied. Out of them, four patients completed the study. Two (50.0%) patients showed partial response whereas two (50.0%) patients showed no response. Three patients were under study whereas one patient dropped out of the study.

At RRIUM, New Delhi, 12 new patients were registered. All these patients were under study.

AMRAZ-E-DANDAN WA -LISSA (DENTAL DISEASES)

During the reporting period, following preliminary studies were consolidated in the dental projects at Central Research Institute of Unani Medicine, Lucknow.

WARM-E-LISSA (GINGIVITIS)

Preliminary screening of coded Unani drugs UNIM-851 and UNIM-852 and UNIM-853 in Warm-e-Lissa (Gingivitis) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded Unani drugs UNIM-851, UNIM-852 and UNIM-853 was evaluated in 114 patients of Warm-e-Lissa (Gingivitis) in three separate groups. In Group-I,

patients were advised to apply the drug UNIM-851 on teeth and gums in the morning and at bed time, whereas in Group-II, drug UNIM-852 and in Group-III coded drug UNIM-853 was applied as in Group-I. Treatment was given for 30 days in each of these groups.

Out of the 36 patients studied in Group-I, 25 completed the study. Twenty (80.0%) patients were completely relieved, five (20.0%) partially relieved whereas eleven patients dropped out of the study.

In Group-II, out of 36 patients studied, 22 completed the study. One (4.5%) patient was completely relieved, 18 (81.9%) patients partially relieved whereas three (13.6%) patients were not relieved. Fourteen patients dropped out of the study.

In Group-III, out of 42 patients studied 30 completed the study. Fifteen (50.0%) patients were completely relieved, 15 (50.0%) partially relieved whereas 12 patients dropped out of the study.

ZAHAB-O-MAYIL ASNAN (TOOTH HYPERSENSITIVITY)

Evaluation of therapeutic efficacy of the coded drug UNIM-855 and UNIM-856 in Zahab-o-Mayil Asnan (Tooth hypersensitivity) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded Unani drugs UNIM-855 and UNIM-856 was evaluated in 76 patients attending the dental OPD of CRIUM, Lucknow. The drugs UNIM-855 and UNIM-856 were applied locally in two separate groups of patients on the teeth early in the morning and bed time for one month.

In Group-I, out of 29 patients studied, 20 completed the study. Ten (50.0%) patients were completely relieved, nine (45.0%) partially relieved whereas one (5.0%) patient was not relieved. Nine patients dropped out of the study.

In Group-II, out of 47 patients studied, 30 completed the study. Ten (33.3%) patients were completely relieved, 17 (56.7%) partially relieved whereas three (10.0%) patients showed no response. Seventeen patients dropped out of the study.

Both the drugs have shown significant therapeutic response in subsiding the tooth hypersensitivity.

MARZ-E-ANF (DISEASE OF SINUS)

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

Clinical study on Iltehab-e-Tajaweef-e-Anf (Sinusitis) continued at CRIUM, Hyderabad. During the reporting period, following study was conducted:

Evaluation of therapeutic efficacy of coded drugs UNIM- 054(O) and UNIM- 055(V) with and without Munzij-Mushil therapy in Iltehab-e-Tajaweef-e-Anf (Sinusitis) patients (CRIUM, Hyderabad)

Clinical efficacy of coded drugs UNIM- 054(O) and UNIM-055 (V) with and without Munzij-Mushil therapy in patients of Iltehab-e-Tajaweef-e-Anf (Sinusitis) was evaluated in two groups of patients. In Group-I, the patients were first subjected 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 drugs were given till Nuzj appeared in urine followed by Mushil and Tabreed drugs for six 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 also given at bed time. The patients were also advised to follow prescribed diet schedule.

In Group-I, 17 new patients were registered during the reporting whereas four patients continued from the previous year bringing a total of 21 patients studied. Out of them, eight patients completed the study. Two (25.0%) patients were completely relieved and six (75.0%) patients partially relieved. Seven patients were under study, whereas six patients dropped out of the study.

In group-II, 29 new patients were registered during the reporting period whereas two patients continued from the previous year bringing a total of 31 patients studied. Out of them six patients completed the study. One (16.7%) patient was completely relieved, four (66.6%) partially relieved whereas one (16.7%) patient showed no response. Thirteen patients were under study whereas 12 patients dropped out of the study.

No drug intolerance/side effect was observed in both the groups.

AMRAZ-E-TANAFUS (RESPIRATORY DISEASES)

ILTEHAB-E-SHOBATUR-RIYAH (BRONCHITIS)

Multicentric preliminary screening of coded drug UNIM-359 in Iltehab-e-Shobatur-Riyah (Bronchitis) patients (RRC, Allahabad and CRU, Burhanpur)

Preliminary screening of coded drug UNIM-359 was conducted on patients of Iltehab-e-Shobatur-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. During the reporting period, this study was consolidated on a total of 67 patients studied. Thirty-seven patients completed the study at Regional Research Centre (RRC), Allahabad and 30 patients at Clinical Research Unit, Burhanpur.

Out of the 67 patients studied, 40 (59.7%) patients were completely relieved, 16 (23.9%) partially relieved whereas 11 (16.4%) patients showed no response. The drug has shown significant effects. No drug intolerance/side effect was noted.

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

ZIABETUS SUKKARI (DIABETES MELLITUS)

Clinical studies on patients of Ziaabetus Sukkari (Diabetes mellitus) continued at CRIUM, Lucknow and RRIUM, Aligarh. Following studies were conducted during the reporting period:

Evaluation of therapeutic efficacy of coded drug UNIM-220(G) as adjuvant therapy to standard Allopathic drug Metformin in Ziaabetus Sukkari (Diabetes mellitus) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded drugs UNIM-220 (G) was evaluated in two groups of patients. In group-I, the drug UNIM-220(G) was given in the dose of 5 gms in granules form twice daily.

In group-II, UNIM-220 (G) was given as in group-I along with one tablet of Metformin twice daily. In both the groups, treatment was given for 180 days.

In group-I, five new patients were registered during the reporting period whereas four patients continued from the previous year bringing to a total of nine patients studied. Out of them, four completed the study. One (25.0%) patient showed complete control in the blood sugar levels. In two (50.0%) patients, the blood sugar levels reduced but not normalized. One (25.0%) patient showed no response. One patient was under study whereas four patients dropped out of the study.

In group-II 13, new patients were registered during the reporting period whereas eight patients continued from the previous year bringing to a total of 21 patients studied. Out of them, 10 patients completed the study. Four (40.0%) patients showed complete control in the blood sugar levels. In four (40.0%) patients, the blood sugar levels reduced but not normalized. Two (20.0%) patients showed no response. Two patient was under study whereas nine patients dropped out of the study.

Evaluation of therapeutic efficacy of coded drug UNIM-220(G) as adjuvant therapy to standard Allopathic drug Metformin in Ziabetus Sukkari (Diabetes mellitus) patients (RRIUM, Aligarh)

Therapeutic efficacy of coded drugs UNIM-220 (G) was evaluated in two groups of patients. In group-I, drug UNIM-220(G) was given in the dose of 5gms in granules form twice daily. In group-II, UNIM-220 (G) was given as in group-I along with one tablet of Metformin twice daily. In each group treatment was given for 180 days.

During the reporting period, a total of 41 patients were registered. These patients were divided in two groups. In Group-I, out of 19 patients registered, nine completed the study. Seven (77.8%) patients showed reduction in blood sugar but not to the normal level whereas two (22.2%) patients showed no response. Nine patients were under study whereas one patient dropped out of the study. So far a sample size of 45 patients has been completed in this group.

In Group-II, out of 22 patients registered, four completed the study. One (25.0%) patient showed reduction in blood sugar but not to the normal level whereas three (75.0%) patients showed no response. Sixteen patients were under study whereas two patients dropped out of the study. So far a sample size of 14 patients has been completed in this group.

SAMAN-E-MUFKIT (OBESITY)

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

Evaluation of therapeutic efficacy of coded drugs UNIM-1201 + UNIM-1202 in Saman-e-Mufkit (Obesity) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded drugs UNIM-1201 + UNIM-1202 in patients of Saman-e-Mufkit (Obesity) was conducted in 18 patients. The patients were first subjected to Munzij-Mushil therapy followed by trial drugs UNIM-1201 + UNIM-1202. Munzij-e-Balgham was given till Nuzj appeared in urine followed by Mushil and Tabreed drugs for six days alternately. After

completion of Munzij-Mushil therapy, drug UNIM-1201 was given in the dose of two capsules (500 mg each) twice daily along with 200 ml decoction of the coded drug UNIM-1202. The treatment was given for a period of six months. The patients were also advised to follow prescribed diet schedule along with modification in the lifestyle.

Out of 18 patients registered, 12 completed the study. There was no significant reduction in the weight of the patients. Six patients were under study.

AMRAZ-E-QALB (CARDIAC DISEASES)

Clinical studies on Kasrat-e-Shahmuddam (Hyperlipidemia) continued at CRIUM, Hyderabad and RRIUM, New Delhi. Study on Zaghtuddam Qawi Lazmi (Essential Hypertension) was continued at RRIUM, Aligarh. During the reporting period following studies were conducted:

KASRAT-E-SHAHMUDDAM (HYPERLIPIDEMIA)

Multicentric preliminary study of coded drug UNIM-763 in Kasrat-e-Shahmuddam (Hyperlipidemia) patients (CRIUM, Hyderabad and RRIUM, New Delhi)

Preliminary screening of coded drug UNIM-763 was conducted in patients of Kasrat-e-Shahmuddam (Hyperlipidaemia). 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 initially. The treatment was extended up to 180 days in some cases. The patients were also advised to follow prescribed diet schedule.

At CRIUM, Hyderabad, 21 new patients were registered during the reporting period. Out of them, five completed the study. Four (80.0%) patients showed significant reduction in the serum cholesterol, LDL and Serum Triglyceride levels. One (20.0%) patient showed no response. Six patients were under study whereas 10 patients dropped out of the study.

At RRIUM, New Delhi, seven new patients were registered whereas three patients continued from the previous year bringing to a total of 10 patients studied. Four patients were under study whereas six patients dropped out of the study.

ZAGHTUDDAM QAWI (ESSENTIAL HYPERTENSION)

Clinical study of coded drugs UNIM-902 as adjuvant to modern Allopathic drug in Zaghtuddam Qawi Lazmi (Essential hypertension) patients (RRIUM, Aligarh)

Therapeutic efficacy of coded drug UNIM-902 was evaluated in patients of Zaghtuddam Qawi Lazmi (Essential Hypertension) in two groups of patients. In Group-I, the coded drug UNIM-902 was given in the dose of one capsule (500 mg) daily whereas in Group-II, the patients were advised to continue the standard Allopathic drug in the prescribed dose along with drug UNIM-902 in the same dose as given in Group-I. In both the groups, treatment was given for a period of 60 days.

During the reporting period, a total of 35 patients were registered. Out of them, 18 patients studied in Group-I, nine patients were under study whereas nine patients dropped out of the study.

In Group-II, 17 patients were registered, out of which five patients completed the study. All the patients were partially relieved. Four patients were under study whereas eight patients dropped out of the study. So far, a sample size of 39 patients has been completed in this group.

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

TASHAHHUM-E-KABID (FATTY LIVER)

Multicentric preliminary clinical screening study of UNIM-104 in patients of Tashahhum-e-Kabid (Fatty liver) (RRIUMs, Chennai and New Delhi)

Preliminary screening of coded drug UNIM-104 was conducted in patients of Tashahhum-e-Kabid (Fatty liver) of grade-I and II. The drug UNIM-104 was given in the dose of 5 gm twice daily in Majoon form for a period of 90 days. The duration of treatment was extended to six months in some cases.

At RRIUM, Chennai, two new patients were registered during the reporting period whereas one patient continued from the previous year bringing to a total of three patients studied. Two patients were under study whereas one patient dropped out of the study. So far, a sample size of 25 patients have been completed in the study. Five (20.0%) patients showed complete remission whereas 17 (68.0%) patients showed partial remission. Three (12.0%) patients showed no response.

At RRIUM, New Delhi, six new patients were registered. Two patients completed the study. Both the patients showed partial remission. Four patients dropped out of the study. So far, a sample size of 17 patients has been completed in this study.

The drug UNIM-104 showed significant therapeutic effects in the responding cases. No drug intolerance/side effect was observed. The study is in progress.

Clinical trial on coded Unani drug UNIM-875 in Qillat-e-Laban (Galactostasis) in lactating mothers (CRIUM, Hyderabad)

Clinical trial on coded Unani drug UNIM-875 was conducted in feeding mothers with suppressed lactation at the extension centre of CRIUM, Hyderabad at Government Nizamia Tibbia College and General Hospital, Hyderabad. The subjects were selected from the Department of Gynaecology and Obstetrics. The drug UNIM-875 was given in the dose of two Capsules (500 mg each) twice daily with 200 ml of milk. Treatment was given for a period of two months.

This study was consolidated during the reporting period on a sample size of 291 subjects. Two hundred and twenty-eight (78.3%) subjects responded well to the treatment. In these subjects, the amount of lactation as well as duration of lactation increased significantly. Forty-eight (16.5%) subjects showed partial response whereas 15 (5.2%) subjects showed no response. The drug has shown significant lactating effects. During the drug intake period, there was no episode of sickness in the mother and the child. After cessation of drug intake the lactation period continued upto six months in most of the cases. There was no drug intolerance/side effect.

Multi-centric Randomized Controlled Trials (RCTs)

Four Multi-centric Randomized Controlled Trials (RCTs) on Diabetes mellitus type-II, Essential Hypertension, Hepatitis A/B/C/E and Vitiligo were initiated in the year 2012-13:

- 1) A multi-centric, single blind, randomized, parallel group study to compare efficacy and safety of coded Unani formulation UNIM-221 with Metformin in patients with Ziaabetus Sukkari Qism e Sani (Diabetes Mellitus Type II) at CRIUMs Hyderabad and Lucknow, and RRIUMs, New Delhi and Aligarh
- 2) A multi-centric, single blind, randomized, parallel group study to compare efficacy and safety of coded Unani formulation UNIM-904 with Amlodipine in patients with Zaghtuddam Qawi Lazmi (Essential hypertension) at CRIUMs, Hyderabad and Lucknow, and RRIUMs, Mumbai, New Delhi, Srinagar and Aligarh
- 3) A multi-centric, single blind, randomized, parallel group study to compare efficacy and safety of coded Unani formulation UNIM-118 with Silymarin in patients with Waram-e-Kabid (Acute Hepatitis A/B/C/E & Chronic Active Hepatitis B/C) at CRIUM, Hyderabad and RRIUM, Chennai
- 4) A multi-centric single blind, randomized, parallel group, comparative study to compare efficacy and safety of coded Unani formulations UNIM-001 + UNIM-003 with Psoralen in the treatment of Bars (Vitiligo) at CRIUMs, Hyderabad and Lucknow, and RRIUMs, New Delhi, Aligarh and Srinagar

These Multi-centric studies were initiated in the year 2012-13. The protocols were finalized after which an exhaustive process of vetting by experts from the respective fields was carried out. The institutional ethics committee meetings were held at the respective institutes. After getting clearance from the respective institutional ethics committee, the trials were registered with the Clinical Trial Registry-India (CTRI) of ICMR. The screening and registration of the patients in above mentioned RCTs have now been initiated.

Validation of Unani Pharmacopoeial Drugs

During the reporting period, the Council continued the programme of validating the clinical efficacy and safety of pharmacopoeial/classical formulations in different disease conditions. Twenty-five pharmacopoeial drugs were identified for study in 10 disease conditions for multi-centric studies. The following studies were undertaken.

Validation of pharmacopoeal formulation Sharbat-e-Faulad in Su-ul-Qiniyah (CRIUM, Lucknow and RRIUMs, Aligarh and New Delhi)

A study on validation of pharmacopoeal formulation Sharbat-e-Faulad in Su-ul-Qiniyah was carried out at CRIUM, Lucknow and RRIUMs, Aligarh and New Delhi. The subjects received Sharbat-e-Faulad in the dose of 12 ml twice daily after meals for 84 days.

During the reporting period, 271 patients were registered, out of which 111 patients completed the study. Of them, 39 (35.1%) patients were relieved, 37(33.4 %) patients were partially relieved and 35 (31.5%) patients showed no response. At the end of the reporting period, 96 patients were under study and 64 patients dropped out from the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of pharmacopoeal formulations Arq-e-Kasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in Warm-e-Kabid (RRIUM, Mumbai)

A study on validation of pharmacopoeal formulations Arq-e-Kasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in Warm-e-Kabid (Hepatitis) was carried out at RRIUM, Mumbai. The subjects received Arq-e-Kasni 20 ml once a day, Arq-e-Mako 20 ml once a day and Sharbat-e-Bazoori Motadil 20 ml twice a day for 56 days.

During the reporting period, 24 patients were registered. Nine patients completed the study. Of them, eight (88.9%) patients were relieved and one (11.1%) patient was partially relieved. Fifteen patients were under study. The test drug was found well tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulations Jawarish Amla and Habb-e-Papita in Kasrat-e-Ratubat-e-Hamoozi (RRIUMs, Srinagar, Aligarh and Patna)

A study on validation of Pharmacopoeial formulations Jawarish Amla and Habb-e-Papita in Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity) was carried out at RRIUMs, 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 for 42 days.

During the reporting period, 215 patients were registered, out of which 171 patients completed the study. Of those completed the study, 110 (64.3%) patients were relieved, 46 (26.9%) patients were partially relieved whereas 15 (8.8%) patients showed no relief. Eight patients were under study and 36 patients dropped out of the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulations Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil and Marham Saeeda Chob Neem Wala in Bawaseer-e-Damia (RRIUMs, New Delhi, Bhadrak and Kolkata, and CRU, Kurnool)

A study on validation of Pharmacopoeial formulations Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil and Marham Saeeda Chob Neem Wala in Bawaseer-e-Damia (Bleeding piles) was carried out at RRIUMs, New Delhi, Bhadrak and Kolkata, and CRU, Kurnool. The subjects received Habb-e-Rasaut and Habb-e-Muqil orally in the dose of two tablets of each drug 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, 132 patients were registered, out of which 70 patients completed the study. Of the patients completed the study, 19 (27.1%) patients were relieved, 46 (65.7%) patients were partially relieved whereas five (7.2%) patients showed no response. Nine patients were under study and 53 patients dropped out of the study. The test drug was found well tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulations Majoon Ushba and Arq Murakkab Musaffi Khoon in Busoor-e-Jild (RRIUM, Bhadrak, RRC, Allahabad and CRUs, Bengaluru and Burhanpur)

A study on validation of Pharmacopoeial formulations Majoon Ushba and Arq Murakkab Musaffi Khoon was carried out at RRIUM, Bhadrak, RRC, Allahabad and CRUs, Bengaluru and

Burhanpur. The subjects received Majoon Ushba orally in the dose of 12 gm once 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, 168 patients were registered, out of which 141 patients completed the study. Of the patients completed the study, 64 (45.4%) patients were relieved, 58 (41.1%) patients were partially relieved and 19 (13.5%) patients showed no response. Six patients were under study and 21 patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulations Safoof Mughalliz-e-Mani, Majoon Arad-e-Khurma and Habb Akseer-e-Shifa in Surat-e-Inzaal (RRC, Allahabad and CRUs, Burhanpur and Meerut)

A study on validation of Pharmacopoeial formulations Safoof Mughalliz-e-Mani, Majoon Arad-e-Khurma and Habb Akseer-e-Shifa was carried out in Surat-e-Inzaal (Premature ejaculation) patients at RRC, Allahabad and CRUs, Burhanpur and Meerut. The subjects received Safoof Mughalliz-e-Mani seven gm, Majoon Arad-e-Khurma 10 gm and Habb Akseer-e-Shifa one tablet daily for 42 days.

During the reporting period, 213 patients were registered, out of which 180 patients completed the study. Of the patients completed the study, 100 (55.5%) patients were relieved, 75 (41.7%) patients were partially relieved and five (2.8%) patients showed no response. Thirteen patients were under study and 20 patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulations Majoon Suranjan, Safoof Suranjan and Roghan Suranjan in Waja-ul-Mafasil (RRIUMs, Chennai and Patna, and CRUs, Bengaluru and Karimganj)

A study on validation of Pharmacopoeial formulations Majoon Suranjan, Safoof Suranjan and Roghan Suranjan in Waja-ul-Mafasil (Rheumatoid arthritis) was carried out at RRIUMs, Chennai and Patna and CRUs, Bengaluru and Karimganj. The subjects received Majoon Suranjan seven gm before diet orally, Safoof Suranjan six gm before diet with plain water orally and Roghan Suranjan for local application. The duration of the treatment was 84 days.

During the reporting period, 152 patients were registered, out of which, 94 patients completed the study. Of the patients completed the study, 31 (33.0%) patients were relieved, 44 (46.8%) patients were partially relieved and 19 (20.2%) patients showed no response. Thirty four patients were under study and 24 patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulation Tiryaq-e-Pechish in Zaheer (RRIUM, New Delhi and CRU, Meerut)

A study on validation of Pharmacopoeial formulation Tiryaq-e-Pechish was carried out in Zaheer (Dysentery) patients at RRIUM, New Delhi and CRU Meerut. The subjects received Tiryaq-e-Pechish five gm twice daily for seven days.

During the reporting period, 68 patients were registered, out of which 59 patients completed the study. Of the patients completed the study, 24 (40.7%) patients were relieved, 26 (44.1%) patients

were partially relieved and nine (15.2%) patients showed no response. Nine patient dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulation Majoon Nisyan in Nisyan (CRIUM, Hyderabad and RRIUMs Chennai and Mumbai)

A study on validation of Pharmacopoeial formulation Majoon Nisyan was carried out in Nisyan (Amnesia) patients at CRIUM Hyderabad and RRIUMs, Chennai and Mumbai. The subjects received Majoon Nisyan seven gm once a day for a period of 90 days.

During the reporting period, 154 patients were registered, out of which 77 patients completed the study. Of the patients completed the study, 33 (42.9%) patients were relieved, 28 (36.4%) patients were partially relieved and 16 (20.7%) patients showed no response. Seventy one patients were under study and six patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulation Majoon Filasafa and Majoon Masikul Baul in Zof-e-Masana (CRIUM, Hyderabad and Lucknow)

A study on validation of Pharmacopoeial formulations Majoon Filasafa and Majoon Masikul Baul was carried out in Zof-e-Masana (Over active bladder) patients at CRIUMs, Hyderabad and Lucknow. The subjects received Majoon Filasafa and Majoon Masikul Baul in the dose of seven gm each in the morning for 84 days.

During the reporting period, 72 patients were registered, out of which 18 patients completed the study. Of the patients completed the study, 13 (72.2%) patients were relieved, four (22.2%) patients were partially relieved and one (5.6%) patient showed no response. Nineteen patients were under study and 35 patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial formulation Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in Zof-e-Masana (CRIUMs, Hyderabad and Lucknow, and RRIUM, Srinagar)

A study on validation of Pharmacopoeial formulation Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan was carried out in Zof-e-Masana (Over active bladder) patients at CRIUMs, Hyderabad and Lucknow, and RRIUM, Srinagar. The subjects received Majoon Kundur, Jawarish Zarooni each in a dose of seven gm once a day and Arq-e-Badiyan 20 ml twice a day for a period of 84 days.

During the reporting period, 58 patients were registered, out of which 28 patients completed the study. Of the patients completed the study, 15 (53.6%) patients were relieved, four (14.3%) patients were partially relieved and nine (32.1%) patients showed no relief. Eleven patients were under study and 19 patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Validation of Pharmacopoeial Fast-acting Drugs

During the reporting period, the Council initiated the programme of validating the efficacy and safety of some Pharmacopoeial fast-acting drugs in different disease conditions at two clinical centres. Validation of four Pharmacopoeial drugs was initiated in three disease conditions, viz. Nazla-e-Har (Common cold), Waja-ul-Mafasil (Rheumatoid arthritis) and Sual-e-Ratab (Productive cough). The following studies were undertaken:

Validation of Unani Pharmacopoeial formulation Habb-e-Shifa for symptomatic relief in Nazla-e-Har (Common cold) patients (RRIUM, Patna and CRU, Kurnool)

Clinical Validation of Pharmacopoeial formulations Habb-e-Shifa was conducted in the patients of Nazla-e-Har (Common cold). The drug Habb-e-Shifa was given orally in the dose of 1-2 pills (according to body weight-1 in <50 kg & 2 in ≥ 50 kg) twice daily. The treatment was given for a period of seven days.

During the reporting period, 93 patients were registered, out of which 86 completed the study. Of the patients completed the study, 17 (19.8%) patients were relieved, 59 (68.6%) patients partially relieved whereas 10 (11.6%) patients showed no response. Seven patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Clinical validation of analgesic effect of Unani Pharmacopoeial formulation Habb-e-Suranjan and Raughan-e-Suranjan in patients of Waja-ul-Mafasil (Rheumatoid Arthritis) (RRIUM, Patna and CRU, Kurnool)

Clinical validation of analgesic effect of Pharmacopoeial formulations Habb-e-Suranjan and Raughan-e-Suranjan was conducted in the patients of Waja-ul-Mafasil (Rheumatoid arthritis). The drugs Habb-e-Suranjan was given orally in the dose of two pills after meal twice daily. The lukewarm Raughan-e-Suranjan (oil) was applied locally twice a day on the affected joint(s). The treatment was given for a period of 14 days.

During the reporting period, 90 patients were registered, out of which 80 patients completed the study. Out of the completed cases, seven (8.7%) patients were relieved, 45 (56.3%) partially relieved whereas 28 (35.0%) patients showed no response. Ten patients dropped out of the study. The test drug was found well-tolerated and no adverse effect was observed.

Clinical validation of Unani Pharmacopoeial formulation Sharbat Zufa Murakkab in Sual-e-Ratab (Productive cough) patients of (RRIUM, Patna and CRU, Kurnool)

Clinical validation of Pharmacopoeial formulation, Sharbat Zufa Murakkab was conducted in the patients of Sual-e-Ratab (Productive cough). The drug Sharbat Zufa Murakkab was given orally in the dose of 10 ml three times a day with lukewarm water. The treatment was given for a period of 14 days.

During the reporting period, 95 patients were registered, out of which 84 completed the study. Out of the completed cases, 15 (17.9%) patients were relieved, 54 (64.2%) partially relieved whereas 15 (17.9%) patients showed no response. Eleven patients dropped out of the study.

All the Pharmacopoeial drugs in the above studies showed no drug intolerance/side effects.

Validation of Regimenal Therapies

Apart from pharmacotherapy, Unani Medicine also offers Moalajati Tadabeer (Regimenal therapies) such as Hijama (cupping), Qai (vomiting), Riyazat (exercise), Taleeq (leeching), etc. for certain conditions. During the reporting period, clinical validation on Hijama (Cupping) was undertaken at RRIUM, New Delhi.

Clinical validation of Hijama (Cupping) in Waja-ul-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteo-arthritis)

During the reporting period, clinical validation of Hijama (Cupping) was undertaken in Waja-ul-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteo-arthritis) patients. The study was conducted on 70 patients at RRIUM, New Delhi. These patients were of chronic nature having involvement of multiple joints. Three consecutive applications of cupping were done at regular intervals.

During the reporting period, 70 patients were registered, out of which 60 patients completed the study. Thirty-five (58.3%) patients showed good response to the therapy. In these patients, there was significant reduction in the pain, tenderness and swelling. Morning stiffness of the joints also reduced in these patients. Twelve (20.0%) patients showed fair improvement whereas 13 (21.7%) patients showed no response. Ten patients dropped out of the study.

VALIDATION OF FUNDAMENTALS

Theory of Akhlat wa Mizaj (Humours and Temperaments)

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

During the reporting period, assessment of temperaments of 4,400 patients attending the OPD of CRIUM, Hyderabad was done. These included 4,060 patients of Bars (Vitiligo), 49 of Iltehab-e-Tajaweef-e-Anf (Sinusitis), 16 of Kasrat-e-Shahmuddam (Hyperlipidemia), five of Iltehab-e-Kabid (Infective hepatitis), 120 of Daus Sadaf (Psoriasis), 11 of Nisyan (Amnesia), 75 of Zof-e-Masana (Over active bladder), 31 of Ziabetus Sukkari (Diabetes mellitus) and 33 patients of Zaghtuddam Qawi Lazmi (Essential hypertension). In Bars (Vitiligo), 2,204 (54.3%) patients showed Balghami temperament and 1,789 (44.1%) showed Damavi temperament. Fifty five (1.4%) patients were of Safravi temperament whereas 12 (0.3%) were of Saudavi temperament. In Iltehab-e-Tajaweef-e-Anf (Sinusitis), 35 (71.4%) patients were of Balghami temperament and 14 (28.6 %) patients of Damavi temperament. In Daus Sadaf (Psoriasis), 43 (35.8%) were of Damavi temperament, eight (6.7%) of Balghami temperament, another eight (6.7%) patients were of Safravi temperament and 61 (50.8%) of Saudavi temperament. In Zof-e-Masana (Over active bladder), 40 (53.3%) patients were of Balghami temperament, 17 (22.7%) Damavi, 15 (20.0%) of Safravi whereas three (4.0%) patients were of Saudavi temperament. In 31 patients of Diabetes mellitus, 28 (90.3%) patients were of Damavi temperament, two (6.5%) of Balghami and one (3.2%) of Safravi temperament. Besides, out of 33 patients of Zaghtuddam Qawi Lazmi (Essential Hypertension), 29 (87.9%) patients were of Damavi temperament and four (12.1%) of Balghami temperament.

In these patients, susceptibility for acquiring diseases in relation to the different temperaments was also studied. An interim analysis of data revealed that patients of Balghami (Phlegmatic) temperament were more susceptible to Bars (Vitiligo) followed by Damavi (Sanguine), Safravi (Bilious) and Saudavi (melancholic) temperaments. Similarly, persons of Balghami (Phlegmatic)

temperament were most susceptible to Iltehab-e-Tajaweef-e-Anf (Sinusitis) followed by Damavi (Sanguine) temperament. Patients of Damavi temperament were most susceptible to Diabetes mellitus and Essential hypertension. 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, and Blood Viscosity were carried out. Response to the treatment in relation to the temperament of the patients correlating the clinical and physiological parameters was also studied.

RESEARCH-ORIENTED HEALTHCARE

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 besides getting feed-back for research. During the reporting period, this programme continued at Central Research Institutes of Unani Medicine (CRIUM), Hyderabad and CRIUM, Lucknow; Regional Research Institutes of Unani Medicine (RRIUM) Chennai, Bhadrak, Patna, Aligarh, Mumbai, Srinagar, Kolkata and New Delhi; Regional Research Centres, Allahabad and Silchar (with an extension at Karimganj), Clinical Research Units (CRUs), Bengaluru, Bhopal, Burhanpur, Meerut, Kurnool and Edathala (with satellite at Kumbalangi) and Clinical Research Pilot Project, Manipur. During the reporting period a total of 248729 new patients were treated at different centres. These patients were studied for assessment of their temperaments and other various factors responsible for occurrence of the disease and accordingly Unani treatment was prescribed. In the treatment to these patients classical/Pharmacopoeial drugs were applied.

Mobile Clinical Research Programme

The Mobile Clinical Research Programme of the Council aims at providing health care to the population residing 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 health care through Unani Medicine to the suffering population at their door steps. Besides, health awareness is propagated among the population under coverage particularly the women through health lectures by the visiting physicians on the preventive, promotive and curative health aspects. This programme was continued at Central Research Institutes of Unani Medicine (CRIUM), Hyderabad and Lucknow; Regional Research Institutes of Unani Medicine (RRIUM), Chennai, Bhadrak, Patna, Aligarh, Mumbai, New Delhi and Srinagar; Regional Research Centre (RRC), Allahabad and Clinical Research Unit (CRU) Burhanpur. During the reporting period, 28 pockets were covered and a total of 35,874 patients were treated with Unani classical/pharmacopoeial drugs.

3.1.2.4 LITERARY RESEARCH PROGRAMME

During the recent times, there has been an upsurge in the demand of all Indian Systems of Medicine including Unani Medicine in the country and elsewhere. There is, therefore, a need for editing and translation of manuscripts and classical books of Unani Medicine originally written in Arabic and Persian languages into Urdu as well as English languages.

During the reporting period, Urdu translation of Arabic book *Kitab Ma al-Fariq aw al-Furooq*, an important original book on the subject of differential diagnosis, and Urdu translation of Persian book *Muheet-i Azam*, Volume II were published. Besides, Urdu translation of Persian books *Muheet-i Azam* Volume III & *Iksir-i Azam* Volume II and vetting of Urdu translation of Arabic book *Tazkira Uli al-Albab*, Volume II continued. Hindi translation of 'Unani Pharmacopoeia of India' Part I, Volume I was also started during the reporting period.

Under the programme of reprinting of rare books, two Unani classical books were published. These included *Tabqat al-Atibba wa al-Hukama* (Arabic) and *Al-Fihrist* (Urdu). Both the books have been regarded as authentic resource material on the history of Unani Medicine along with *Uyoon-al Anba* and *Tarikh al-Hukama*.

As a part of the Council's initiative for compiling Unani literature in English, the Council has prepared initial draft of Standard Treatment Guidelines for 223 identified diseases. Compilation of a booklet in Urdu entitled '*Fauri Ilaj aur Tibb-i Unani*' was also completed.

Review and further vetting of a multilingual Dictionary of Single Drugs of Unani Medicine named as '*Qamoos-u Asma il-Advia*' was completed during the reporting period.

During the reporting period, 11 research papers were published in reputed Journals under the literary research programme.

3.2 EXTRAMURAL RESEARCH

The Department of AYUSH initiated extra-mural research scheme (EMR) with a view to provide funds to established institutions for research on priority areas. The take-off and output from the 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:

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

Respective AYUSH research Councils have been assigned the jobs for technical evaluation of projects. The Central Council for Research in Unani Medicine has been assigned evaluation of projects related to Unani System of Medicine. Monitoring and financial part of EMR is dealt by Department of AYUSH. In the year 2012-13, two projects were completed and 31 were ongoing.

The following EMR projects continued during the reporting period:

S. No.	Title of the Project	Institution
1.	Anti-leishmanial activity of Unani drugs against Leishmania donovani in vitro and in vivo	Department of Biotechnology, 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 Kuliyat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
3.	Therapeutic and prophylactic potential of herbal drug in protection from chronic heart failure	Centre of Physiotherapy and Rehabilitation, Jamia Millia Islamia, New Delhi
4.	Development of quality standards and clinical evaluation of a herbomineral formulation used in Uroethiasis	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.	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
7.	Studies on the prevention of Parkinson's disease by some Unani drugs in animals	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi
8.	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
9.	A comparative study of new Unani formulation with Majoon Suranjan against Arthritis	Department of Toxicology and Elementology, Jamia Hamdard, New Delhi
10.	Protective effects of Unani drugs against Liver toxicity	Department of Toxicology & Elementology, Jamia Hamdard, New Delhi
11.	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
12.	Studies on the possible mechanisms of action of UNIM-352, a polyherbal, Unani anti-asthmatic preparation in experimental animals	Department of Pharmacology, V.P. Chest Institute, University of Delhi, Delhi

S. No.	Title of the Project	Institution
13.	Analysis of efficacy of in vitro raised plant (Catharanthus roseus) extracts in protecting chemically-induced carcinogenesis in model rat	Department of Botany, Faculty of Science, Jamia Hamdard, New Delhi
14.	Spermatozoa DNA damage in infertile males: Protective effect of Unani preparation	Department of Biochemistry, Chhatrapati Shahuji Maharaj Medical University, Lucknow
15.	Clinical efficacy of Unani polyherbal formulation in Helicobacter pylori positive antral gastritis (Warm-e-Meda)- A controlled study	Department of Ilmul Jarahat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
16.	Single blind randomized controlled clinical trial of Unani formulation in cholasma/melasma	Department of Ilmul Advia, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
17.	Investigation of Anti-HIV potential of some herbal plants - Adhatoda vasica, Boerhaavia diffusa, Cephalaria indica and Nardostachys jatamansi from Indian subcontinent	Department of Biosciences, Jamia Millia Islamia, New Delhi
18.	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
19.	Screening of Anticancer potential of Indian medicinal plants	Department of Biosciences, Jamia Millia Islamia, New Delhi
20.	To study the bronchodilatory and anti-inflammatory property of Nigella sativa in patients of Bronchial Asthma	Department of TB & Chest Medicine, Jawahar Lal Nehru Medical College, Aligarh Muslim University, Aligarh
21.	Pharmacological evaluation and safety profile of Unani antioxidant and hepatoprotective drugs	Faculty of Pharmacy, Jamia Hamdard, New Delhi
22.	Translation, Editing and Collation of Al Qanoon fil Tib	Department of Kulliyat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh
23.	Phytochemical screening and anti-hyperlipidemic evaluation of some medicinal plants from Kashmir (Himalaya)	Department of Pharmaceutical Sciences, University of Kashmir, Hazratbal, Srinager
24.	Comparative evaluation and synergism in hypoglycemic activity of Cichorium intybus Linn. and Swertia Chirata Buch	MCE Society's Allana College of Pharmacy, Hidayatullah Road, Azam Campus Camp, Pune
25.	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
26.	Genotyping of Unani system based temperament (Mizaj) groups by RAPD fingerprinting	Department of Zoology, Faculty of Science, Aligarh Muslim University, Aligarh

S. No.	Title of the Project	Institution
27.	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
28.	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
29.	Preparation of electronic herbarium and digital database of the medicinal plants of Unani formulations	Department of Botany, Faculty of Science, Jamia Hamdard, New Delhi
30.	Classical methods of Tadbeer (Detoxification) of toxic Unani drugs and their comparative chemical analysis	Department of Ilmu Advia, Jamia Hamdard, New Delhi
31.	Identification of effective products of Unani medicine through innovative analysis	Indian Council of Medical Research, New Delhi

EMR PROJECTS COMPLETED DURING 2012-13

The details of the two completed projects are mentioned below:

1.	Title of the Project	Development of SCAR Markers (DNA finger prints) for Authentication of Medicinal Herbs used in Unani Formulations
	Institution	Centre for Transgenic Plant Development, Department of Biotechnology, Jamia Hamdard, New Delhi
	Summary	<p>SCAR markers for 15 potential genuine medicinal herbs used in Unani system of medicine as well as their adulterants used largely in the herbal markets have been developed after identification from NISCAIR. The selected drugs are Tukhm-e-kasoo (seeds of <i>Cuscuta reflexa</i>), Barg-e-sudab (leaves of <i>Ruta graveolens</i>), Filfil Siyah (fruits of <i>Piper nigrum</i>), Zarishk (fruit of <i>Berberis aristata</i>), Kurkum (floral parts of <i>Crocus sativus</i>), Amla (fruits of <i>Embilica officinalis</i>), Mulethi (roots of <i>Glycyrrhiza glabra</i>), Rewand chini (roots of <i>Rheum emodi</i>), Unnab (berries of <i>Zizyphus jujube</i>), Senna (leaves of <i>Cassia angustifolia</i> and <i>Cassia acutifolia</i>), Badi Elaichi (fruit of <i>Elletaria cardamom</i>), Tukhm-e-karafs (seeds of <i>Apium graveolens</i>), Aqarqarha (<i>Anacyclus pyrethrum</i>), Sumbul-ut-teeb (<i>Nardostachys jatamansi</i>) and Turbud (<i>Operculina turpethum</i>).</p> <p>The basis of adulteration was the remarkable morphological similarities among the genuine drugs and their adulterants. RAPD was performed in all the drugs and their adulterants. There was a high degree of polymorphism obtained in each RAPD profile and almost an equal number of similar and unique bands were obtained in each drug.</p> <p>These unique RAPD amplicons were cloned in to pGEMT Easy vector and the inserts were further sequenced using SP6 and T7 promoters. Homology searches were performed using non-redundant database at Genbank using BLAST at NCBI with the sequenced RAPD amplicons obtained from all the drugs and their adulterants.</p>

		<p>SCAR markers of 589bp in <i>Cuscuta reflexa</i>, 464bp in <i>Cuscuta chinensis</i>, 600bp in <i>Ruta graveolens</i>, 750bp in <i>Euphorbia dracunculoides</i>, 350bp in <i>Piper nigrum</i>, 589bp in <i>Carica papaya</i>, 500 bp in <i>Embllica officinalis</i>, 800bp in <i>Ipomoea batatas</i>, 400bp in <i>Crocus sativus</i>, 800bp in <i>Carthamus tinctorious</i>, 652bp in <i>Berberis aristata</i>, 220bp in <i>Coscinium fenestratum</i>, 613bp in <i>Glycyrrhiza glabra</i>, 488bp in <i>Abrus precatorious</i>, 553bp in <i>Rheum emodi</i>, 351bp in <i>Zizyphus jujube</i>, 370bp in <i>Zizyphus nummularia</i>, 829bp in <i>Cassia angustifolia</i>, 589bp in <i>Cassia acutifolia</i>, 398bp in <i>Cassia tora</i>, 589bp in <i>Cassia sophera</i>, 514bp in <i>Elletaria cardamom</i>, 514bp in <i>Amomum subulatum</i>, 771bp in <i>Apium graveolens</i>, 489bp in <i>Nardostachys jatamansi</i> and 350bp in <i>Marsedenia tenacissima</i> were successfully developed. The reproducibility of the developed SCAR markers was tested by repeating each experiment twice or even thrice in some cases. Similar results were, however, obtained each time which confirmed the high reproducibility of SCAR markers.</p>
2.	Title of the Project	Evaluation of Anti diabetic compounds from Cyanobacteria
	Institution	Department of Biosciences, Jamia Millia Islamia, New Delhi
	Summary	<p>Fifty two cynobacterial strain were screened for insulin like protein. Four <i>Spirulina starins</i> viz. <i>Spirulina NCCU - 482</i>, <i>Spirulina NCCU - 483</i>, <i>Spirulina CFTRI</i>, <i>Spirulina platensis S5</i>, found to serve as new source of insulin like antigen and can be used as Unani hypoglycaemic plant source.</p> <p>The results of effect of crude, aqueous, ethanol extract and insulin-like protein from <i>Spirulina</i> biomass, plasma glucose, haemoglobin, glycosylated haemoglobin have shown insulin like antigen hypoglycimeic effects. Therefore, <i>Spirulina</i> (cyanobacteria) biomass can be utilized as new hypoglycaemic plant source. It can be used as such or in the form of the isolated insulin like proteins. It may provide an effective, safe and cost-effective antihyperglycemic drug. This may reduce allergic problems, other side effects and maintain euglycemia.</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:

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-301 at Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), New Delhi

A study on coded Unani formulation UNIM-301 was done at Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), New Delhi to evaluate chronic toxicity and safety of the drug. Aqueous suspension of Unani formulation UNIM-301 was given orally in the dose of 2,000 mg/kg body weight to Wistar rats for 180 days. It was found that animals did not show any significant change in body weight and behaviour during the study period. Statistically significant changes were found in rota rod test from day 42 in UNIM-301 treated female group and from day 56 in male group and in grip test score from day 84 in UNIM-301 treated animals as compared to vehicle control. There were changes in haematological parameters at the end of treatment in test groups, which include reduction in RBC count, haemoglobin level, platelet count and no change in white blood cell and serum creatinine was observed. Significant increase in ALT and AST levels in UNIM-301 group was observed. No histo-pathological changes were recorded in kidney, heart, liver, testes and ovary. During chronic study, there was no significant change in body weight in test group. No abnormal behavioural changes were observed.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-004 at Department of Pharmacology, AIIMS, New Delhi

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-004 was carried out at Department of Pharmacology, AIIMS, New Delhi. Aqueous suspension of coded Unani formulation UNIM-004 was given orally in the dose of 2000 mg/kg body weight for 180 days to albino Wistar rats. None of the animals showed significant changes in body weight and behaviour after repeated dose upto 180 days. There were statistical changes in haematological parameters at the end of treatment in test group, which included increase in bleeding and clotting time, reduction in RBC count, haemoglobin level, white blood cell, platelet count, serum creatinine, but these changes were within physiological limits. No change in ALT and AST levels which show normal functioning of liver after 180 days of administration of UNIM-004 was observed. No signs of gastric ulceration or erosion were observed. No histo-pathological change was recorded in kidney, heart and liver.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-105 at Department of Bio-Chemistry, King George Medical University (KGMU), Lucknow, Uttar Pradesh

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-105 was conducted at Department of Bio-Chemistry, King George Medical University (KGMU), Lucknow. Aqueous suspension of coded Unani formulation UNIM-105 in the dose of 1,000 mg/kg and 1,500 mg/kg was given to Wistar rats for 180 days. After 180 days of treatment, there were no

significant changes in body weight. UNIM-105 at dose levels of 1,000 and 1,500 mg/kg body weight did not show any adverse effect in studies for 180 days, and no remarkable change in general condition and behavioural profile was observed. No remarkable change in salivation, skin condition and respiration in Wistar rats after 180 days of treatment was noticed. UNIM-105 caused significant decrease in weight of ovary and stomach respectively. Female rats have shown decrease in their performance on rota rod test during motor coordination at doses of 1,000 and 1,500 mg/kg body weight for 180 days along with increase in alkaline phosphatase, total bilirubin and direct bilirubin. Animals showed decrease in body weight with no change in general condition after 180 days. There was also decrease in locomotion and motor coordination activity. Changes in alkaline phosphatase, total bilirubin, AST and ALT at both doses of 1,000 and 1,500 mg/kg were insignificant in male rats. No adverse effect on bio-chemical parameter was noticed except for slight increase in blood glucose level and creatinine in male rats. Significant decrease in the weight of stomach and ovary was observed in female rats. The result of the study suggests that UNIM-105 at selected dose levels of 1,000 and 1,500 mg/kg is safe.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-115 at Department of Bio-Chemistry, King George Medical University (KGMU), Lucknow, Uttar Pradesh

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-115 was conducted at Department of Bio-Chemistry, King George Medical University (KGMU), Lucknow. Aqueous suspension of coded Unani formulation UNIM-115 in the dose of 1,000 and 1,500 mg/kg body weight was given orally to Wistar rats for 180 days. Significant decrease in the weight of stomach, locomotion activity, performance on rota rod test were observed during the study duration in rats. It was also observed that there was a slight increase in serum levels of urea, creatinine and glucose in both sexes. UNIM-115 at the doses of 1,000 and 1,500 mg/kg b.w. for 180 days increased haemoglobin level in rats. No significant change in salivation, skin condition and respiration in Wistar rats after 180 days of treatment was observed. The results of the study suggests that UNIM-115 at selected dose levels of 1,000 and 1,500 mg/kg is safe.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-001 at Department of Pharmacology, Faculty of Pharmacy, Jamia Hamdard, New Delhi

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-001 was done at Department of Pharmacology, Jamia Hamdard, New Delhi. Aqueous suspension of coded Unani formulation UNIM-001 in the doses of 500, 1,000 and 2,000 mg/kg body weight was given orally in male Wistar rats for 180 days. There was no change in behaviour and body weight after 180 days of treatment. In the doses of 500, 1,000 and 2,000 mg/kg body weight for 180 days, no change in the weight of liver, heart, kidney and stomach in comparison to control group was noticed. The biochemical investigations show no significant change in ALT, AST, BUN and CRE as compared to control group except significant change in the level of ALT in male group treated with 500 mg/kg. The haematological parameter showed no significant change except TLC. There was no significant change in blood clotting factor. However, the result from animal health monitoring in the entire period of 180 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 control group. On histopathological examination, no macroscopic or microscopic changes were seen in the internal organs or tissues in any treated group. UNIM-001 showed no toxic effect as evidenced by biochemical parameter, haematological parameter, blood clotting factors and histopathological studies. The results confirmed that UNIM-001 is safe in both sexes of Wistar rats.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-202 at Department of Pharmacology, Faculty of Pharmacy, Jamia Hamdard, New Delhi

Chronic toxicity and safety evaluation on developed novel drug delivery systems of UNIM-202 was done on Wistar rats at Department of Pharmacology, Jamia Hamdard, New Delhi. Suspension of UNIM-202 was ingested through galvage in the doses of 500, 1,000 and 2,000 mg/kg body weight to Wistar rats for 180 days. During the treatment, animals did not show any change in behaviour, body weight, weight of liver, heart, kidney and stomach in comparison to control group. The biochemical investigations in either sex of Wistar rats did not show any significant change. However, the result from animal health monitoring in the entire period of 180 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 except for significant change in polymorph and TLC in male group when compared to 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. UNIM-202 showed no toxic effect as evidenced by the biochemical parameters, blood clotting factors, haematological parameters and histopathological studies. The results confirmed that UNIM-202 is safe in both sexes of Wistar rats.

Chronic toxicity and safety evaluation of coded Unani formulation UNIM-1202 at Department of Pharmacology, Faculty of Pharmacy, Jamia Hamdard, New Delhi

Chronic toxicity and safety evaluation on developed novel drug delivery systems of UNIM-1202 was done on both sexes of Wistar rats at Department of Pharmacology, Jamia Hamdard, New Delhi. Aqueous suspension of UNIM-1202 in the doses of 500, 1,000 and 2,000 mg/kg body weight were fed to Wistar rats. In the doses of 500, 1,000 and 2,000 mg/kg body weight for 180 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. 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 180 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 except increase in TLC in 2,000 mg/kg treated female group while significant decrease in TLC in males of all treated groups. On histo-pathological examination, no macroscopic or microscopic changes were observed in the internal organs or tissues of any treated rats. UNIM-1202 showed no

toxic effect as evidenced by the biochemical parameters, blood clotting factors, haematological parameters and histopathological studies. The results confirmed that UNIM-1202 is safe in both sexes of Wistar rats.

Chronic toxicity and safety study on coded Unani formulation UNIM-051 at Department of pharmacology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi

Chronic toxicity and safety study of coded Unani formulation UNIM-051 was conducted at Department of Pharmacology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi. Wistar rats of either sex weighing 150-200 gm were divided into twelve groups (male female separately), 5 animals in each group. Group I and II served as control and III to XII groups were taken as test. Aqueous suspension of coded Unani formulation UNIM-051 in the doses of 125, 250, 500, 1,000 and 2,000 mg/kg were given orally to all the animals except group I and II for a period of 180 days. During the study, it was observed that coded Unani formulation UNIM-051 reduces locomotor activity as compared to the vehicle control group. The most marked effects were seen at higher doses. There was no significant change in body weight of the animals after 180 days of treatment as compared to control group. No significant change was found in Hb, TLC, DLC (polymorph, lymphocyte, monocyte, eosinophil and basophil) and ESR in the UNIM-051 treated groups as compared to control group. Test drug marginally increased blood urea at a dose of 1,000 mg/kg as compared to control group. Test drug also decreased the blood glucose and bilirubin as compared to control group. No significant changes were seen in SGOT, SGPT, serum alkaline phosphatase, and serum creatinine levels, after different doses of UNIM-051 treatment as compared to control values. No significant changes were observed in macro and microscopical examination of stomach, liver, kidney and lung as compared to controls in lower doses. In higher doses, dilated and congested blood sinusoids, hypertrophied hepatocytes with vacuolated cytoplasm, deeply stained nuclei and renal corpuscles were observed in test group. UNIM-051 in dose of 1,000 mg/kg, significantly decreased the heart weight as compared to control group.

3.3.2 COLLABORATIVE CLINICAL STUDIES

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 (AIIMS), New Delhi

Studies for a comparative clinical efficacy and safety evaluation of PUVA sol and Unani formulation UNIM-401 (oral) and UNIM-403 (oil) and UVA in the treatment of chronic plaque psoriasis were conducted at Department of Dermatology, All India Institute of Medical Sciences (AIIMS), New Delhi. Patients of chronic plaque psoriasis aged above 18 years with PASI or body surface involvement (BSA) of >10% were included in the study. After baseline investigations, patients were randomly allocated to one of the two study groups. In the study group I (Unani medicine group), patients were given UNIM-401 orally twice a day and UNIM-403 oil for local application once a day along with sun exposure. In the active control group II (PUVA sol group), patients were given 8 MOP on alternate days, followed by (2 hours later) application of petroleum jelly and gradually increasing sun exposure. Response was assessed by reduction in PASI at 2, 4, 8, 12, 16, 20 and 24 weeks.

During the reporting period, total 70 patients were registered in both the groups, 33 patients in group I and 37 patients in group II. Out of them, 34 patients completed the trial. In group I, 07 (21%) patients and in group II, 04 (11%) patients achieved PASI score of 100. Four (12%) patients in group I and 03 (8%) patients in group II achieved PASI score of 75 and more. Eight (24%) patients in group I and eight (21%) in group II achieved PASI less than 75.

Development of nano drug delivery system for Unani medicines (UNIM-105 and UNIM-115) and their biological activity evaluation at Faculty of Medicine (Unani), Jamia Hamdard, New Delhi

The objectives of present project proposal are nano conversion of the traditional form of Unani formulation and pharmacological evaluation (Toxicity and efficacy of Nano form of Unani formulation UNIM-105 and UNIM-115). Patients in compliance is most commonly observed during treatment of hepatic disorders. The main objective of this research project was to synthesize a nano based system in such a way that enhances the delivery of Unani drugs and makes their administration easy. The drugs selected were UNIM-105 and UNIM-115. The rationale behind selection of the drug was being the bulk dose, no specific targeting and availability of good hepatoprotective drugs in Unani system of medicine. Despite many benefits of nanotechnology, concerns are there about its potential drug delivery system on humans and environment. Due to the unique physicochemical properties of the nanoscale materials, their behavior may differ from the larger bulk forms. A good control of particle-size range within each batch is also important if reliable links between toxicity and size are to be made. In addition to their size and surface reactivity, nanoparticles may evade the human body's natural clearance modalities and immune defenses through a variety of mechanisms. These are invariably aimed at delivering the potent drug moiety at the infectious site and are currently the major tools in the controlled drug delivery armamentarium and are therefore considered as the first vector in any combinatorial approach for liver diseases therapeutics through Unani formulations. These include the prodrugs, various polymeric drug carriers and specially designed triggered release systems. Emphasis here is laid upon; various Polymeric drug carriers that included Conjugates, Dendrimers, Micelles, Nanoparticles, Nanogels and Polymerosomes.

Amphiphilic polymer poly (N-isopropylacrylamide-co-HEMA) has been synthesized through free radical polymerization and used to encapsulate the ethanolic extract of UNIM-105 and UNIM-115 drugs, in core-shell nanoparticles formed by a membrane dialysis method. UNIM-105 and UNIM-115 encapsulated 40 % into the nanoparticles by physical entrapment. The nanoparticles are spherical in shape, and their size was found to be below 200 nm characterized by DLS, TEM and SEM. Its encapsulation efficiency is affected by fabrication temperature, initial drug loading and polymer concentration. In vitro drugs release of UNIM-105 and UNIM-115 from the nanoparticles showed sustain drug release over the weeks and are responsive towards temperature changes.

A hydrophobic and hydrophilic core-shell architecture structured micellar formulation that has the capability of carrying the Unani medicines and deliver them at specific site. Biodegradable polymers would allow the drug release only at the inflammatory site. Moreover, in order to improve upon the quality of life if these formulations are intended to be given with other Unani supplements, which are also helping in overcoming multidrug resistance, were also developed. The effectiveness of these formulations will be studied in vivo model in next phase of the project.

Collaborative study on preliminary screening of Unani drug UNIM-701 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 conducted 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.

During the reporting period, six new patients were registered whereas three patients continued from the previous year bringing a total of nine patients studied. One (11.1%) patient was cured and eight (88.9%) patients were relieved. So far, 59 patients have completed the study. The drug has shown significant therapeutic effects in subsiding the clinical sign and symptoms and healing the ulcer in the cured cases. No recurrence was observed.

Collaborative study on preliminary screening of Unani drug UNIM-701 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.

During the reporting period, 10 new patients were registered whereas two patients continued from the previous year bringing a total of 12 patients studied. Out of them 10 patients completed the study. Three (30.0%) patients were cured whereas seven (70.0%) patients showed partial remission. Two patients were under study. So far, 41 patients have completed the study.

Collaborative study on preliminary screening of Unani drug UNIM-115, UNIM-107, and UNIM-117 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 marker positive patients at Owaisi Hospital, Deccan Medical College, Hyderabad.

The coded drugs UNIM-107 and UNIM-117 were given in the dose of 10 ml thrice daily in syrup form to the patients positive for HAV and 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. In each group the treatment was given for a period of 12 weeks.

During the reporting period, no new patient was registered in the treatment group of UNIM-115. However, patients of the previous year were followed up to observe the recurrence. Out of a total of 87 patients registered, 74 patients have completed the study so far. All these patients have shown complete remission.

In the treatment group of UNIM-107, 14 new patients were registered whereas two patients continued from the previous year bringing a total of 16 patients studied. Out of them six patients

completed the study. All these patients were completely relieved. One patient was under study. Nine patients dropped out of the study. So far, 35 patients have completed the study.

In the treatment group of UNIM-117, seven new patients were registered whereas two patients continued from the previous year bringing a total of nine patients studied. Out of them seven patients completed the study. All these patients showed complete remission. One patient was under study whereas one patient dropped out of the study. So far, 31 patients have completed the study.

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. Kitab Ma al-Fariq aw al-Furooq
2. Muheet-i Azam, Volume II
3. Tabqat al-Atibba wa al-Hukama (Arabic)
4. Al-Fihrist (Urdu)
5. Unani Medicinal Plants of Dandigul District, Tamil Nadu
6. CCRUM Newsletter (May–June 2012)

3.4.2 JOURNALS

1. Hippocratic Journal of Unani Medicine (January–March 2012)
2. Hippocratic Journal of Unani Medicine (April–June 2012)
3. Hippocratic Journal of Unani Medicine (July–September 2012)
4. Hippocratic Journal of Unani Medicine (October–December 2012)
5. Jahan-e-Tib (Volume–12, Issue 2)
6. Jahan-e-Tib (Volume–12, Issue 3)
7. Jahan-e-Tib (Volume–12, Issue 4)
8. Jahan-e-Tib (Volume–13, Issue 1)
9. Jahan-e-Tib (Volume–13, Issue 2)
10. Jahan-e-Tib (Volume–13, Issue 3)

3.4.3 RESEARCH PAPERS

- Amanullah, Quroon-i Wusta ka Tibbi Sarmaya aur Ilm-i Wabaiyat, National Seminar on Amraz-i Sariya (Infectious Diseases), Maqbool Social Health & Education Society, Aligarh, 7-8 April 2012.
- Azhar, M.U., Prevention of Cancer through Ilaj Bil Ghiza (Dietotherapy), National Seminar on Amraz-i Sariya (Infectious Diseases), Maqbool Social Health & Education Society, Aligarh, 7-8 April 2012.

- Khan, S.A.; Meena, R.P.; Sri, P.M.D.; Kumar, P., Standardisation and Pharmacopoeial Studies for Itrifal Ustukhuddus, 16th International Conference on PHYTOPHARMA 2012, Russia, 9-11 July 2012.
- Waheed, M.A., Study of Vitiligo Repigmentation with systemic and topical Unani formulation – An open label clinical study, International Conference on Natural products Research, USA, 28 July–01 August 2012.
- Amanullah, Hameed Fahmi aur Dr. Abid Raza Bedar, National Conference on Hakeem Abdul Hameed: Hayat wa Khidmat, Department of Kuliyat, AMU, Aligarh, 26 September 2012.
- Khan, S.A.; Azmi, W. A.; Hannan, A.; Jamil, S.S.; Hakim Abdul Hameed aur Tahzeebi Tashakkhus – Biswi Sadi ke Hawale se, National Conference on Hakim Abdul Hameed Hayat wa Khidmat, AMU, Aligarh, 26 September 2012.
- Khan, L. A.; Alam, F., Hakim Abdul Hameed ke Sawanehi Maakhiz, National Conference on Hakim Abdul Hameed: Hayat wa Khidmat, AMU Aligarh, 28 September 2012.
- Azma; Ahmed, W., Hakim Abdul Hameed aur Jamia Hamdard, National conference on Hakim Abdul Hameed Hayat wa Khidmat, AMU, Aligarh, 26 September 2012.
- Khan, S.A., 'Psoriasis; Clinical trials under CCRUM', National Workshop on Psoriasis, Bhopal, 28 September 2012.
- Mageshwari, S.; Meena, R.P.; Ramasamy, D.; Ahmad, S.J.; Arfin, S.; Aminuddin; Khan, S.A., Pharmacognostical Studies of Ood-e-Balsan - A Unani single drug, National Conference on Phytomedicine, Coimbatore, 4–5 October 2012.
- Sri, P.M.D.; Meena, R.P.; Ramasamy, D.; Ahmad, S.J.; Kumar, P.; Khan, S.A., Antibacterial activity of Majoon Maddat-ul-Jadwar against Uropathogenic Escherichia coli, National Conference on Phytomedicine, Coimbatore, 4–5 October 2012.
- Ramasamy, D.; Meena, R.P.; Arfin, S.; Khan, S.A.; Mageshwari, S.; Sri, P.M.D.; Ahmad, S.J.; Jamil, S.S., Standardisation of Unani Formulations with reference to Jawarish-e-Javed –A Polyherbal Drug, National Conference on Phytomedicine, Coimbatore, 4–5 October 2012.
- Meena, R.P.; Mageshwari, S.; Ramasamy, D.; Sri, P.M.D.; Khan, S.A.; Ahmad, S.J.; Jamil, S.S., Standardisation of Myrtus communis Linn. (Habb-ul-Ass) fruit using Pharmacopoeial and Quality Control Methods, 7th International Symposium of the International Society for the development of natural products, Noida, 15–16 November 2012.
- Murugeswaran, R.; Venkatesan, K.; Karim, A.; Aminuddin, Ethnopharmacology of plants used by the tribal communities of the Dindigul District, Tamil Nadu, 7th International symposium of the International society for the development of Natural Product, 15–17 November 2012.
- Raheem, R.; Shareef, M.A.; Syed, R.; Habeeb, A.; Khan, A. A., Clinical trial to evaluate the safety and efficacy of Unani Herbal Formula (UNIM-115) in Acute Viral Hepatitis A and E, 53rd Annual Conference of Indian Society of Gastroenterology, Jaipur, 28 November–02 December 2012.
- Syeda, K.; Shareef, M.A.; Waheed, M.A.; Tabassum, K., Management of Anaemia (Faqrudam) with herbal medicine, National Seminar on Rural Health Care with Unani Medicine, Hyderabad, 22–23 December 2012.

- Sagar, P.K.; Paliwal, R.K., Phytochemical Constituents Study having Medicinal values Anticancer, Antioxidant, Cardioprotective, Potential Properties of Pongamia pinnata (vent) Hydro Alcoholic Root and Leaves Extract, National Seminar on Rural Health Care with Unani Medicine, Hyderabad, 22–23 December 2012.
- Kamaluddin, M.; Kareemullah, S.; Shareef, M.A., Daul Haiyya (Alopecia) – Unani Aspect & its treatment, National Seminar on Rural Health Care with Unani Medicine, Hyderabad, 22–23 December 2012.
- Ansari, K.B.; Khan, M.A.; Shareef, M.A.; Tabassum, K.; Gulnawaz, S.; Ahmad, M., Assessment of Mizaj (Temperament) in cases of Muzmin Iltehab-e-Tajaweef-e-Anaf (Chronic Sinusitis) according to Unani parameters – A clinical study, National Seminar on Rural Health Care with Unani Medicine Hyderabad, 22–23 December 2012.
- Khanum, A.; Ahmad, M.; Shareef, M.A.; Gupta, V.C.; Pratap, P., Ethnomedicine in Bhadrachalam Forest Division of Khammam District – It's action and uses in Unani Classics, National Seminar on Rural Healthcare with Unani Medicine, Hyderabad, 22–23 December 2012.
- Amjadullah, M., Role of vegetable and fruits in the management of Diabetes Mellitus, National Seminar on Rural Health Care with Unani Medicine, Hyderabad, 22–23 December 2012.
- Shaheen, Q.; Ahmad, M.; Shareef, M.A., Role of important Unani single and compound drugs in the management of skin disease and cosmetics, National Seminar on Rural Health Care with Unani Medicine, Hyderabad, 22–23 December 2012.
- Meena, R.P.; Mageshwari, S.; Ramasamy, D.; Sri, P.M.D.; Ahmad, S.J.; Arfin, S.; Khan, S.A.; Jamil, S.S., Pharmacognostical and Phyto-chemical Studies of Jawarish-e-Buqrat – Unani Formulation, 5th International Conference on Medicinal Plants and Herbal Product, Manipal, 25–27 January 2013.
- Aminuddin; Kumar, M.; Hussaini, S.A.; Samiulla, L., Ehtnobotanical survey of Konerk forest of Dist. Puri, Odisha, 5th International Conference on Medicinal Plants and Herbal Product, Manipal, 25–27 January 2013.
- Arfin, S.; Mageshwari, S.; Meena, R.P.; Ramasamy, D.; Sri, P.M.D.; Khan, S.A., Evaluation of Pharmacopoeial and Quality Control Standards of Nelumbo nucifera Gaertn. Seeds, 5th International Conference on Medicinal Plants and Herbal Product, Manipal, 25–27 January 2013.
- Amjadullah, M., (2012). Mother's Milk is the best, Heritage Amruth 8(3): 22–25.
- Shareef, M.A.; Rasheed N.M.A., (2012). Qaranful (Clove) – Syzygium Aromaticum Merr. & L.M. Perry. Medicinal importance & chemical standardisation with HPTLC Fingerprinting, Cure all Journal of Unani Medicine, 8: 1–8.
- Khan, M.A.; Ansari, K.B.; Jabeen, A.; Gulnawaz, S.; Ali, S.A.; Ahmad, M. (2012). Study outcome of Pilot Clinical Research trial on Iltehab-e-Tajaweef-e-Anaf (Sinusitis) with Unani coded drugs UNIM-054+055, Cure all Journal of Unani Medicine, 8: 9–15.
- Waheed, M.A.; Ansari, K.B.; Ahmad, M. (2012). Re-pigmentation pattern in Vitiligo with Unani Formulation both Systemic & Topical, Cure all Journal of Unani medicine 8: 16–20.

- Rasheed, N.M.A.; Shareef, M.A.; Ahmad, M. (2012). Unani Herbal Medicinal Plants used in Skin care & Primary Health Care – A Review, *Cure all Journal of Unani Medicine*, 8: 21–26.
- Ahmed, A.; Shareef, M.A.; Ahmad, M. (2012). Dalak (Massage) – A Regimental Therapy as disclosed in Unani Classics and its relevance with modern knowledge, *Cure all Journal of Unani Medicine*, 8: 27–29.
- Ali, S.A.; Khan, M.A.; Ahmad, M. (2012). Sample size and Power Analysis in Clinical Research, *Cure all Journal of Unani Medicine*, 8: 30-34.
- Tabassum, K.; Shareef, M.A.; Ansari K.B.; Ahmed, M.; Nasar, M. (2012). Scope of Unani Herbal medicine in Prevention of “Isqate Ehtemali” (Threatened Abortion), *Cure all Journal of Unani Medicine*, 8: 41-46.
- Rasheed, N.M.A.; Shareef, M.A.; Mateen, A.; Rehana, A.; Waheed, M.A.; Arfin, S.; Khan, S.A.; Aminuddin (2012). Physicochemical and Phytochemical evaluation of Cocoon of *Bombyx mori* Linn. (Abresham), *Hippocratic Journal of Unani Medicine*, 7(4): 101-112.
- Qamaruddin; Samiulla, L.; Fasihuzzama (2012). Clinical evaluation of efficacy of a Unani formulation in Waja-ul-Mafasil (Rheumatoid Arthritis), *Hippocratic Journal of Unani Medicine*, 7 (1): 1-11.
- Alam, M.; Khan, H.; Samiulla, L.; Siddiqui, K. M. (2012). A review on Phytochemical and Pharmacological studies of Kundur (*Boswellia serrata* Roxb ex Colebr.)-A Unani drug, *Journal of Applied Pharmaceutical Science*, 2 (3): 148-156.
- Mukesh, K.; Hussaini, S.A.; Samiulla, L.; Kumar, K.; Khan, S.A.; Aminuddin; Jamil, S.S. (2012). Ethnomedicinal Observations from the Anantprasad and Jeypur Tribal Villages of district Cuttack, Odisha, India, *Journal of Applied Pharmaceutical Science*, 2 (11): 127-130.
- Khan, L. A.; Alam, F. (2012). Wabai aur Mutaadi Amraz Ki Tuhaffuzi-wa-mualijati Tadabeer, *Nawai Tibb wa Sehat*, 21:13-15.
- Zuberi, R.H.; Hashmi, S. (2012). Development of SOP and Quality control standardisation of Roughan-e-Amla and Roughan-e-Surkh, Unani Oil preparation, *Hippocratic Journal of Unani Medicine*, 7(2):101-113.
- Ali, Z. A.; Ahmed, S.; Khan, L. A. (2012). A contribution to the ethnopharmacological study of the Shivalik forests of Saharanpur, Uttar Pradesh, *Hippocratic Journal of Unani Medicine*, 7(2): 41-53.
- Khan, S.A.; Rehman, S. (2012). Doctor Saleemuzaman Siddiqi aur Tibbi Tehqeeq, *Jahan-e-Tib*, 12(3): 27-31.
- Khan, S.A.; Rehman, S.; Adhami, S.M. (2012) Ibtedayi Tibbi Nigehdasht-dehi wa qabayali sehat aur CCRUM ki khidmat, *Jahan-e-Tib*, 13(3): 22-23.
- Khan, S.A.; Rehman, S.; Jamil, S. S.; Zaidi, S.M.A. (2012). Safety, Efficacy and Mechanism of Action of Fasd (Blood Letting through Venesection) in cases of Osteoarthritis – A randomized Controlled Study. *Hippocratic Journal of Unani Medicine*, 7(2): 1-11.
- Rehman, S.; Khan, S.A.; Khan, L. A. (2012). Jadeed Hindustan mein Tibbi Tehqeeq aur Hakim Ajmal Khan, *Jahan-e-Tib*, 12(3): 13-18.

- Rehman, S.; Verma, R. S.; Khan, S. A.; Khan, L. A., (2012). The Efficacy and Safety of Unani Coded Drug UNIM-046 in cases of Bars (Vitiligo) – A Preliminary Clinical Trial, Hippocratic Journal of Unani Medicine, 7(4): 11-21.
- Zuberi, R.H.; Hashmi, S. (2012). Botanical and Physico-Chemical Standardisation of Unani Herbo-mineral Drug Sunoon-e-Zard; An important remedy for odontalgia and Gingivitis, Hippocratic Journal of Unani Medicine, 7(3): 101-113.
- Ali, Z.A.; Ahmad, S.; Khan, L.A. (2012). Ethnopharmacological survey of Rampur district forests in Rohilkhand region of Uttar Pradesh, Hippocratic Journal of Unani Medicine, 7(4): 93-100.
- Khan, P.; Verma, R. S.; Khan, L. A. (2012). A clinical study of the Unani Formulations UNIM-045 for anti-vitiligo effect, Hippocratic Journal of Unani Medicine. 7(2): 31-40.
- Meena, R.P.; Sri, P.M.D.; Ramasamy, D.; Mageshwari, S.; Karim, M.A.; Khan, S.A. (2012). Studies on Physico chemical Standardisation and Antibacterial activity of Jawarish-e-Zanjabeel –A Unani Polyherbal formulation, Hippocratic Journal of Unani Medicine, 7(1): 135-143.
- Meena, R.P.; Ramasamym D.; Mageshwari, S.; Ahmad, S.A.; Arfin, S.; Khan, S.A.; Jamil, S.S. (2012). Scientific Validation of Jawarish-e-Bisbasa –A Unani Formulation, International Journal of Pharmaceutical Science & Research, 3(8): 2809-2814.
- Mageshwari, S.; Meena, R.P.; Ramasamy, D.; Sri, P.M.D.; Khan, S.A., (2012). Evaluation of Pharmacopoeial and Quality Control Standards of Nelumbo nucifera Gaertn, STM Journal Research in Reviews, A Journal of Botany, 1(3): 7-14.
- Meena, R.P.; Sri, P.M.D.; Ramasamy, D.; Mageshwari, S.; Ahmad, J.; Kumar, P., (2012). Antibacterial and Pharamacopoeial Studies of Itrifal Ustukhuddus Formulations, Hippocratic Journal of Unani Medicine, 7(4): 31-39.
- Sri, P.M.D.; Meena, R.P.; Ramasamy, D.; Mageshwari, S.; Karim, M.A.; Arfin, S.; Khan, S.A., (2012). Antibacterial Activity of Itrifal Mundi against Staphylococcus aureus, Hippocratic Journal of Unani Medicine, 7(4): 63-67.
- Siddiqui, S.A.; Khatoon, S.; (2012). Scientific evaluation of psychomotor performance in four Amziah with the help of modern psychological tools, Hippocratic Journal of Unani Medicine, 6(2): 49-55.
- Quddusi, N.; Ahmed, B.; Hannan; A. (2012). Loiasis in Unani Medicine, Medical Journal of Islamic Academy of Sciences, 20(3): 81-83.
- Aminuddin; Girach, R. D.; Ahmad, P.; Ahmad, S. (2012). Ethnopharmacological Diversity in family Asteraceae in the State of Odisha, Hippocratic Journal of Unani Medicine, 7 (3): 59-75.
- Ahmad, P.; Butt, T.A.; Bhat, M.; Aminuddin; Islam, N.; (2012). Ethnopharmacological uses of plants among tribal and rural folks of Banihal forest area of Kashmir, International Journal of Pharma and Bio-Sciences, 3(4): (B) 507 – 510.
- Venkatesan, K. R.; Murugeswaran, S.; Ahmed, J.; Aminuddin; (2013). Medicinal plants used for wound healing by Kani tribe of Kanniyakumari district, Tamil Nadu, Hippocratic Journal of Unani Medicine, 8(1): 129-141.

- Negi, K.; Asim, S.M.; Aminuddin (2013). Ingredient identification in 'Namak Ajeeb': A quality assurance approach, *Hippocratic Journal of Unani Medicine*, 8(1): 103-116.
- Kumar, M.; Hussaini, S.A.; Samiulla, L.; Kumar, K.; Khan, S.A.; Aminuddin; Jamil, S.S., (2012). Ethnomedicinal Observations from the Anantprasad and Jeypur Tribal Villages of district Cuttack, Odisha, India, *Journal of Applied Pharmaceutical Science*, 2(11): 127-130.
- Meena, R.P.; Sri, P.M.D.; Ramasamy, D.; Mageshwari, S.; Karim, M.A.; Khan, S.A. (2012). Studies on Physico chemical Standardisation and Antibacterial activity of Jawarish-e-Zanjabeel –A Unani Polyherbal formulation, *Hippocratic Journal of Unani Medicine*, 7(1): 135-143.
- Meena, R.P.; Ramasamy, D.; Mageshwari, S.; Ahmad, S.A.; Arfin, S.; Khan, S.A.; Jamil, S.S. (2012). Scientific Validation of Jawarish-e-Bisbasa –A Unani Formulation, *International Journal of Pharmaceutical Science & Research*, 3(8): 2809-2814.
- Ali, Z.A.; Ahmed, S.; Wasiuddin; Khan, L. A. (2013). Ethnopharmacological Survey of West Tarai Forest Division, Ramnagar, Nainital in Kumaon Region of Uttarakhand. *Hippocratic Journal of Unani Medicine*, 8(1): 79-88.
- Rasheed, N.M.A.; Mateen, A.; Shareef, M.A.; Alam, M.D.; Gupta, V.C.; Khan, S.A.; Arfin, S.; Aminuddin (2012). Role of Chromatography in Identification and Quality Control of Herbal Drugs 1. HPTLC finger prints of Qurs-e-Kundur, A Unani compound formulations, *Hamdard Medicus*, 54(3).
- Ahmad, W. (2013). Hakim Muhammad Mumin Khan Tibbi Adab ke Hawale Se, *World Unani Day Yadgar Majallah*, 21-22.
- Khan, M.S.; Latif, A.; Jamil, S.S.; Arfin, S. Emerging Role of Technologies in the Identification and Standardisation of Minerals Used in Unani Medicine: in *Evitability Scope, Means and Implications*, presented in Department of Ilmul Advia, AMU, Aligarh, 23 March 2013.
- Siddiqui, S.A.; Khatoon, S. (2012). The Unani drug Mastagi showed antibacterial, anti fungal and anti microbial activities in various studies, *Hamdard Medicus*, 55(1): 84–86.
- Khatoon, S.; Siddiqui, S.A.; (2012). Daur-e-Hazir mein Hammam ki Ifadiyat, *World Unani Day Yadgar Majallah*, 26–28

3.5 EXTENSION HEALTHCARE SERVICES

3.5.1 SCHOOL HEALTH PROGRAMME

The School Health Programme is another important component of the Council's Clinical Research Programme. The objective of this programme is to raise health status of school children and reduce morbidity rate among them through healthcare and health education. Under this programme, some of the primary/secondary schools falling under coverage of the mobile wings are adopted. A baseline health check-up of school children is conducted and those found suffering from any ailment are treated with the Unani 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 CRIUMs, Hyderabad and Lucknow, RRIUMs, Chennai, Bhadrak, Patna, Aligarh, Mumbai, Srinagar, RRC, 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. Three thousand nine hundred and forty four school children were checked-up for their health status. 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, ottoorohea, cough and cold, conjunctivitis and dental carries. Significant reduction in the incidence of these diseases among the children was observed during the reporting period.

3.5.2 UNANI MEDICAL CENTRES IN ALLOPATHIC HOSPITALS

Unani Medical Centre was established at the National Capital's Dr. Ram Manohar Lohia Hospital on 14 January 1998 with a view to providing AYUSH healthcare facilities at Government Allopathic Hospitals. On demand of the patients, another Unani Speciality Centre started functioning at Deen Dayal Upadhyaya Hospital, New Delhi on 01 November 2010. These centres are being run by the CCRUM. Besides the general out patient department (GOPD) facilities, these centres provide specilaized Unani treatment for some selected disorders like vitiligo, eczema, psoriasis, rheumatoid arthritis, bronchial asthma, sinusitis, infective hepatitis, diabetes mellitus, etc. During the reporting period, a total of 40,631 patients were treated. A large number of patients were referred to these centres from Allopathic OPDs 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

The Council organized health camps through its Institutes/Units with a view to create health awareness among the masses and to provide treatment through Unani System of Medicine. In these health camps, health lectures were delivered by the physicians of the Council. Besides, health counselling was also done. The patients suffering from different diseases were provided Unani treatment. Referral of the patients was also made to the Council's centres as well as ot other Hospitals. During the reporting period, 36 health camps were organized.

3.5.4 ACTIVITIES 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 1,69,756 female patients in different OPDs were treated. Efficacy of the pharmacopoeial drugs was also validated under this component. Health lectures/group meetings on preventive

and promotive health aspects were also organized in the pockets adopted under 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 two centres of the Council in the North-Eastern region, the Regional Research Centre, Silchar (with an extension centre at Karimganj) and a Clinical Pilot Project, Manipur continued the GOPD. During the reporting period, 6,810 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. Besides, patients of common/seasonal ailments were also treated.

3.5.6 ACTIVITIES 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 medicare activities to benefit the SC/ST population. These segments of the society were provided free medicare at the Council's GOPDs, mobile OPDs and at Unani Speciality clinics. Medicare was also provided at the door steps of the patients through mobile OPDs. During the reporting period, 99,491 patients belonging to SC/ST population were benefited.

4. INFORMATION, EDUCATION AND COMMUNICATION

4.1. LIBRARY SERVICES

The Council has a 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, academicians and practitioners of the system.

During the reporting period, services of the library remained fully automated through local area network (LAN). Six hundred nine books, 30 CDs, nine photocopies of rare books, and 273 issues of Journals (79 Unani, 149 Allied Sciences, and 45 Hindi) were added to the existing stock of the library. Besides, the library acquired 3,938 issues of newspapers and 297 of magazines (253 English and 44 Hindi) for information retrieval. Under the WHO global subscription scheme, 34 books, 29 Journals, three CDs and 48 Serials were added to the collection. A total of 260 books were classified, 710 physically processed, 751 circulated, and 3,354 consulted by the members and non-members who visited the library. Under Selective Dissemination of Information (SDI) and Current News Service, the library collected 4,530 news clippings. Of these, 4,280 were sent to the Director General, and 1,620 were put on display for the readers. The library continued the institutional membership 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 work:

• Publication of Monthly Medical News Index	-	04 Issues
• Publication of Current Contents of Journals (Unani)	-	03 Issues
• Catalogue or Bibliographical search	-	2,350 titles
• CD search	-	46 times
• Selective information search through Internet	-	412 times
• Reference services (long- and short-range)	-	1,411 queries
• Photocopying (important articles and routine work)	-	6,300 copies
• Spiral binding	-	387 documents

4.1.1. LIBRARY AUTOMATION

The Library and Information Centre automated its services and adopted library software Troodon, which controls the OPAC (Online Public Access Catalogue), circulation of books, etc.

4.1.2. NETWORKING OF LIBRARIES

The Library and 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.

4.1.3. DIGITIZATION OF MANUSCRIPTS

During the reporting period, the library digitized its remaining 24 Unani manuscripts.

4.1.4. E-JOURNALS CONSORTIA

The library acquired two consortia, Health & Wellness Resource Centre (HWRC) and InfoTrac Medical Collection (IMedC). The HWRC provides instant access to carefully compiled and trusted medical reference material. It includes nearly 400 health/medical journals, numerous reference volumes, over 700 health videos from the partner Healthology, Inc., hundreds of pamphlets and health-related articles, 2,200 general interest publications, in addition to a broad collection of Gale reference titles. Materials contained in this Resource Center are for information purpose only. The IMedC is a carefully selected list of journals that covers all streams of medical science. This innovative full-text online resource allows users to search articles instantly by title, subject, publication, country, etc.

4.1.5. DATABASE OF M.D. (UNANI) THESES

A database of M.D. (Unani) Theses was prepared and made available for search and consultation. The database contains 400 M.D. Theses.

4.2. ORGANIZATION OF CONFERENCE, SEMINAR, ETC.

4.2.1. WORKSHOP ON CLINICAL TRIAL PROTOCOLS

The Central Council for Research in Unani Medicine (CCRUM) organized a Training Workshop on Clinical Trial Protocols at its headquarters in New Delhi during 3–4 October 2012. The workshop aimed to familiarize and sensitize the Principal Investigators and Co-investigators as well as other concerned researchers of the Council with the protocols of four new Randomized Controlled Trials (RCTs) on diabetes mellitus type-II, essential hypertension, hepatitis, and vitiligo.

In his welcome address, Prof. Syed Shakir Jamil, Director General, CCRUM urged the Council's researchers to direct their research towards finding safe and dependable solutions to modern health challenges such as cancer and HIV-AIDS. He said that the development of protocols is imperative for proper and meticulous execution of any clinical study. With the Council's concerted efforts, protocols for the four new RCTs have been developed in tune with the latest trends in clinical research and the basics of Unani system of medicine. These protocols have been prepared by Protocol Review Committee at the headquarters followed by multi-level review and vetting by the experts of the respective fields.

Addressing the workshop, Dr. G.N. Qazi, Vice-Chancellor, Jamia Hamdard, New Delhi laid emphasis on developing publishable, patentable and marketable research in Unani Medicine. He appreciated the Council's efforts in taking lead in some of its research programmes.

Dr. V. Sreenivas, Assistant Professor, Department of Biostatistics, AIIMS, New Delhi, who was engaged in the process of the protocol development, informed the participants about the importance of understanding the clinical trial protocols in the implementation, execution and outcome of the study.

Prof. Rais-ur-Rahman, Head, Postgraduate Department of Moalajat wa Ilmul Amraz, Ayurvedic & Unani Tibbia College, New Delhi, who was also involved in the vetting of the protocols, lauded the Council's efforts in the development of the protocols.

Dr. Shariq Ali Khan, Research Officer (Unani) (Scientist-4), Regional Research Institute of Unani Medicine (RRIUM), Aligarh; Dr. M.A. Waheed, Deputy Director (Unani), Central Research Institute of Unani Medicine (CRIUM), Hyderabad; and Dr. Nighat Anjum and Dr. Jamal Akhtar, both Research Officers (Unani) (Scientist-2), CCRUM headquarters made PowerPoint presentations on the protocols for hypertension, vitiligo, hepatitis, and diabetes mellitus, respectively. The presentations followed an open discussion on the protocols wherein the Principal Investigators and Co-investigators took active part.

The second day was devoted to a hands-on training on filling up of Case Record Forms. The participants were divided into four groups according to the RCTs. Each group was provided with a case study as an example and each participant was asked to fill up a Case Record Form. At the end of the exercise, presentations were made by each group in front of a panel of experts and the practical problems were sorted out.

At the end of the workshop, timeframe was decided for all the RCTs. Prof. Jamil thanked the researchers and experts involved in developing the protocols.

4.2.2. TRAINING WORKSHOP ON ETHICAL ISSUES AND ROLE OF ETHICS COMMITTEE IN CLINICAL TRIALS

The Council organized a Training Workshop on Ethical Issues and Role of Ethics Committee in Clinical Trials at its headquarters in New Delhi during 22–23 November 2012. The workshop was inaugurated by Mr. Anil Kumar, Secretary, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India on 22 November. The inaugural function was presided over by Hakim S. Khaleefatullah, Vice President-II, Governing Body, CCRUM; Prof. M. A. Jafri, Chairman, Scientific Advisory Committee, CCRUM; Prof. S.S. Handa, Chairman, Pharmacopoeial Commission of Indian Medicine; and Prof. S. Shakir Jamil, Director General, CCRUM.

In his inaugural address, Mr. Anil Kumar said that it was an important step of the Council to organize the workshop on ethical issues and such training workshops should be held regularly. He emphasized the importance of Institutional Ethics Committees in clinical research. Earlier in his welcome remarks, Prof. Jamil underscored the need for regular updating for the Council's researchers on ethical issues and the role of Institutional Ethics Committee in the clinical trials.

After the inaugural session, there was a lecture on Clinical Trials Registry-India (CTRI) by Dr. Abha Aggrawal, Co-ordinator, CTRI, National Institute of Medical Statistics – an institute of Indian Council of Medical Research (ICMR). It was followed by a lecture on different phases of clinical trial by Dr. K. K. Sharma, Professor of Pharmacology at Sharda University, UP.

In the post-lunch session, Dr. Nandini K. Kumar, former Deputy Director General, ICMR delivered a lecture on General Ethical Considerations in Clinical Trials, and Prof. K.M.Y. Amin, Department of Ilmul Advia, Aligarh Muslim University, Aligarh lectured on Clinical Understanding for Ethical Decision. The last lecture of the session was on Regulatory and Legal Aspects of Clinical Trials delivered by Prof. A. Ray, Head, Department of Pharmacology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi. The scientific session was followed by a discussion on the day-long proceedings.

On 23 November, Dr. Nandini K. Kumar delivered a lecture on Functions and Procedures of Ethics Committee, which was followed by a round table discussion on the role of ethics committee. The panellists for the round table were Prof. M. A. Jafri, Dr. O.P. Agarwal, Dr. Nandini K. Kumar, Dr. V. Sreenivas, Prof. H. H. Siddiqui, Prof. Rais-ur-Rahman, Dr. S. Mehtab Ali and Prof. Shakir Jamil. It was felt by the panellists that there was a need to organise such type of workshop, which proved very helpful in clearing the doubts regarding medical ethics for both researchers and experts of their fields.

4.2.3. APPRAISAL TRAINING FOR STATISTICIANS AND EXPOSURE OF COORDINATION TEAM TO DATA MANAGEMENT

The Council organized a Workshop on Appraisal Training for Statisticians and Exposure of Coordination Team for Data Management at its headquarters in New Delhi on 7–8 December 2012. The workshop aimed to provide interactive training on data management in clinical trials to the researchers, statisticians, coordinators and monitors of the clinical studies at the Council.

Inaugurating the workshop, Prof. Syed Shakir Jamil, Director General, CCRUM welcomed the experts and delegates and emphasized the use of latest technology in data management of clinical studies. He urged the experts to make presentations in interactive mode.

Dr. V. Sreenivas, Assistant Professor, AIIMS, New Delhi delivered a lecture on the Role of Data Management in Clinical Studies, and explained the mechanism of monitoring and handling of records (source as well as laboratory records) in clinical trials. He also made a mention of the responsibilities of coordinators and monitors handling clinical trials. Demonstrating the STATA software, he explained its applicability in data management in clinical research. On the second day, the participants were exposed to using STATA programme and with its help analyzing the data statistically.

4.2.4. WORKSHOP ON THE USE OF HINDI IN OFFICIAL WORK

The Council organized a one-day Workshop on the Use of Hindi in Official Work at its headquarters in New Delhi on 19 March 2013. Welcoming the guests and participants, Prof. Shakir Jamil, Director General, CCRUM said that the use of Hindi had increased manifold in official work at the Council's centers as well as headquarters during the past few years. He said that the Council was making its best efforts to achieve all the targets set by Department of Official Language for the year 2012-13, and planning to further enhance the use of Hindi language in the Council's work. He urged the Council staff to increase the use of Hindi in inter-personal as well as official communication.

The Guest of Honour Dr. P.K. Sharma, Senior Research Officer, Committee of Parliament on Official Language elaborated objectives and importance of the Official Languages Act and said that Hindi language is a scientific language which is read in accordance with its writing. He laid emphasis on the use of Hindi language in research activities and communication of their outcomes.

The Chief Guest Dr. S.N. Tiwari, Deputy Director, Rashtriya Sanskrit Sansthan stressed the need for collective efforts for further promotion of Hindi language and literature. He said that there

was a need to increase the level of commitment towards the language. He also recited some of his poems.

Mr. Iqbal Ahmad, Assistant Director (Official Language), Department of Telecom said that learning Hindi is very easy for those who know Urdu. Mr. Satendra Dahiya, Research Officer, Committee of Parliament on Official Language suggested ways to remove difficulties faced in preparation of inspection questionnaire mandated by the Committee of Parliament on Official Language. Dr. R.P. Roy, Hindi Officer, Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi emphasized the need for collective efforts for adoption of Hindi language in research.

Mr. Mehr-e-Alam Khan, Consultant (Portal) was master of the ceremony, and Dr. Misbahuddin Azhar, Research Officer (Unani), who is in charge of Hindi Section, and Mrs. Akhtar Parveen, Hindi Assistant made arrangements for the event.

4.2.5. WORKSHOP ON KNOWLEDGE SHARING AND IP MANAGEMENT IN UNANI MEDICINE

The CCRUM organized a one-day National Workshop on Knowledge Sharing and Intellectual Property (IP) Management in Unani Medicine at its headquarters in New Delhi on 23 March 2013. Inaugurating the workshop, Mr. Bala Prasad, Joint Secretary, Department of AYUSH, Ministry of Health and Family Welfare, Government of India said that there was an urgent need to document the hitherto undocumented traditional knowledge of Unani Medicine and other Indian systems of medicine and protect it from bio-piracy. He said that well-planned efforts should be made to conserve the country's biological diversity and to promote its sustainable use. He laid emphasis on equitable sharing of benefits arising out of the use of national biological resources and the traditional knowledge (TK) associated with them.

Mr. Prasad said that the Traditional Knowledge Digital Library (TKDL) is an important initiative of the Government of India to prevent bio-piracy and misappropriation of the classical knowledge in Unani Medicine and other traditional Indian systems of healthcare.

Speaking on the occasion, Mr. K.S. Kardam, Deputy Controller of Patent & Design, Indian Patent Office (IPO) said that Intellectual Property plays a vital role in international trade. The Government has ensured transparency in patent system and made important initiatives to ensure that TK is not unduly patented in India. Patents and Trademarks procedures have been re-engineered, and their records digitized. Now online search on patents and trademarks is also available. Besides guidelines on issues relating to patenting of traditional knowledge, online patent filing facility has also been introduced from December 2012.

Prof. Syed Shakir Jamil, Director General, CCRUM informed that the Council had been awarded patents by the IPO on eight Unani formulations tested for their efficacy in bronchial asthma, rheumatoid arthritis, constipation and coryza. The Council had also filed applications for patenting over 30 Unani researched formulations. The further said that the Council had attained remarkable success in clinical research on the efficacy of Unani medicines in the treatment of different common and chronic diseases like vitiligo, rheumatoid arthritis, hypertension and diabetes mellitus, and validation of pharmacopoeial Unani formulations.

The workshop had two technical sessions in which different key aspects of Intellectual Property Rights (IPR) with regard to Unani Medicine were covered. In the pre-lunch session, Prof. S.K. Verma, former Director, ISII presented an overview of IPR spectrum in Indian context. Mr. G.R. Raghvendra, Registrar of Copyright, Copyright Office, Government of India in his lecture on Copyright Protection highlighted the benefits of literary and artistic creativity. Mr. C.M. Gaind, former Chief (IPR), CVO and Head, IP Consultancy & Management Division, National Research Development Corporation (NRDC) spoke on Patent Protection: Tapping the Potential of Innovative New Products. In his post-lunch talk, Mr. Gaind focussed on establishment of prior-art, while Mr. S.K. Pangasa, former Assistant Controller, Indian Patent Office spoke on making disclosure for patent protection. Dr. Nidhi Sandal, Joint Director (IPR), Defence Research & Development Organisation (DRDO) lectured on filing patent with international patent offices with special emphasis on Patent Corporation Treaty (PCT) procedure.

4.3. PARTICIPATION IN CONFERENCES

4.3.1. NATIONAL SEMINAR ON INFECTIOUS DISEASES

The Council's researchers participated in the National Seminar on Infectious Diseases during 7–8 April 2012 at Aligarh. Prof. Afzal Ahmed, former Dean, Faculty of Unani Medicine, Aligarh Muslim University (AMU), Aligarh stressed the need to focus the research on prevalence and management of infectious diseases with special reference to Unani Medicine. He also urged to formulate the treatment guidelines based on fundamentals of Unani Medicine for treatment of emerging diseases. The occasion also graced by the presence of Prof. Mohammad Abid Ansari, Chairman, Department of Kulliyat, H.M.S. Unani Medical College and Hospital, Tumkur (Karnataka).

Inaugurating the seminar on 7 April, Dr. Mushtaq Ahmed, former Director of the Council's Central Research Institute of Unani Medicine (CRIUM), Hyderabad stressed the need for scientific validation of theories and philosophies of Unani Medicine. He stated that Unani Medicine has potential effect in treating infectious diseases. The drugs used in Unani System of Medicine may eradicate infection either by directly effecting pathogens or by increasing the host immunity which helps in eradicating pathogens. He urged the academicians and researchers of Unani Medicine to conduct extensive research on treatment of communicable and non-communicable diseases.

At the scientific sessions of the seminar, Dr. Syed Ahmed Khan, Research Officer (Unani), Regional Research Institute of Unani Medicine (RRIUM), New Delhi as well as Dr. Amanullah and Dr. Misbahuddin Azhar, both Research Officers (Unani) at the Council headquarters, presented their papers on different aspects of infectious disease management through Unani Medicine.

4.3.2. CONSULTATIVE WORKSHOP ON INTEGRATIVE APPROACH TO CANCER

The Council's researchers participated in the Consultative Workshop on Integrative Approach to Cancer held on 28 April 2012 at Mumbai. The workshop was organized by Raja Ramdeo Anandilal Podar Ayurveda Cancer Research Institute (RRAPACRI), Mumbai – an institute of Central Council for Research in Ayurvedic Sciences (CCRAS), on the occasion of its silver jubilee celebrations. The objective of the workshop was to initiate a dialogue among the experts

of modern and traditional systems of medicine and to identify probable integrative models for cancer research and healthcare.

The workshop was inaugurated by Dr. Rajiv Sarin, Director, Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Mumbai. Dr. M.R.V. Nampoothiri, former Director, Ayurveda Medical Education, Kerala and Prof. Manoranjan Sahu, Head, Department of Shalya Tantra, Banaras Hindu University, Varanasi were Guests of Honour, and Dr. Anil Nandode, Assistant Director, AYUSH-Cell, National Rural Health Mission (NRHM), Mumbai was special invitee on the occasion. Dr. M. M. Rao, Director, Ayurveda Central Research Institute, New Delhi presided over the function.

More than 25 research papers and posters were presented at different technical sessions. Dr. Mohammad Raza, Research Officer (Unani) (Scientist-3) from the Council's Regional Research Institute of Unani Medicine (RRIUM), Mumbai highlighted the need to address the ethical issues involved in integrative approach to the management of cancer or any other diseases. Dr. Humaira Bano, Research Officer (Unani) (Scientist-2) from RRIUM, Mumbai was also present on the occasion.

4.3.3. INTERNATIONAL CONGRESS 'PHYTOPHARM 2012'

The Council's researchers participated in the 16th International Congress PHYTOPHARM 2012 held at St. Petersburg, Russia from 09 to 11 July 2012. The Congress was organized by four Russian institutions - St. Petersburg Institute of Pharmacy, Society for Medicinal Plant and Natural Product Research (GA), Institute of Experimental Medicine of the North West Branch of the Russian Academy of Medical Sciences (IEM NWB RAMS), and Institute of Nutrition of the Russian Academy of Medical Sciences (INRAMS).

The Congress aimed to discuss and explore new technologies in the development and pharmacology of natural medicines. A total of 69 papers were presented by leading scientists from universities, industries and regulatory authorities. Beside the scientific programme, which comprised plenary lectures, oral communications, and symposia, an exhibition on medicinal plants and natural medicinal products was also held at the Congress.

The CCRUM was represented at the Congress by Dr. Shamshad Ahmad, Assistant Director (Chemistry); Dr. Pawan Kumar, Research Officer (Clinical Pharmacology) (Scientist-2); and Dr. Usama Akram, Research Officer (Unani). The three officers presented their research papers entitled "Antibacterial and Pharmacopoeial Studies of Itrifal Usthukhuddus Formulation", "Misappropriation of Unani Traditional Medicine at United States Patent and Trademark Office (USPTO)" and "Global Bio-Piracy Watch System", respectively.

4.3.4. NATIONAL CONFERENCE ON CREATING DIGITAL LIBRARY IN GLOBALIZED E-SOCIETY

The CCRUM participated in the National Conference on Creating Digital Library in Globalized E-Society organized by the Society for Information Research and Studies (SIRs) at Indian Social Institute, New Delhi on 28 July 2012.

The conference aimed to assess the influence of Internet on the information society. It covered Internet technologies, information management, e-society and digital divide, e-learning, new

media and e-society, and digital services in e-society. The Council was represented by its two staff - Mr. Mohammad Azhar Khan, Assistant Library & Information Officer and Mr. Syed Shuaib Ahmad, Library & Information Assistant.

4.3.5. INTERNATIONAL CONGRESS ON NATURAL PRODUCTS RESEARCH

Dr. M.A. Waheed, Deputy Director (Unani) at CRIUM, Hyderabad participated in the 2012 International Congress on Natural Products Research (ICNPR) held in New York City, USA from 28 July to 01 August 2012. The conference was organized by American Society of Pharmacognosy (ASP) in collaboration with its sister societies from Europe. The theme of the conference was 'Global change in natural products and human health'.

The scientific programme of the conference covered biodiversity, ethno-botanical drug discovery, natural product analytical technologies, "concept to clinic" case study, chemical ecology, symbiosis, biosynthetic medicinal chemistry, and genome mining. The conference provided a platform to researchers and experts of the field to discuss the latest developments in Natural Products Research and latest research tools.

Dr. Waheed presented a research paper on "Study of Vitiligo Re-pigmentation with Systemic and Topical Unani Formulation – An Open Label Clinical Study". The paper presented an account of success achieved by Unani Physicians of the Central Council for Research in Unani Medicine at its institutes and centres in treatment of Vitiligo, a cosmetic disorder affecting about 1% of the world population, mostly younger. Dr. Waheed briefed the clinical outcome and effect of the Unani formulations UNIM-004 (O) and UNIM-005 (L) in treatment of the disease. He said that the study was conducted on 2,020 patients comprising of different types of Vitiligo including segmental, non-dermatomal, acro-facial and mucosal. He informed that the medication highlighted the importance of Unani medicine in the management of Vitiligo, especially with regard to the cosmetically acceptable re-pigmentation.

4.3.6. NATIONAL CONFERENCE ON HAKIM ABDUL HAMEED: LIFE AND WORKS

The Council participated in the National Conference on Hakim Abdul Hameed: Life and Works held on 28 September 2012 at Aligarh. The conference was organized by the Department of Kuliyat, Ajmal Khan Tibbiya College, Aligarh Muslim University (AMU), Aligarh on the birth centenary celebration of Hakim Abdul Hameed, the legendary Unani physician.

The conference was inaugurated by Lt. Gen. (Retd.) Zameerddin Shah, Vice-Chancellor, AMU, Aligarh. In his inaugural address, the Vice-Chancellor said that Hakeem Abdul Hameed was an icon in the immediate aftermath of the painful partition of India to thread together the religious element with socio-economic progress and alleviation of poverty. He played an important role in the development and promotion of Unani Medicine in India. The establishment of Hamdard Tibbia College, New Delhi is one of his important contributions in this field.

Prof. Anis A. Ansari, former Advisor (Unani), Department of AYUSH, Ministry of Health & Family Welfare, Government of India said that Hakeem Abdul Hameed was a visionary who used

scientific research to provide quality and affordable health products using natural medicines. Council's researchers engaged in literary research presented their papers on different aspects of the life of Hakim Abdul Hameed in the conference.

4.3.7. NATIONAL CONFERENCE ON PHYTOMEDICINE

The Council's researchers participated in the National Conference on Phytomedicine organized by Department of Botany, Bharathiar University, Coimbatore during 4–5 October 2012.

The conference, which was inaugurated by Prof. G. James Pitchai, Vice-Chancellor, Bharathiar University, focused on documentation, preservation and standardisation of plant-based products. The other scientific parameters such as isolation of biomarkers and conducting biological activities were also discussed during the conference.

At the conference, researchers from the Council's RRIUM, Chennai Mr. R. Murugeswaran, Research Officer (Botany), Dr. D. Ramasamy, Research Assistant (Chemistry), Ms. S. Mageswari, Consultant (Botany) and Mrs. P. Meera Devi Sri, Consultant (Microbiology) presented their research papers. About 380 delegates from various parts of the country participated in the event.

4.3.8. NATIONAL CONFERENCE ON EMERGING FRONTIERS OF DIGITAL LIBRARIES: DIGITIZATION FOR CULTURAL HERITAGE, KNOWLEDGE DISSEMINATION AND FUTURE CREATION

The Council's officials participated in the National Conference on Emerging Frontiers of Digital Libraries: Digitization for Cultural Heritage, Knowledge Dissemination and Future Creation, held in Srinagar during 5–6 November 2012. The conference was organized by Department of Library & Information Science, University of Kashmir, Srinagar.

Prof. Talat Ahmad, Vice-Chancellor, University of Kashmir, Srinagar inaugurated the conference. The conference had six sessions in which 60 papers were presented. About 90 delegates from different institutions participated in the event.

Mr. Mohammad Azhar Khan, Assistant Library & Information Officer and Mr. Masood-uz-Zafar Khan, Library & Information Assistant at Library & Information Centre, CCRUM headquarters presented their papers on 'Digital Preservation and Access of Unani Medicine Manuscripts at Department of AYUSH, New Delhi: A Case Study' and 'CCRUM Library's Services and Users' Need: A Case Study', respectively. Mrs. Roohi Jan, Library & Information Assistant, RRIUM, Srinagar also attended the conference.

4.3.9. NATIONAL CONFERENCE ON RECENT ADVANCES IN DIGITAL INFORMATION COMMUNICATION TECHNOLOGY (RADICT-2012)

The Council's officials participated in the National Conference on Recent Advances in Digital Information Communication Technology (RADICT-2012) organized by Library Science Centre, Lingaya's University, Faridabad during 9 and 10 November 2012 at Faridabad, Haryana.

The conference was inaugurated by Dr. G. P. Aggarwal, Head, Department of Biotechnology, Indian Institute of Technology, New Delhi. Over 120 delegates from different institutions participated in the conference. In its different technical sessions, 35 research papers were presented. Mr. Mohammad Azhar Khan, Assistant Library & Information Officer, CCRUM presented his paper on “Networking of Unani Medical Libraries through Internet”.

4.3.10. INTERNATIONAL SYMPOSIUM ON DEVELOPMENT OF NATURAL PRODUCTS

The Council’s researchers participated in the Seventh International Symposium of the International Society for the Development of Natural Products organized jointly with the Sixth National Symposium of the National Society of Ethnopharmacology, India and the First International Symposium of Phytochemical Society of Asia at Amity University, Noida from 15 to 17 November 2012. The theme of the Symposium was “Recent Advance in Natural Products”.

Dr. Ashok K. Chauhan, Founder President, Amity Group of Institutions & Amity Universities inaugurated the symposium on 15 November 2012 in the presence of Mr. Arul Chauhan, President and Chancellor, Amity University; Mr. G. A. Cordell, Director, Natural Products Inc., Evanston, USA; Asakawa Y, President, Faculty of Pharmaceutical Science, Tokushima Burni University, Japan; Prof. Harmut Frank, University of Bayreuth, Germany; and Prof. Srin V. Kaveri, Director, INSERN, France.

About 150 Indian and 25 foreign delegates attended the symposium and presented their papers. The CCRUM was represented by Dr. Rampratap Meena, Research Officer (Chemistry) and Mr. R. Murugeswaran, Research Officer (Botany), both from RRIUM, Chennai.

4.3.11. INTERNATIONAL CONFERENCE ON MEDICINAL PLANTS AND HERBAL PRODUCTS

The Council’s researchers from its headquarters and RRIUM, Chennai participated in the Fifth International Conference on Medicinal Plants and Herbal Products held at Manipal from 25 to 27 January 2013. The conference was organized by Manipal College of Pharmaceutical Sciences, Manipal University in collaboration with the Department of AYUSH, Ministry of Health & Family Welfare, Government of India.

The conference aimed to provide a common platform to eminent researchers, academicians, physicians, traditional medical practitioners, manufacturers and exporters of herbal products, members from the corporate sector and marketing consultants from different countries.

Inaugurating the conference on 25 January 2013, Dr. K. Ramnarayan, Vice-Chancellor, Manipal University, Manipal stressed the need for preservation, conservation and sustainable utilization of medicinal plants. He advised the scientists and researchers to study the herbal wealth and explore its optimum potentials for betterment of the humanity.

The Council’s researchers - Mr. Shamsul Arfin, Research Officer (Chemistry) and Mr. Animuddin, Research Officer (Botany) both from CCRUM Headquarters, and Dr. R. P. Meena, Research Officer (Chemistry) from RRIUM, Chennai attended the conference and presented their research papers. In all, 140 research papers were presented at the conference.

4.4. TRAINING PROGRAMME

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

1. Continued Medical Education Programme, organized by National Integrated Medical Association in collaboration with Max Hospital, Delhi at Sambhal, Uttar Pradesh on 6 May 2012
2. Global Clinical Trials: Challenges and Opportunities, organized by The Associated Chambers of Commerce and Industry of India (ASSOCHAM) at New Delhi on 28 June 2012
3. Combined National Seminar in Hindi, organized by Council for Scientific and industrial Research (CSIR), Centre for Cellular and Molecular Biology (CCMB) and Indian Institute of Chemical Technology (IICT) at IICT, Hyderabad on 22 August 2012
4. Interactive Workshop on Minimum Standards and Requirements of Ayurveda, Siddha and Unani Colleges and Attached Hospitals under CCIM, Department of AYUSH at FICCI Auditorium, New Delhi on 7 August 2012
5. National Workshop on PG Education in Tashreeh-ul-Badan – A Need of the Hour, organized by Department of Tashreeh-ul-Badan, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh, 25 September 2012
6. Third National Conference-cum-Workshop/Symposium on Jarahat, organized by Department of Jarahat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh on 29–30 September 2012
7. State Unani Convention, organized by All India Unani Tibbi Congress at Roorkee, Uttarakhand on 23 September 2012
8. Third Indian National Seminar of Asian Network of Research on Anti-diabetic Plants (ANRAP) and Pre-seminar Workshop on Prevention and Management of Diabetes - Prospects and Challenges, organized by Department of Pharmacology, RG Kar Medical College, Kolkata on 14 September 2012
9. Training Programme in Cupping, Leeching and other Regimental Therapies, organized by Faculty of Unani Medicine, Jamia Hamdard, New Delhi on 1–10 October 2012
10. The 11th Meeting of the Conference of the Parties (COP 11) to the Convention on Biological Diversity (CBD), organized by the CBD Secretariat at Hyderabad on 11–15 October 2012
11. Training Programme on Health Policy and Planning, organized by National Institute of Health and Family Welfare at New Delhi on 15–16 October 2012
12. National Workshop on Formulating Roadmap for Post Graduate Education in Munafe-ul-Aza, Department of Tashreeh wa Munafe ul Aza, Aligarh Muslim University, Aligarh, 20-21 October 2012
13. Fifteenth National Convention on Knowledge, Library and Information Networking - NACLIN 2012, organized by DELNET and The Maharaja Sayajirao University of Baroda, Vadodara, Gujrat on 20–22 November 2012

14. 22nd Annual Conference of Indian Society of Hypertension (BPCON-2012) organized by Society of Hypertension (ISH) and NMIMS Deemed University at Mumbai on 2–3 November 2012
15. Programme on Integrated Scientific Project Management, sponsored by Department of Science & Technology, Ministry of Science & Technology, Govt. of India at Madhapur, Hyderabad on 19–23 November 2012
16. Updating Programme for LDCs/UDCs in important Service Rules – LTC Rules, Medical Reimbursement Rules, Children Education Allowance Rules, TA/DA, Loans & Advances, Joining Times Rules and Pension Scheme, organized by Parsam Institute of Statutory Rules, Bengaluru on 12–14 December 2012
17. Training on Financial and Administrative Skills, organized by National Institute of Health & Family Welfare, New Delhi on 3–7 December 2012.
18. Collection, Digitization and Preservation of Unani and Ayurvedic Manuscripts, organized by CCRAS, NIIMH, and Osmania Medical College at Hyderabad on 19 December 2012
19. Seventh International Symposium on Optimization and Statistics (ISOS-2012) and Third National Conference on Statistical Inference, Sampling Techniques and Related Areas, organized by Department of Statistics and Operation Research, Aligarh Muslim University, Aligarh on 21–23 December 2012
20. Workshop on Data Management and Analysis Using STATA, Indian Institute of Public Health (IIPH), Hyderabad on 29–31 January 2013
21. First Aid Training Sessions, organized by All India Unani Tibbi Congress, Hyderabad on 19 January 2013
22. ISBA Regional Meeting and International Workshop/Conference on Bayesian Theory and Applications (IWCBT), organized by Department of Statistics, Banaras Hindu University, Varanasi on 6–10 January 2013
23. National Seminar on Recent Advances in Drug Development and Pharmaco-therapeutic Approaches for Diabetes and Other Metabolic Disorders, organized by MESCO College of Pharmacy, Hyderabad on 24 February 2013
24. District Level Measles Surveillance Workshop, organized by District Measles and Pulse Polio Officer and World Health Organization, District Hospital, Bhadrak on 06 December 2012
25. Asian Conference on Critical Care & Acute Care Medicine APCC 2012, organized by Indian Society of Critical Care Medicine, New Delhi on 1–2 December 2012
26. National Unani Doctors Convention, organized by All India Unani Tibbi Congress, West Bengal Unit, Kolkata on 16 December 2012
27. Vice-Chancellors Conclave, organized by Central Council of Indian Medicine at New Delhi on 30 January 2013
28. National Convention of Unani Doctors, organized by All India Unani Tibbi Congress and National Council for Promotion of Urdu Languages at Ajmer, Rajasthan on 12 February 2013

29. Endovascular Diabetic Clinic-2013, organized by Fortis Hospital, Okhla, New Delhi on 10 March 2013
30. International Workshop on Manuscriptology, Cataloguing and Conservation, Rampur Raza Library, Rampur, UP during 1–3 February 2013

4.5. PARTICIPATION IN AROGYA FAIRS

During the reporting period, the Central Council for Research in Unani Medicine (CCRUM) participated in Arogya fairs organized by Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare, Government of India at Mumbai and Nanded (Maharashtra), Lower Subansiri (Arunachal Pradesh), Hyderabad (Andhra Pradesh), Bhubaneswar (Odisha), Lunglei (Mizoram), Anandpur Sahib (Punjab), and Bhopal (Madhya Pradesh). The Arogya fairs are organized to promote and propagate Indian Systems of Medicine and showcase their strengths in preventing as well as curing diseases with special feature of causing no side effects. They are aimed to highlight the major activities and achievements of the Councils of AYUSH in the area of research, free-of-cost diagnosis and treatment to the ailing visitors, and imparting awareness among the general public and health professionals about health, hygiene, and curative aspects of ill-health.

4.5.1. AROGYA AT MUMBAI, MAHARASHTRA

The Council's Regional Research Institute of Unani Medicine (RRIUM), Mumbai participated in a health exhibition, Arogya Expo, held in Mumbai from 20 to 22 April 2012. The exhibition showcased the strengths of different Indian Systems of Medicine - Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy.

The Arogya Expo was inaugurated by Dr. Arun Jamkar, Vice-Chancellor, Maharashtra University of Health Sciences, Nashik. Parallel sessions were also organized by Ayurvedic Drug Manufacturers Association (ADMA) 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, appreciated the display of the Council's progress, and made some suggestions to make the show more impressive.

4.5.2. AROGYA AT NANDED, MAHARASHTRA

The Council's RRIUM, Mumbai participated in the State Arogya Fair 2012 held at Government Ayurved College, Nanded from 12 to 15 May 2012. The fair was organized by the Department of AYUSH and Government Ayurved College, Nanded in association with Medical Education and Drug Department, Mumbai and Directorate of Ayurveda, Maharashtra State, Mumbai.

The event was inaugurated by Dr. Vijay Kumar Gavit, Cabinet Minister for Medical Education and Drug Department, Maharashtra. Other dignities present on the occasion includes. Mr. D. P. Sawant, State Minister for Medical Education and Drug Department; Dr. Kuldeep Raj Kohli, Director, Ayurveda, Maharashtra State; Dr. Shingare, Director, Medical Education and Research, and former Dean, J. J. Group of Hospitals, Mumbai were among those who attended the inaugural function.

The RRIUM, Mumbai put up a stall at the fair to propagate Unani System of Medicine and achievements of the Council in its research programmes. It had also arranged a clinic to provide free Unani consultation and treatment to the visitors. A total of 350 patients were attended by the Unani physicians during the four-days health fair.

4.5.3. AROGYA AT LOWER SUBANSIRI, ARUNACHAL PRADESH

The CCRUM participated in the Arogya Fair held at Ziro, Lower Subansiri district, Arunachal Pradesh during 3–6 October 2012. The fair was jointly organized by Department of AYUSH, Ministry of Health & Family Welfare, Government of India, and Government of Arunachal Pradesh. Dr. P. R. Trivedi, Chancellor, Indira Gandhi Technological and Medical Sciences University, Arunachal Pradesh inaugurated the event on 3 October.

The CCRUM pavilion displayed the Council's progress in the areas of clinical research, drug standardisation, survey and cultivation of medicinal plants, and literary research. Under its information, education and communication (IEC) scheme, the Council distributed free Unani literature in Hindi and English languages. Besides, Unani physicians offered free consultation and Unani treatment to the visitors. Dr. Amanullah and Dr. Usama Akram, both Research Officers at the Council headquarters delivered lectures on Healthy living – the Unani way and Treatment of common ailments through Unani Medicine respectively.

4.5.4. AROGYA AT HYDERABAD, ANDHRA PRADESH

The CCRUM participated in the National Arogya 2012 jointly organized by the Department of AYUSH, Ministry of Health & Family Welfare, Government of India; Government of Andhra Pradesh; and Federation of Indian Chambers of Commerce and Industry (FICCI) from 12 to 15 October 2012 at Exhibition Ground, Nampalli, Hyderabad.

Inaugurating the fair on 12 October, Mr. Ghulam Nabi Azad, Hon'ble Union Minister of Health & Family Welfare said that over the past three decades there had been a tremendous resurgence of public interest in the AYUSH systems throughout the world due to their holistic approach towards health and disease management. He said that India had 504 AYUSH educational institutions including 111 postgraduate colleges with 27,000 students admission capacity. India has the largest number of traditional and alternative medicine teaching institutions in the world.

Addressing the inaugural session, Mr. Kiran Kumar Reddy, Hon'ble Chief Minister, Andhra Pradesh said that the traditional systems of medicine have cures for most symptoms and diseases and they cause no side effects. To promote them, the State Government has made a budgetary allocation of Rs. 222 crore for the year.

Other dignitaries who graced the event were Mr. D. L. Ravindra Reddy, Health & Family Welfare Minister, Government of Andhra Pradesh; Shri Kondru Murli Mohan, Minister of Health & Family Welfare, Government of Andhra Pradesh; Mr. A. P. Sawhney, Principal Secretary, Department of Public Health & Family Welfare, Government of Andhra Pradesh; and Mr. A. K. Ganeriwala, Joint Secretary, Department of AYUSH, Government of India. They also visited the Council's pavilion.

To impart awareness among the visitors about Unani Medicine's strengths relating to promotion of health and prevention and cure of diseases, the Council's stall at the fair distributed free Information material in English, Hindi, Urdu and Telugu languages. It also showcased its major activities by playing Video CDs on skin care, health promoting Unani medicinal plants and the Council's progress in its research programmes. The Council's Unani physicians provided free consultancy and treatment to the patients.

4.5.5. AROGYA AT BHUBANESWAR, ODISHA

The Council's RRIUM, Bhadrak participated in the Arogya Fair 2012 held at Bhubaneswar, Odisha during 9 and 12 November 2012. The fair was organized jointly by the Department of AYUSH; Government of Odisha; and Confederation of Indian Industry (CII).

Mr. Naveen Patnaik, Hon'ble Chief Minister of Odisha inaugurated the event. Dr. Damodar Arut, Minister of Health & Family Welfare and Micro, Small & Medium Enterprises, Government of Odisha; Mr. Kalpatru Das, Minister of Panchayati Raj and Parliamentary Affairs, Government of Odisha; Mr. P. K. Mahapatra, Commissioner cum Secretary, Health & Family Welfare Department, Government of Odisha; and Mr. M. K. Gupta, Vice Chairman of CII also attended the inaugural session.

The RRIUM's pavilion at the fair displayed and distributed IEC material published by the Council. The Unani physicians of the Institute provided free consultation and treatment to the visitors during the four-day fair. A lecture on "Plants used in Unani Medicine for common skin diseases" was also delivered by Dr. Mahe Alam, Research Officer (Unani) at RRIUM, Bhadrak.

4.5.6. AROGYA AT LUNGLEI, MIZORAM

The Council's RRIUM, Bhadrak participated in Arogya Fair held at Saikuti Hall, Lunglei, Mizoram from 20 to 23 November 2012.

Mr. Pu Lalthanhawla, Chief Minister, Government of Mizoram who was the Chief Guest for the occasion. In his inaugural address, he stressed the need for optimal use of Indian systems of medicine for healthy living. Other dignitaries present at the inaugural ceremony included Mr. Pu Lalrinliana Sailo, Minister of Health & Family Welfare, Government of Mizoram as Guest of Honour, Mr. Pi Esther Lal Ruatikimi, Secretary, Ministry of Health & Family Welfare, Government of Mizoram, and Dr. K. Ropari, Nodal Officer (AYUSH, Aizawl).

The Council's pavilion at the fair showcased its major achievements in clinical research, drug standardisation research, survey and cultivation of medicinal plants, and literary research. Its Unani physicians provided free treatment and consultancy to visitors.

At the valedictory session on Dr. C. Lallunghnema, Deputy Director, Department of AYUSH, Mizoram stressed the need to organize such health fairs on regular basis in the state.

4.5.7. AROGYA AT ANANDPUR SAHIB, PUNJAB

The Council participated in the Arogya Fair organized by the Department of AYUSH and FICCI at Anandpur Sahib, Punjab during 23 and 26 November 2012. The fair was inaugurated by Mr. Prakash Singh Badal, Hon'ble Chief Minister, Government of Punjab in the presence of Mr. Madan Mohan Mittal, Minister of Health and Family Welfare, Government of

Punjab; Dr. Raj Kamal, Chairmain, Department of AYUSH 2012, Dr. Rakesh Sharma, Director, Ayurveda, Punjab; Dr. Ramesh Sharda, Director, Homoeopathy, Punjab; and Dr. Asad Pasha, Deputy Advisor (Unani), Department of AYUSH were also present at the inaugural function.

Speaking at the valedictory session on 26 November, the Chief Guest Mr. Madan Mohan Mittal said that the fair provided a good opportunity to the people of the area to get to know ways of healthy living and disease prevention. He announced that such fairs would also be organized in other districts of the state.

Mr. Mittal also visited and appreciated the Council's stall put up at the fair to showcase the strengths of Unani System of Medicine and propagate the Council's progress in its research programmes.

4.5.8. AROGYA AT BHOPAL, MADHYA PRADESH

The Council took part in the Arogya Expo 2012 organized from 7 to 10 December 2012 at Lal Pared Ground, Bhopal on the occasion of Fifth World Ayurveda Congress. The Expo was held jointly by the Department of AYUSH, Government of Madhya Pradesh, and Federation of Indian Chambers of Commerce and Industry (FICCI).

Mr. Kailash Vijayvargiya, Minister of Science & Technology, Government of Madhya Pradesh inaugurated the exhibition. Mr. Mahendra Hadia, Minister of Health & Family Welfare and Mr. R.A. Khandelwal, Commissioner, Department of AYUSH, Government of Madhya Pradesh were also present at the inaugural function.

The Council's pavilion at the Expo showcased its research progress through digital posters. Live medicinal plants and raw drugs samples used in the preparation of Unani formulations were also on display. The visitors were provided with information material in English, Hindi and Urdu languages. Video CDs on skin care, health promoting Unani medicinal plants and the Council's leads in its different research programmes were also displayed. Specialty clinics were arranged by the CCRUM as well as other Councils of AYUSH to provide free consultancy and treatment to the visitors.

4.6. PARTICIPATION IN PROMOTION OF OFFICIAL LANGUAGE

Hindi should be promoted as the country's national language as well as its official language. Prof. Syed Shakir Jamil, Director General, Central Council for Research in Unani Medicine (CCRUM) emphasized this at the Hindi Fortnight Prize Distribution Ceremony organized by the CCRUM at its headquarters in New Delhi on 19 October 2012.

Prof. Jamil, who was the chief guest for the occasion, said that the Council had been promoting information, education and communication (IEC) material about its 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 has taken lead in the use of Hindi in official work and has been encouraging its staff for using Hindi in their inter-personal communication. Dr. Misbahuddin Azhar, Research Officer (Unani) (Scientist-2) and In-charge, Hindi section at the Council coordinated the event.

During the Hindi fortnight celebrated from 7 to 21 September 2012, 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 Group C and D 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 Standardisation Research Unit (DSRU), and the Ghaziabad-based Drug Standardisation Research Institute (DSRI). Competition-wise details of the winners of prizes are as follows:

Debate Competition

The winners of prizes at the Hindi Debate Competition organized on this occasion were as follows. First Prize: Mrs. Kiran Negi, Senior Scientific Assistant, DSRU, New Delhi; Second Prize: Mr. Masood-uz-Zafar Khan, Library and Information Assistant (LIA) at the CCRUM headquarters; Third Prize: Mr. S. Shuaib Ahmad, LIA, at the CCRUM headquarters; Consolation Prize: Mr. Ramzan Khan, UDC at the CCRUM headquarters, and Dr. Waseem Ahmad, SRF, LRIUM, New Delhi.

Essay Writing Competition

In Hindi Essay Writing Competition, following were the winners. First Prize: Mrs. Veena Sharma, LDC at the CCRUM headquarters; Second Prize: Mr. Asif Khan, Data Entry Operator (DEO) at the CCRUM headquarters; Third Prize: Mr. Afzal Hashmi, SRF, CCRUM headquarters; Consolation Prize: Mr. Mohammad Shahnawaz, Junior Stenographer at the CCRUM headquarter, and Mr. Anis Khan, DEO at the CCRUM headquarters.

Hindi Poetry Competition

In self-composed Hindi Poetry Competition, following were the winners of different prizes. First Prize: Ms. Shabnam Siddiqui, DEO, Coordination Cell, CCRUM headquarters; Second Prize: Mr. Shyam Kumar, UDC at the CCRUM headquarters; Third Prize: Mr. Asif Khan, DEO at the CCRUM headquarters; and Consolation Prize: Mr. Masood-uz-Zafar Khan, LIA at the CCRUM headquarters and Mrs. Veena Sharma, LDC at the CCRUM headquarters.

Hindi Translation Competition

In the Hindi Translation Competition, following were the winners. First Prize: Mr. Mohammad Azhar Khan, Assistant Library & Information Officer at the CCRUM headquarters; Second Prize: Mrs. Kiran Negi, Senior Scientific Assistant, DSRU, New Delhi; Third Prize: Mrs. Hemlata, LDC at the CCRUM headquarters; Consolation Prize: Mr. Shakaib Hasan, DEO at the CCRUM headquarters, and Mr. Reyaz Ahmad, LDC at the CCRUM headquarters.

Hindi Shrutlekh (Dictation) Competition

In the Hindi Shrutlekh (Dictation) Competition, of the Group C participants Mr. Reyaz Ahmad, LDC, CCRUM headquarters bagged the first prize, Mr. Shyam Kumar, UDC, CCRUM headquarters the second prize, and Mr. Anis Khan, DEO, CCRUM headquarters the third prize. The consolation prize was given to Mr. Mahboob Hasan, Pharmacy Attendant, Council's Unani Specialty Centre at Deen Dayal Upadhyay Hospital, New Delhi. Of the Group D participants,

Mr. Sompal Singh, Attendant, CCRUM headquarters won the first prize, Mr. Ramanand, Messenger, CCRUM headquarters the second prize, Mr. Azim Khan, Messenger, CCRUM headquarters the third prize, and Mr. Mahesh Shah Gaud, Messenger, CCRUM headquarters got the consolation prize.

4.7. APPOINTMENTS

1. **Dr. Mohammad Kashif Hussain** was appointed Research Officer (Botany) on 10 July 2012 at CRIUM, Hyderabad.
2. **Mr. Javed Ali Khan** was appointed Investigator (Statistics) on 17 July 2012 at RRIUM, Chennai.
3. **Dr. Tasleem Ahmad** was appointed Research Officer (Bio-Chemistry) on 18 July 2012 at RRIUM, Patna
4. **Dr. Kishore Kumar** was appointed Research Officer (Bio-Chemistry) on 20 July 2012 at RRIUM, Bhadrak.
5. **Dr. Mohammad Naim** was appointed Research Officer (Bio-Chemistry) on 24 July 2012 at RRIUM, Srinagar.
6. **Dr. Towseef Amin Rafeequi** was appointed Research Officer (Bio-Chemistry) on 25 July 2012 at CRIUM, Hyderabad.
7. **Dr. Pawan Kumar Sagar** was appointed Research Officer (Chemistry) on 02 August 2012 at CRIUM, Hyderabad.
8. **Mr. Ravindra Singh** was appointed Investigator (Statistics) on 14 August 2012 at RRIUM, Aligarh.

4.8. RETIREMENTS

Hakim Ziauddin Ahmad, Deputy Director (Unani) (Scientist-4), Literary Research Institute of Unani Medicine (LRIUM), New Delhi retired on superannuation on 30 June 2012. He joined the Central Council for Research in Unani Medicine (CCRUM) as Research Assistant (Unani) on 25 October 1979. He was promoted to Research Officer (Unani) on 26 December 1994, and then to Deputy Director (Unani) on 29 June 2012.

Hakim S.M. Hassan, Deputy Director (Unani) (Scientist-4), Central Research Institute of Unani Medicine (CRIUM), Lucknow retired on superannuation on 30 June 2012. He joined the Council as Research Assistant (Unani) on 4 August 1980. He got his first promotion as Research Officer (Unani) on 27 August 1993, and became Deputy Director (Unani) on 5 April 2010.

Mr. Rajendra Prasad, Laboratory Attendant, Regional Research Institute of Unani Medicine (RRIUM), Aligarh retired on superannuation on 30 June 2012. He joined the CCRUM on 13 November 1972 as Attendant.

Mrs. Shamima Hashmi, Research Officer (Botany), RRIUM, Aligarh retired on superannuation on 30 September 2012. She joined the Council as Research Officer (Botany) on 07 November 1979.

Hakim S. Nazeeruddin Ahmad, Deputy Director (Unani) (Scientist-4), Clinical Research Unit (CRU), Bengaluru retired on superannuation on 31 October 2012. He joined the Council as Assistant Research Officer (Unani) on 29 March 1984. He was promoted to Research Officer (Unani) on 26 December 1994. He later became Deputy Director (Unani) on 31 August 2012.

Mr. Suhail Mustafa Adhami, Research Officer (Statistics) (Scientist-4), CCRUM, New Delhi retired on superannuation on 31 October 2012. He joined the Council as Investigator on 12 September 1979. He was promoted to Research Officer (Statistics) on 3 October 1986.

Dr. Shamshad Ahmad Khan, Assistant Director (Chemistry) (Scientist-4) at the CCRUM headquarters, New Delhi retired on superannuation on 31 December 2012 after serving the Council for over 33 years. He joined the Council as Research Officer (Chemistry) on 1 September 1979 and was promoted to the post of Assistant Director (Chemistry) on 30 August 1986.

Mr. Subhan Allah Khan, Research Officer (Bio-Chemistry), RRIUM, Bhadrak retired on superannuation on 31 October 2012. He joined the Council's service on 1 August 1980.

Hakim Mohammad Ataullah Shareef, Deputy Director In-charge (Scientist-4), CRIUM, Hyderabad retired on superannuation on 31 January 2013. He joined the Council as Research Assistant (Unani) on 20 August 1981, and became Research Officer (Unani) in 21 October 1991. He rose to become Deputy Director in charge of RRIUM, Patna in July 2005. In 2006, he took over as Deputy Director in charge of CRIUM, Lucknow. In 2007, he came to CRIUM, Hyderabad as Deputy Director and on 1 April 2012 he took over as in charge of the Institute.

Dr. Syed Sikandar Ali Khan, Research Officer (Pathology) (Scientist-4), RRIUM, Patna retired from service on superannuation on 31 January 2013. He joined the Council as Assistant Research Officer (Pathology) on 22 July 1983. He became Research Officer on 6 February 1989, and served as in-charge of the Institute from 01 November 2008 to 28 November 2012.

Hakim Mohammad Aslam, Deputy Director (Unani) (Scientist-4), RRIUM, Mumbai retired on attaining the age of superannuation on 31 March 2013. He came in the Council's service as Research Assistant (Unani) on 01 April 1981. He became Research Officer (Unani) on 26 December 1994, and then Deputy Director (Unani) on 11 September 2012.

Mr. Syed Kasim, Helper Chowkidar, CRIUM, Hyderabad retired on superannuation on 31 January 2013. He joined the erstwhile Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) on 15 December 1971.

Mr. Syed Mustafa Akbar, Radiographer, RRIUM, Aligarh retired on superannuation on 31 January 2013. He joined the Council service on 20 October 1981.

Mr. V. Jagannath Chari, Pharmacy Attendant, CRIUM, Hyderabad retired on superannuation on 28 February 2013. He joined the Council's service on 07 February 1973.

Mr. Mohammad Jaffarullah Khan, Pharmacy Attendant, RRIUM, Chennai retired voluntarily on 30 September 2012. He joined the Council on 14 May 1982.

4.9. DEATHS

Hakim (Mrs.) Soofia Abbas, Research Officer (Unani) (Scientist-4), RRIUM, Aligarh expired on 27 May 2012 after serving for over 32 years. She joined the Council on 17 November 1980.

Mr. M.A. Faridi, Store Keeper, CRIUM, Lucknow expired on 21 June 2012 after serving for more than 28 years. He joined the Council on 30 April 1984.

Mr. Gouni Srinivas, Peon, CRIUM, Hyderabad expired on 5 July 2012 after serving for over 38 years. He joined the Council on 1 September 1972.

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 2013

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

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

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

4. Based on our audit, we report that:

- i. We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit;
- ii. The Balance Sheet, 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 on double entry system of accounting have been maintained by the Council in so far as it appears from our examination of such books.
- iv. We further report that:

A. GRANT-IN-AID**(I) HEALTH ACCOUNT:**

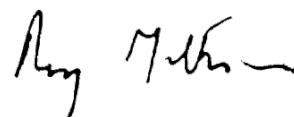
The Council had received grant amounting to Rs. 112.98 crore (Plan: Rs. 76.62 crore and Non Plan: Rs. 36.36 crore) from the Ministry of Health & Family Welfare. It had an opening balance of Rs. 1.02 crore (Plan: Rs. 0.37 crore and Non-Plan: Rs. 0.65 crore) and miscellaneous receipts amounting to Rs. 2.24 crore (Plan: Rs. 0.97 crore and Non-Plan: Rs. 1.27 crore) during the year. Thus Council had an amount of Rs. 116.24 crore available against which it utilised Rs. 111.30 crore (Plan: Rs. 73.67 crore and Non-Plan: Rs. 37.63 crore) leaving an unutilised balance of Rs. 4.94 crore (Plan: Rs. 4.29 crore and Non Plan: Rs. 0.65 crore) as on 31 March 2013.

(II) SPECIFIC PROJECTS:

The Council also received grant of Rs. 1.16 crore (Plan) for specific projects from various agencies. It had an opening balance of Rs. 2.18 crore and miscellaneous receipts of Rs. 1.68 crore under these projects. Thus, Council had an amount of Rs. 5.02 crore available against which it utilised Rs. 2.53 crore during the year leaving an unutilised balance of Rs. 2.49 crore as on 31 March 2013.

- v. 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 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 2013; and
 - b. In so far as it relates to Income and Expenditure Account of the deficit for the year ended on that date.

For and on behalf of the CAG of India



Director General of Audit
Central Expenditure

Place: New Delhi
Date: 31.10.13

ANNEXURE I**1. ADEQUACY OF INTERNAL AUDIT SYSTEM**

- The internal audit of the Council was conducted upto 2011-12 by the Ministry of Health and Family Welfare.

2. ADEQUACY OF INTERNAL CONTROL SYSTEM

- TA advances pertaining to the period 1998-99 to 2012-13 amounting to Rs. 3.72 crore were lying unadjusted as of 31.3.2013*. In addition, LTC advance was also lying unadjusted since many years.
- 12 paras pertaining to the period 2000-01 to 2012-2013 were outstanding.

3. SYSTEM OF PHYSICAL VERIFICATION OF FIXED ASSETS

- The physical verification of fixed assets had been conducted upto 2011-12.

4. SYSTEM OF PHYSICAL VERIFICATION OF INVENTORY

- The physical verification of stationery and consumables etc. had been conducted upto 2011-12.

5. REGULARITY IN PAYMENT OF STATUTORY DUES

- No payment over six months in respect of statutory dues were outstanding as on 31.3.2013.

* It is contingent advance of Rs. 3.72 crores, not TA advance.

5.2 AUDITED STATEMENT OF ACCOUNTS

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Index of the Annual Accounts for the Year 2012-13

S. No.	Name of the accounts	Page No.	Schedules at Page No.
1.	Receipt & Payment Account	125-126	129-174
2.	Income & Expenditure Account	127	175-177
3.	Balance Sheet	128	178-182
4.	Notes on Accounts	183	

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 2013

S.No.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
1.	Opening balance			1.	Establishment expenses	50,42,53,973.00	47,09,14,685.00
	(i) Cash in hand	2,02,723.75	2,19,373.75	2.	Administrative Expenses	7,76,19,369.41	7,17,26,080.00
				3.	Other Expenses		
	(ii) Cash-at-bank	5,24,02,957.71	4,88,53,372.97		(i) Material & Supplies	6,48,93,141.00	7,84,72,218.00
	Total Opening balance	5,26,05,681.46	4,90,72,746.72		(ii) Advance to Govt. Servants	34,55,990.00	15,75,250.00
2.	G.I.A. received				(iii) Outstanding advances	96,60,203.00	39,00,814.00
	(i) From Government of India	86,82,00,000.00	66,71,81,000.00		(iv) Other charges	11,73,15,292.00	2,17,01,112.00
	(ii) From other sources			4.	Investments (Out of own funds)	44,05,58,648.54	8,76,93,193.49
3.	Bank interest	3,79,66,391.00	1,59,25,884.03	5.	Fixed assets	2,81,98,134.13	3,73,62,926.72
4.	Interest on refundable advances	5,67,246.00	3,68,069.00	6.	Work in progress	12,29,96,000.00	4,77,35,000.00
5.	Other receipts	6,12,49,016.91	6,86,03,849.00	7.	Publication (Priced)	5,81,948.00	41,800.00
				8.	Remittance of recoveries	5,25,66,006.00	4,28,25,463.00
6.	By adjustment of Advances pertaining to previous years	28,85,314.00	1,76,98,837.00	9.	Refund of unspent balance to concerned Dep'ts./Offices	63,69,538.00	2,892.00
7.	Recoveries for remittance	5,35,91,788.00	4,28,25,882.00	10.	Undisbursed amount in Previous Year disbursed		3,50,000.00
8.	Sale of Publications (Priced)	3,11,118.00	2,35,994.00	11.	Amount to be received from concerned a/c, Instts.	2,507.00	1,19,258.00
9.	Miscellaneous receipts to be transferred to pension fund a/c		61,395.00		-do-	3,00,801.00	15,81,172.00

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.	Receipts	Current Year	Previous Year	S.No.	Payments	Current Year	Previous Year
10.	Recovery of subscription & advances	5,14,68,614.00	4,84,20,232.00	12.	LIC amount disbursed	7,10,000.00	2,00,000.00
11.	Investment received	40,38,07,148.01	4,61,54,555.92	13.	Other Misc. payments/ transfers	9,33,71,151.00	6,18,25,807.00
12.	Amount receivable received	2,23,80,369.63	5,04,985.00	14.	Amount remitted by decentralized Institutes to be contra against their receipts in Hqs N. Delhi	33,672.00	
13.	Security deposit	5,57,300.00	25,000.00	15.	Balance transferred to other a/cs	42,869.68	-
14.	Advance from C.C.R.A.S. New Delhi		30,00,000.00	16.	Arogya (North East)	5,63,280.00	-
15.	In transit in Previous Year received	22,52,00,000.00	1,32,32,089.00	17.	Misc. receipts transferred to pension fund a/c		4,340.00
16.	Payable to other a/cs	3,507.00	1,63,19,648.00	18.	Amount payable paid	20,29,26,707.00	70,672.00
17.	Recovery of refundable advances	26,14,942.00	27,10,833.00	19.	Temporary transfer from CRISM a/c to be received from Health a/c (Plan)		1,20,00,000.00
18.	Undisbursed amount	10,964.00	-		NPS amount transferred to NPS Trustee Bank a/c	1,92,44,404.00	
19.	LIC for disbursement	7,10,000.00	2,00,000.00	20.	Closing Balance		
20.	Receipt from RRIUM, New Delhi		1,67,365.00		Cash-in-hand	2,24,748.75	2,02,723.75
21.	Petty Cash Balance (RRI, N. Delhi)	40,247.00			Cash-at-bank	3,82,81,591.50	5,24,02,957.71
22.	Amount received to be contra against their remittance by the decentralized Institutes	328.00					
	Total Rs.	1,78,41,69,975.01	99,27,08,364.67		Total Rs.	1,78,41,69,975.01	99,27,08,364.67

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

Income & Expenditure Account for the year ending 31st March 2013

S.No.	Expenditure	Current Year	Previous Year	S.No.	Income	Current Year	Previous Year
1.	Establishment expenditure	50,85,94,217.00	47,11,97,266.00	1.	GIA	90,46,00,000.00	88,90,00,000.00
2.	Administrative expenditure	7,61,08,164.50 6,48,93,141.00	7,51,08,273.00 8,77,46,653.00	2.	Other income	1,46,40,097.71	50,79,037.00
3.	Other charges	11,80,77,803.00	2,48,71,604.00	3.	Less : Capitalised expenditure	(-)17,24,88,636.00	(-) 2,90,40,418.00
4.	Depreciation	3,16,92,179.00	3,49,61,599.00	4.	Excess of expenditure over Income	5,26,14,042.79	
5.	Balance being Excess of Income over Expenditure :		17,11,53,224.00				
	Total (Rs.)	79,93,65,504.50	86,50,38,619.00		Total (Rs.)	79,93,65,504.50	86,50,38,619.00

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

Balance Sheet as on 31st March 2013

S.No.	Liabilities	Schedule No.	Current Year	Previous Year	S. No.	Assets	Schedule No.	Current Year	Previous Year
1.	Capital fund	(S/1)	77,90,08,838.02	65,91,38,945.81	1.	Fixed assets	(S/3)	72,83,33,542.00	24,40,64,623.00
2.	Current Liabilities	(S/2)	50,89,42,704.82	60,38,38,089.76	2.	Investments (Others)	(S/5C)	39,47,45,086.23	35,79,93,585.70
3.	Earmarked/Endowment fund	S/3(A)	2,49,13,443.05	2,18,21,179.22	3.	Current assets:			
						(i) Loans & advances	(S/5B)	15,12,80,017.41	63,01,34,324.63
						(ii) Bank/Cash balance :	(S/5A)	3,85,06,340.25	5,26,05,681.46
						1,35,92,897.20			
						2,49,13,443.05			
	Total Rs.		1,31,28,64,985.89	1,28,47,98,214.79		Total Rs.		1,31,28,64,985.89	1,28,47,98,214.79

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 Receipts for the year ending 31st March 2013

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			35,71,00,000.00	35,63,00,000.00	37,04,970.00	-
	(a) Cash in hand (Imprest)	15,200.00	15,200.00				
	(b) Cash-at-bank	65,21,841.11	96,43,607.11				
	Total (Non-Plan) S.No. 1	65,37,041.11	96,58,807.11	35,71,00,000.00	35,63,00,000.00	37,04,970.00	-
2.	PLAN						
	(i) Health Scheme a/c			49,95,00,000.00	30,75,00,000.00	21,13,265.00	20,57,181.00
	(a) Cash-in-hand (Imprest)	1,82,667.60	1,71,667.60				
	(b) Cash-in-hand (other than Imprest)	4,856.15	5,422.15 27,084.00				
	(c) Cash-at-bank	34,83,179.21	5,87,284.21				
	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	36,70,702.96	7,91,457.96	49,95,00,000.00	21,13,265.00	
(ii) ROTP a/c					
(iii) Herb Garden a/c	77,156.00	72,473.00		898.00	4,683.00
(iv) Pub. Of Text Book a/c	43,777.00	42,129.00		1,773.00	1,648.00
(v) UPS a/c I	37,986.68	1,768.68		1,496.00	1,424.00
(vi) Seminar a/c		-			
(vii) DSOP	1,70,299.05	1,63,910.05		6,769.00	6,389.00
(viii) EMR					
(ix) Digitilisation of Manuscript a/c	14,948.00	13,833.00		605.00	1,115.00
(x) WHO a/c	1,690.00	1,11,837.00	3,81,000.00	137.00	4,473.00
(xi) NMPB a/c					
(xii) UPS a/c II	861.00	861.00			
(xiii) CST a/c					
(xiv) Donation a/c	41,921.75	40,359.75		671.25	1,562.00
(xv) International Events conference a/c	5,60,342.00	5,39,242.00		22,700.00	21,100.00
(xvi) DST a/c	1,06,31,878.74	1,16,06,252.00	1,16,00,000.00	2,08,024.30	2,60,877.46

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)

	(xvii) CRISM a/c	8,42,858.00	1,25,97,400.00			3,02,747.00	2,65,848.00
	(xviii) CICSMA a/c	63,19,191.00	60,85,912.00			33,933.00	2,33,279.00
	(xix) South African a/c	30,78,270.00	-		30,00,000.00	1,07,110.00	78,270.00
	Total (Plan) S.No. 2	2,54,91,882.18		51,11,00,000.00		28,00,128.55	
3.	(i) NPS a/c	13,78,666.33	4,532.33			8,68,239.04	25,28,236.78 1,70,226.00
	(ii) CPF/GPF a/c	12,62,376.61	10,50,343.61			2,88,15,596.19	88,21,754.64
							(-) 938.00
	(iii) GIS a/c	7,13,107.65	7,20,666.65			7,50,375.17	27,693.00
	(iv) Pension fund a/c	1,72,22,607.58	55,70,961.58			10,27,082.05	14,41,062.15
	Total S.No. 3	2,05,76,758.17				3,14,61,292.45	
	Grand Total S.No. 1 to 3	5,26,05,681.46	4,90,72,746.72	86,82,00,000.00	66,71,81,000.00	3,79,66,391.00	1,59,25,884.03

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

132 | CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Total (H) PLAN	46,97,513.71		1,49,621.00		17,34,944.00	
(ii) ROTP a/c		-				
(iii) Herb Garden a/c	2,029.00	-			2,00,000.00	
(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	27,050/- + 37,11,718.00	1,10,00,000.00				
(xvii) CRISM a/c					2,04,000.00	

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

	(xviii) CCRUM a/c								
	Total (Plan) S.No. 2	84,38,310.71				1,49,621.00		21,38,944.00	
3.	(i) NPS a/c	15,00,000.00							
	(ii) CPF/GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c	57,202.00 8,816.00 +	4,75,00,000.00						
		3,90,00,000.00	16,000.00						
		7,203,20+97,640.00	74,66,782.00						
		2,04,541.00	99,360.00						
		36,51,456.00	(-) 4,787.00						
		35,87,249.00+7,94,806/ +42,593.00	73,907.00						
	Total S.No. 3								
	Grand Total S.No. 1 to 3	6,12,49,016.91	6,86,03,849.00			5,67,246.00	3,68,069.00	28,85,314.00	1,76,98,837.00

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.		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	21,61,642.00	23,25,983.00				
	Total (Non-Plan) S.No. 1	21,61,642.00	23,25,983.00				
2.	PLAN						
	(i) Health Scheme a/c	4,53,300.00	3,84,850.00	3,11,118.00	2,35,994.00		1,67,365.00
	(b) Cash-at-bank						
	Total (H) PLAN	4,53,300.00		3,11,118.00			
	(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/-
(S. Asif Mian)
Accountant (I/A)

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

	(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				4,53,300.00				
3.	(i) NPS a/c								
	(ii) CPF/GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c								
	Total S.No. 3								
	Grand Total S.No. 1 to 3				26,14,942.00	27,10,833.00	3,11,118.00	2,35,994.00	-
									1,67,365.00

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.		Recoveries for remittance		Recovery of subscription/advances		Misc. receipt to be transferred to pension fund a/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(10)		(11)		(12)
1.	Health Scheme a/c						
	(1) NON-PLAN						
	Health Scheme	3,75,00,459.00	3,24,72,252.00				61,395.00
		2,50,824.00	2,50,824.00				
	Total (Non-Plan) S.No. 1	3,77,51,283.00	3,27,23,076.00				61,395.00
2.	PLAN						
	(i) Health Scheme a/c	1,21,66,023.00	96,58,091.00				
			1,09,000.00				
	(b) Cash-at-bank						
	Total (H) PLAN	1,21,66,023.00					
	(ii) ROTA 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 Jami)
Director General



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
--	---	---	---

(ii) CPF/GPF a/c				3,44,46,222.00		
				31,85,507.00		
(iii) GIS a/c				8,44,490.00	(+) 140.00 8,84,640.00 (-) 20.00 (-) 100.00	
(iv) Pension fund a/c						
				2,94,289.00 29,426.00 12,000.00		
Total S.No. 3				36,74,482.00	5,14,68,614.00	
Grand Total S.No. 1 to 3				5,35,91,788.00	4,28,25,882.00	61,395.00

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.		Receivable amount received		Security deposit		Advance received from outside Institute	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(13)		(14)		(15)	
1.	Health Scheme a/c						
	(1) NON-PLAN						
	Health Scheme	16,43,810.00	100.00				
			7.00				
			255.00				
			3,186.00				
			1,045.00				
	Total (Non-Plan) S.No. 1	16,43,810.00	4,593.00				
2.	PLAN						
	(i) Health Scheme a/c		4,48,387.00	5,57,300.00	25,000.00		30,00,000.00 (UPC CCRAS)
			4,787.00				
			1,105.00				
			10,806.00				
			33,089.00				

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

			(+) 100.00			
	Total (H) PLAN					
	(ii) ROTP a/c		5,57,300.00			
	(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					
	(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					

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

	(xvii) CRISM a/c	1,20,00,000.00					
	(xviii) CICISM a/c						
	Total (Plan) S.No. 2	1,20,00,000.00			5,57,300.00		
3.	(i) NPS a/c	4,53,359.75/ + 36,409.00					
	(ii) CPF/GPF a/c	19,18,469.00 +39,79,622.71					
	(iii) GIS a/c	15,00,105.98					
	(iv) Pension fund a/c	8,48,593.19	2,118.00				
	Total S.No. 3	87,36,559.63					
	Grand Total S.No. 1 to 3	2,23,80,369.63	5,04,985.00		5,57,300.00	25,000.00	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 Jami) 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						
	(1) NON-PLAN						
	(i) Health Scheme			1,000.00		1,000.00	8,36,361.00
							8,36,361.00
	Total (Non-Plan) S.No. 1			1,000.00		1,000.00	
2.	PLAN						
	(i) Health Scheme a/c	22,52,00,000.00	1,32,00,000.00	5,568/+1,896.00		2,507.00	15,44,252.00
			32,089.00	2,500.00			1,20,00,000.00
	T.D.S						19,18,469.00
	Total (H) PLAN	22,52,00,000.00		9,964.00		2,507.00	
	(ii) ROTP a/c						
	(iii) Herb Garden 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

144 | CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

	Total (Plan) S.No. 2								
3.	(i) NPS a/c								
	(ii) CPF/GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c								20,566.00
	Total S.No. 3								
	Grand Total S.No. 1 to 3	22,52,00,000.00	1,32,32,089.00	10,964.00	-	3,507.00		1,63,19,648.00	

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.		Investment received		LIC amount for disbursement		Petty Cash Balance (RRUM, New Delhi)	
		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					40,247.00	
	Total (H) PLAN					40,247.00	
	(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/- (Mohd. Nasim) Administrative Officer		Sd/- (Prof. S. Shakir Jami) Director General	

(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) CICISM a/c									
Total (Plan) S.No. 2								40,247.00	

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

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

Sd/-
(Mohd. Nasim)
Administrative Officer

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

3.	(i) NPS a/c	1,57,38,899.94	76,36,935.04			
	(ii) CPF/GPF a/c	45,135.00 + 34,51,33,692.13	1,21,50,080.22			
	(iii) GIS a/c	2,97,22,893.10	-	7,10,000.00	2,00,000.00	
	(iv) Pension fund a/c	1,31,66,527.84	2,63,67,540.66			
	Total S.No. 3	40,38,07,148.01		7,10,000.00		
	Grand Total S.No. 1 to 3	40,38,07,148.01	4,61,54,555.92	7,10,000.00	2,00,000.00	40,247.00

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.		Amount received to be contra against remittance by decentralized Institutes as already taken receipts in Previous Year		Total receipts	
		Current Year	Previous Year	Current Year	Previous Year
			(22)	(23)	
1.	Health Scheme a/c				
	(1) NON-PLAN				
	(i) Health Scheme	292.00		41,39,24,233.11	40,37,23,727.11
	Total (Non-Plan) S.No. 1	292.00		41,39,24,233.11	40,37,23,727.11
2.	PLAN				
	(i) Health Scheme a/c	36.00		75,06,06,541.67	37,17,83,209.96
	Total (H) PLAN	36.00		75,06,06,541.67	
	(ii) ROTP a/c				-
	(iii) Herb Garden a/c			2,80,083.00	77,156.00
	(iv) Pub. Of Text Book a/c			45,550.00	43,777.00
	(v) UPS a/c I			39,482.68	37,986.68
	(vi) Seminar a/c				
	(vii) DSOP			1,77,068.05	1,70,299.05
	(viii) EMR a/c				
		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	

	(ix) Digitilisation of Manuscript a/c			15,553.00	14,948.00
	(x) WHO a/c			1,827.00	5,07,310.00
	(xi) NMPPB a/c				
	(xii) UPS a/c II			861.00	861.00
	(xiii) CST a/c				
	(xiv) Donation a/c			42,593.00	41,921.75
	(xv) International Events conference a/c			5,83,042.00	5,60,342.00
	(xvi) DST a/c			2,61,78,671.04	2,28,67,129.46
	(xvii) CRISM a/c			1,33,49,605.00	1,28,63,248.00
	(xviii) CCRISM a/c			63,53,124.00	63,19,191.00
	(xix) South Asian a/c			31,85,380.00	30,78,270.00
	Total (Plan) S.No. 2			80,08,59,381.44	
3.	(i) NPS a/c			3,19,58,522.06	2,04,99,637.15
	(ii) CPF/GPF a/c			41,97,96,067.64	5,93,97,105.47
	(iii) GIS a/c			3,42,40,971.90	18,33,019.65
	(iv) Pension fund a/c			8,33,90,798.86	8,88,89,225.39
	Total S.No. 3			56,93,86,360.46	
	Grand Total S.No. 1 to 3	328.00		1,78,41,69,975.01	99,27,08,364.67

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 Payments for the year ending 31st March 2013

S.No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)		(2)		(3)	
1.	Non-Plan						
	(i) Health scheme a/c	37,25,58,100.00	35,77,45,764.00	26,41,803.50	39,41,546.00	2,22,333.00	1,53,971.00
	Total (Non-Plan) S.No. 1	37,25,58,100.00	35,77,45,764.00	26,41,803.50	39,41,546.00	2,22,333.00	1,53,971.00
2.	Plan						
	(i) Health scheme a/c	12,98,18,540.00	11,31,68,921.00	7,19,06,745.00	6,62,40,284.00	6,46,70,808.00	7,83,18,247.00
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	12,98,18,540.00		7,19,06,745.00		6,46,70,808.00	
	(ii) ROTP a/c						
	(iii) Herb Garden a/c	5,500.00		2,42,323.00			
	(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						
(vi) Seminar a/c						
(vii) DSOP a/c						
(viii) EMR a/c						
(ix) Digitisation of Manuscript a/c						
(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				24,17,024.91	10,21,132.00	
(xvii) CRISM a/c				2,29,398.00	20,390.00	
(xviii) CICSIM a/c						
(xix) South African a/c				1,82,075.00		
Total (Plan) S.No.				7,49,77,565.91	6,46,70,808.00	

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)

3.	(i) MPS a/c							
	(ii) GPF a/c							
	(iii) GIS a/c							
	(iv) Pension fund a/c							
	Total S. No.3							
	Total S.No. 1 to 3		50,42,53,973.00	47,09,14,685.00	7,76,19,369.41	7,17,26,080.00	6,48,93,141.00	7,84,72,218.00

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	Assets		Publications (Priced)		Advances to Government Servants	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(4)		(5)		(6)	
1.	Non-Plan						
	(i) Health scheme a/c	56,075.00	24,591.00				
	Total (Non-Plan) S.No. 1	56,075.00	24,591.00				
2.	Plan						
	(i) Health scheme a/c	1,41,65,731.00	1,38,89,220.00	5,81,948.00	41,800.00	34,55,990.00	15,75,250.00
			1,22,34,997.00				
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	1,41,65,731.00		5,81,948.00		34,55,990.00	
	(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 Jami)
Director General

(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) ICSJ a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c	14,80,571.00 + 1,24,95,757.13	1,12,14,118.72				
(xvii) CRISM a/c						
(xviii) CICSIM a/c						
(xix) South African a/c						
Total (Plan)	2,81,42,059.13	5,81,948.00	34,55,990.00			

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. 3							
	Total S.No. 1 to 3		2,81,98,134.13	3,73,62,926.72	5,81,948.00	41,800.00	34,55,990.00	15,75,250.00

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	Outstanding advances		Other charges		Works 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	7,42,426.00	7,64,661.00				
		17,171.00					
	Total (Non-Plan) S.No. 1	7,59,597.00	7,64,661.00				
2.	Plan						
	(i) Health scheme a/c	82,05,625.00	26,96,752.00	11,73,15,292.00	3,38,640.00	12,29,96,000.00	4,77,35,000.00
		6,94,981.00	4,29,401.00				
			10,000.00				
					2,13,62,472.00		
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	89,00,606.00		11,73,15,292.00		12,29,96,000.00	
	(ii) ROTP 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

(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						
(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						
(xviii) CCRIM a/c						

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)

	(xix) South African a/c						
	Total S.No. 2	89,00,606.00		11,73,15,292.00		12,29,96,000.00	
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c						
	Total S.No.3						
	Total S.No. 1 to 3	96,60,203.00	39,00,814.00	11,73,15,292.00	2,17,01,112.00	12,29,96,000.00	4,77,35,000.00

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	Current Year		Previous Year		Excess paid to be received /adjusted		North East Aranya	
		(10)		(11)		(12)			
1.	Non-Plan								
	(i) Health scheme a/c				99,558.00				
					19,700.00				
	Total (Non-Plan) S.No. 1				1,19,258.00				
2.	Plan								
	(i) Health scheme a/c						5,63,280.00		
	Health scheme a/c								
	Health scheme a/c								
	Total(H) Plan						5,63,280.00		
	(ii) ROTP a/c								
	(iii) Herb Garden a/c					2,507.00			
	(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 Jamil) Director General	

	(ix) Digitisation of Manuscript a/c								
	(x) WHO a/c								
	(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								
	(xvii) CRISM a/c								
	(xviii) CIGISM a/c								
	(xix) South African a/c								
	Total S.No. 2							5,63,280.00	
3.	(i) NPS a/c								
	(ii) GPF a/c								
	(iii) GIS a/c								
	(iv) Pension fund a/c								
	Total S.No. 3								
	Total S.No. 1 to 3							1,19,258.00	5,63,280.00

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	Remittance of recoveries		Unspent balance refunded to the concerned Department/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	3,64,76,889.00 2,50,824.00	3,24,72,252.00 2,50,824.00				1,00,000.00
	Total (Non-Plan) S.No. 1	3,67,27,713.00	3,27,23,076.00				1,00,000.00
2.	Plan						
	(i) Health scheme a/c (Gen)	1,21,63,811.00	96,57,672.00				2,50,000.00
			1,09,000.00				
	Total(H) Plan	1,21,63,811.00					
	(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		15,553.00				
(x) WHO a/c			2,892.00			
(xi) NMPP a/c						
(xii) UPS a/c II		861.00				
(xiii) ICSJ a/c						
(xiv) Donation a/c						
(xv) International Events conference a/c						
(xvi) DST a/c						
(xvii) CRISM a/c						
(xviii) CICISM a/c		63,53,124.00				
(xix) South African a/c						
Total S.No. 2		1,21,63,811.00	63,69,538.00			

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			3,23,715.00					
				23,73,056.00					
				12,91,426.00					
				10,000.00					
	Total S.No. 3			36,74,482.00					
	Grand Total S.No. 1 to 3			4,28,25,463.00				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				
	Total (Non-Plan) S.No. 1	-	15,44,252.00	-	-	-	-
2.	Plan						
	(i) Health scheme a/c	3,00,801.00	511.00				
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	3,00,801.00					
	(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 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
--	---	---	--

S.No.	Name of the Scheme	Received from LIC disbursed		Misc. receipt transferred to pension fund a/c		Amount payable paid/Adjusted	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
1.	Non-Plan						
	(i) Health scheme a/c					8,36,361.00	69,567.00
	Total (Non-Plan) S.No. 1					8,36,361.00	69,567.00
2.	Plan					1,20,00,000.00	
	(i) Health scheme a/c			4,340.00		1918469.00 + 25000	
	Health scheme a/c					18,63,62,799.00	
	Health scheme a/c					15,44,252.00	
						1,67,365.00	
	Total(H) Plan					20,20,17,885.00	
	(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 Jamil)
Director General

	(ix) Digitisation of Manuscript a/c								
	(x) WHO a/c								
	(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								
	(xvii) CRISM a/c								
	(xviii) CICISM a/c								
	(xix) South African a/c			-	-	-	-	-	-
	Total S.No. 2							20,20,17,885.00	
3.	(i) NPS a/c							14,382.00	
	(ii) GPF a/c							-	
	(iii) GIS a/c			7,10,000.00	2,00,000.00			-	1,105.00
	(iv) Pension fund a/c							58,079.00	
	Total S.No. 3			7,10,000.00				72,461.00	
	Grand Total S.No. 3			7,10,000.00	2,00,000.00		4,340.00	20,29,26,707.00	70,672.00

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.	Name of the Scheme	Transfer of Bank balance to other a/cs		Other Mis. Payments/Transfer		NPS subscription & contribution transferred to NPS Trustee Bank a/c		Amount remitted by decentralised Institutes now Contra against recovery to Headquarters, New Delhi as already taken receipt in previous year	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(22)		(23)		(24)		(25)	
1.	Non-Plan								
	(i) Health scheme a/c			1,02,711.00				292.00	
	Total (Non-Plan) S.No. 1			1,02,711.00				292.00	
2.	Plan								
	(i) Health scheme a/c			47,395.00 3,02,097.00	50,000.00 (sec dep.)			33,380.00	
	Health scheme a/c								
	Health scheme a/c								
	Total(H) Plan			3,49,492.00				33,380.00	
	(ii) ROTP a/c								
	(iii) Herb Garden a/c								
	(iv) Pub. Of Text Book a/c								
	(v) UPS a/c I	276.68 (to Health 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

170 | CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

(ii) GPF a/c					43,49,600.00	30,32,350.00			
-do-					2,06,84,000.00	1,77,67,500.00			
-do-					1,05,68,047.00	93,50,346.00			
-do-					36,51,456.00	49,996.00			
						8,36,361.00			
(iii) GIS a/c					2,698.00	4,14,399.00			
					11,84,001.00	5,05,513.00			
					6,17,000.00				
(iv) Pension fund a/c					5,13,55,086.00	2,98,19,342.00			
Total S.No. 3					9,29,18,948.00		1,92,44,404.00	-	
Grand Total S.No. 1 to 3				42,869.68	9,33,71,151.00	6,18,25,807.00	1,92,44,404.00	33,672.00	

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
			(26)	(27)	
1.	Non-Plan				
	(i) Health scheme a/c	19,247.61	65,37,041.11	41,39,24,233.11	40,37,23,727.11
	Total (Non-Plan) S.No. 1	19,247.61	65,37,041.11	41,39,24,233.11	40,37,23,727.11
2.	Plan				
	(i) Health scheme a/c (Gen)	13,66,232.67	36,70,702.96	7,50,606,541.67	37,17,83,209.96
	Health scheme a/c (SCP)				
	Health scheme a/c (TSP)				
	Total (H) Plan	13,66,232.67		7,50,606,541.67	
	(ii) ROTP a/c				
	(iii) Herb Garden a/c	29,753.00	77,156.00	2,80,083.00	77,156.00
	(iv) Pub. Of Text Book a/c	45,550.00	43,777.00	45,550.00	43,777.00
	(v) UPS a/c I	39,206.00	37,986.68	39,482.68	37,986.68
	(vi) Seminar a/c	-		-	
	(vii) DSOP a/c	1,77,068.05	1,70,299.05	1,77,068.05	1,70,299.05

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
--	---	---	--

	(vii) EMR a/c	-		-	
	(ix) Digitisation of Manuscript a/c	-	14,948.00	15,553.00	14,948.00
	(x) WHO a/c	1,827.00	1,690.00	1,827.00	5,07,310.00
	(xi) NMPB a/c	-		-	
	(xii) UPS a/c II	-	861.00	861.00	861.00
	(xiii) ICSI a/c	-		-	
	(xiv) Donation a/c	-	41,921.75	42,593.00	41,921.75
	(xv) International Events conference a/c	5,83,042.00	5,60,342.00	5,83,042.00	5,60,342.00
	(xvi) DST a/c	97,85,318.00	1,06,31,878.74	2,61,78,671.04	2,28,67,129.46
	(xvii) CRISM a/c	1,31,20,207.00	8,42,858.00	1,33,49,605.00	1,28,63,248.00
	(xviii) CICISM a/c	-	63,19,191.00	63,53,124.00	63,19,191.00
	(xix) South a/c	11,31,472.00	30,78,270.00	31,85,380.00	30,78,270.00
	Total S.No. 2 (ii to xix) Total S.No. 2 (i to xix)	2,49,13,443.05 2,62,79,675.72			
3.	(i) NPS a/c	48,98,448.95	13,78,666.33	3,19,58,522.06	2,04,99,637.15
	(ii) GPF a/c	11,66,949.24	12,62,376.61	41,97,96,067.64	5,93,97,105.47
	(iii) GIS a/c	4,13,416.87	7,13,107.65	3,42,40,971.90	18,33,019.65

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	57,28,601.86	1,72,22,607.58	8,33,90,798.86	8,88,89,225.39
Total S.No. 3	1,22,07,416.92			
	3,85,06,340.25	5,26,05,681.46	1,78,41,69,975.01	99,27,08,364.67

	Current year	Previous year
Cash	2,24,748.75	2,02,723.75
Bank	<u>3,82,81,591.50</u>	<u>5,24,02,957.71</u>
Total	<u>3,85,06,340.25</u>	<u>5,26,05,681.46</u>

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 Income for the year ending 31st March 2013

S.No.		Grant-in-aid	Miscellaneous Receipts	Capital Expenditure
1.	Health a/c (Plan)	49,95,00,000.00	46,97,513.71 + 21,13,265.00 + 1,49,621.00	1,41,65,731.00 + 5,81,948.00
		4,15,00,000.00	(-)3,02,097.00	12,29,96,000.00 + 3,50,00,000.00
				(-)3,11,118.00
	Total (Plan)	54,10,00,000.00	66,58,302.71	17,24,32,561.00
		65,00,000.00		
2.	Health a/c (N.P.)	(+)35,71,00,000.00	38,59,200.00 + 4,17,625.00 + 37,04,970.00	56,075.00
3.	Total (Non Plan)		79,81,795.00	56,075.00
		36,36,00,000.00		
	Grand Total	90,46,00,000.00	1,46,40,097.71	17,24,88,636.00

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

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Expenditure for the year ending 31st March 2013

S. No.		Depreciation	Establishment expenses	Administrative expenses	Material & Supplies	Other charges	Excess of Income over Expenditure :	Excess of Expenditure over Income
1.	(A) PLAN							
	Health a/c	84,22,281.00	12,98,18,540.00	7,19,06,745.00	6,46,70,808.00	11,73,15,292.00 + 47,395.00		
		55,675.00 (+) 1,394.00	2,17,577.00	15,59,616.00		49,125.00 + 5,63,280.00		
		65,91,590.00(+) 8,50,107.00						
		36,35,120.00 (+)1,815.00						
		7.00 (+) 1,20,05,298.00						
								4,24,85,923.29
	Total (Plan)	3,15,63,287.00	13,00,36,117.00	7,34,66,361.00	6,46,70,808.00	11,79,75,092.00		
		87,621.00 (+)3,599.00 (+) 23.00	60,00,000.00					

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

2.	Health a/c (Non Plan)	30,625.00 + 2,774.00	37,25,58,100.00	26,41,803.50	2,22,333.00	1,02,711.00	1,01,23,869.50
	Total (Non Plan)	1,24,642.00	37,85,58,100.00	26,41,803.50	2,22,333.00	1,02,711.00	1,01,23,869.50
3.	F.W. a/c	4,250.00					4,250.00
	Total F.W.	4,250.00					4,250.00
	Grand Total	3,16,92,179.00	50,85,94,217.00	7,61,08,164.50	6,48,93,141.00	11,80,77,803.00	5,26,14,042.79
	Less excess of Expenditure over Income						
	Net excess of Income over Expenditure						

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 31st March 2013

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	72,82,99,905.00	1,521,02,321.90	13,85,480.28	9,82,98,623.65		98,00,86,330.83
2.	F.W. a/c	33,637.00	1,74,928.06		2,047.94		2,10,613.00
3.	NPS a/c			48,98,448.95	33,42,438.94 1,000.00 64,639.00 1,89,18,550.00 3,25,854.00	3,67,99,623.92	6,43,50,554.81
4.	CPF/GPF a/c			11,66,949.24	16,84,875.98	27,97,26,636.69	30,30,97,154.48
	-do-						
	-do-				1,41,47,052.57		
	-do-				63,71,540.00 + 100.00		
	GIS a/c			41,3416.87	3500/- + 180.00	1,57,87,786.81	1,67,49,844.44
	-do-				5,34,620.76 + 10,340.00		

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

-do-							
5. Pension fund a/c			57,28,601.86	6,557.00 + 11156.00	6,24,31,038.81	7,57,34,295.24	
-do-				11870.00			
-do-				7545071.00			
Total		72,83,33,542.00	15,22,77,249.96	1,35,92,897.20	15,12,80,017.41	39,47,45,086.23	1,44,02,28,792.80

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 Liabilities of Balance Sheet as on 31st March 2013

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	93,10,92,564.98		4,89,93,765.85	98,00,86,330.83
2.	FW. a/c	1,93,523.00		17,090.00	2,10,613.00
3.	NPS a/c			3,25,854.00 + 55,126,090.00	
	-do-			88,98,610.81	6,43,50,554.81
	-do-				
4.	CPF/GPF a/c			20,81,79,718.49	30,30,97,154.48
	-do-			77,899.00	
	-do-			63,71,540.00	
	-do-			8,84,67,996.99	
5.	GIS a/c			33,82,952.40 + 1,026.00	1,67,49,844.44
	-do-			1,33,65,866.04	
	-do-				
6.	Pension fund a/c			7,57,34,285.24	7,57,34,295.24
	-do-			10.00	
	-do-				
	Total	93,12,86,087.98			
	Excess of Income over Expenditure :				
	Less: Excess of Expenditure over Income :	(-) 15,22,77,249.96			
	Total	77,90,08,838.02		50,89,42,704.82	1,44,02,28,792.80
	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

Consolidated Schedule of Fixed Assets as on 31st March 2013

S. No	Name of the assets	Opening balance as on 01.04.12	Paise rounded off	Previous year OB taken this year	Gross Block				Less: Sale of Council's publications (printed)			Depreciation			Net Block	
					Addition	Short added	Deductions	Total	Opening balance as on 01.04.12	Addition	Total	On addition	Short added	Total	As on 31.03.2013	As on 31.03.2012
1.	Machinery & Equipments	7,98,15,297.53	(-)1.21		54,48,013.00			8,52,63,309.32				85,74,012.00		3,66,77,259.32	4,85,86,050.00	5,17,12,049.00
2.	Furniture & Fixture	7,98,96,564.87	(-)30		35,52,878.00			8,34,49,442.57				66,23,451.00		2,38,38,414.57	5,96,11,028.00	6,26,81,601.00
3.	Computers	1,20,80,431.00			35,66,998.00			1,56,49,429.00				36,39,288.00		1,32,23,236.00	24,26,193.00	24,96,483.00
4.	Land	27,85,336.00						27,85,336.00				-			27,85,336.00	27,85,336.00
5.	Works in progress	-	-	34,34,77,163.00	15,79,96,000.00			50,14,73,163.00				Nil			50,14,73,163.00	Nil
6.	Books & Journals	2,77,25,101.17	(-)3.17		16,51,917.00		(-) 4,701.00	2,93,72,314.00				-			2,93,72,314.00	2,77,25,098.00
7.	Vehicles	89,77,692.00			-			89,77,692.00				8,50,130.00		41,60,295.00	48,17,397.00	56,67,527.00
8.	Building	10,32,61,893.00			-	3,10,84,980.00		13,43,46,873.00				1,20,05,298.00	3,10,84,980.00	6,63,16,848.00	6,80,30,025.00	8,00,35,323.00
9.	Council's Publications (Printed)	1,19,08,201.82	(-)32		5,81,948.00			1,24,90,149.50	9,46,995.50	3,11,118.00	12,58,113.50				1,12,32,036.00	1,09,61,206.00
	Total	32,64,50,517.39	(-)5.00	34,34,77,163.00	17,27,99,754.00	3,10,84,980.00	(-) 4,701.00	87,38,07,708.39	9,46,995.50	3,11,118.00	12,58,113.50	3,16,92,179.00	3,10,84,980.00	14,42,16,852.89	72,83,33,542.00	24,40,64,623.00

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 forming part of Balance Sheet as on 31st March 2013

(Schedule -3/A) Earmarked/Endowment funds

	Herb Garden a/c	Publication of Text Books	UPS a/c I	DSOP a/c	Digitisation of Manuscript a/c	WHO a/c	UPS a/c II	Donation a/c	International events conference a/c	DST a/c	CRISM a/c	CCISM a/c	South African a/c	Total	Current year	Previous year
(a) Opening balance	77,156.00	43,777.00	37,986.68	1,70,299.05	14,948.00	1,690.00	861.00	41,921.75	5,60,342.00	1,06,31,878.74	8,42,858.00	63,19,191.00	30,78,270.00	2,18,21,179.22	2,18,21,179.22	3,12,75,977.48
Total (a)	77,156.00	43,777.00	37,986.68	1,70,299.05	14,948.00	1,690.00	861.00	41,921.75	5,60,342.00	1,06,31,878.74	8,42,858.00	63,19,191.00	30,78,270.00	2,18,21,179.22	2,18,21,179.22	3,12,75,977.48
(b) Additions:-																
Grant-in-aid										1,16,000,000.00				1,16,000,000.00		33,81,000.00
Other additions a/c of																8,80,668.46
Bank interest	898.00	1773.00	1496.00	6769.00	605.00	137.00		671.25	22,700.00	2,08,024.30	3,02,747.00	33,933.00	1,07,110.00	6,86,863.55	1,07,110.00	1,00,000.00
From Health a/c										37,11,718.00	1,20,000,000.00			1,57,11,718.00		10,000.00
By adjustments of advances pertaining to previous years	4,670.00										204000.00			4,04,000.00		-
Withheld amount																
Misc receipts	2,029.00									27,050.00				29,079.00		34,794.00
Total (b)	2,02,927.00	1,773.00	14,96.00	6,769.00	605.00	137.00		671.25	22,700.00	1,55,46,792.30	1,25,06,747.00	33,933.00	1,07,110.00	2,84,31,660.55	1,07,110.00	1,53,06,462.46
Total (a+b)	2,80,083.00	45,550.00	39,482.68	1,77,068.05	15,553.00	1,827.00	861.00	42,593.00	5,83,042.00	2,61,78,671.04	1,33,49,605.00	63,53,124.00	31,85,380.00	5,02,52,839.77	5,02,52,839.77	4,65,82,439.94
(c) Utilization/ expenditure																
i) Capital expenditure																
Fixed assets										1,39,76,328.13				1,39,76,328.13		1,12,14,118.72
Others																
ii) Revenue expenditure																
Salaries/ wages allowances	5,500.00												18,71,833.00	18,77,333.00		
Other administrative expenditure	2,42,323.00									24,17,024.91	2,29,398.00		1,82,075.00	30,70,820.91		15,44,250.00
Material & supplies																
Outstanding advance																
Amount payable paid																
Unspent balance refunded			276.68		15,553.00		861.00	42,593.00				63,53,124.00		64,124,07.68		2,892.00
Temporary transfer to Health a/c to be received	2,507.00													2507.00		1,20,000,000.00
Total (c)	2,50,330.00		276.68		15,553.00		861.00	42,593.00		1,63,93,353.04	2,29,398.00	63,53,124.00	20,53,908.00	253,396.72	253,396.72	2,47,61,260.72
Net balance (a + b (-) c)	29,753.00	45,550.00	39,206.00	1,77,068.05	NIL	1,827.00	NIL	NIL	5,83,042.00	97,85,318.00	1,31,20,207.00	NIL	11,31,472.00	249,13443.05	249,13443.05	2,18,21,179.22

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

5.3 NOTES ON ACCOUNTS:-

1. Annual accounts of the Council for the year 2012-13 has been prepared on the new format as prescribed by CGA and approved by the CAG of India since 2002-03.
2. The Central Council for Research in Unani Medicine is fully financed through grant-in-aid therefore income tax is not applicable on the organisation.
3. The said accounts prepared on accrual basis.
4. Schedule attached where necessary.
5. Depreciation has been charged on assets on diminishing balance method.
6. The construction work being done by the CPWD & NPCC.
7. There is no valuation of Inventories since it is not a profit earning organisation but a Research Organisation under Ministry of Health & Family Welfare, Department of AYUSH.
8. A schedule of Investment prepared every year & given to audit which is duly reconciled with actual documents figure mentioning there the rate of interest duration amount & name of Institutions etc.
9. Retirement benefits are treated as per GOI Rules.
10. Depreciation has been charged under expenditure
11. Earmarked/Endowment fund has been shown separately in the Balance Sheet with necessary Schedule.
12. The annual accounts of the Council for the year 2012-13 has been approved by the competent authority i.e. Standing Finance Committee on 18-07-2013.

Sd/-

**Administrative Officer
CCRUM, New Delhi**

APPENDIX

INSTITUTIONAL NETWORK OF CCRUM

1. **Central Council for Research in Unani Medicine (CCRUM) Headquarters**
61-65, Institutional Area, Opposite "D" Block, Janakpuri
New Delhi - 110 058
Phone : +91-11-28521981
Fax : +91-11-28522965
E-mail: unanimedicine@gmail.com, ccrum@rediffmail.com
2. **Central Research Institute of Unani Medicine**
Opp. E.S.I., Hospital, A.G. Colony Road, Erragadda,
Hyderabad – 500 838
Andhra Pradesh
Phone : +91-40-23811551, 04023811495
Fax : +91-40-23811495
E-mail: criumhyderabad@rediffmail.com
3. **Central Research Institute of Unani Medicine**
C-39, Maakaila Bhavan, Sector-C
Sitapur Road Yojana, Lala Latpat Rai Ward
Lucknow – 226 021 (U.P)
Phone : +91-522-2361720
Fax : +91-522-2723088
E-mail: crium_lko@yahoo.co.in
4. **Regional Research Institute of Unani Medicine**
1, West Meda Church Street
Royapuram, Chennai – 600 013
Tamil Nadu
Phone : +91-44-25955519
Fax : +91-44-25955532
E-mail: rriumchennai@gmail.com
5. **Regional Research Institute of Unani Medicine**
Bhadrak – 756 100
Odisha
Phone : +91-6784-240289
Fax : +91-6784-240289
E-mail : rriumbdk_unani@yahoo.co.in
6. **Regional Research Institute of Unani Medicine**
Manas Path (Opposite Patna City Hospital)
Patna – 800 008
Bihar
Phone : +91-612-2631106
Fax : +91-612-2631106
E-mail : rriumpana@gmail.com

7. **Regional Research Institute of Unani Medicine**

Post Box. No. 70
A.K. Tibbiya College Hospital (New Block)
Aligarh Muslim University, Aligarh – 202 001
Uttar Pradesh
Phone : 0571-2704781, 2701399
E-mail : rrium_aligarh@rediffmail.com

8. **Regional Research Institute of Unani Medicine**

J.J. Hospital Compound, (Behind Eye Bank)
Byculla, Mumbai – 400 008
Maharashtra
Phone : +91-22-23718706
Fax : +91-22-23718706
E-mail: rrium_mumbai@gmail.com

9. **Regional Research Institute of Unani Medicine**

University of Kashmir
Hazrat Bal, Srinagar – 190 006
Jammu & Kashmir
Phone : +91-194-2421604
Fax : +91-194-2421357
E-mail : rrium.srinagar@gmail.com

10. **Regional Research Institute of Unani Medicine**

79-B, First Floor
Chitranjan Avenue
Kolkata – 700 073
West Bengal
Phone : +91-33-22372107, 22348999
E-mail : kol rrium@gmail.com

11. **Regional Research Institute of Unani Medicine**

D-11/1, Abul Fazal Enclave, Jamia Nagar, Okhla
New Delhi – 110 025.
Phone : +91-11-26922759
Fax : +91-11-26922759
E-mail: rriumdelhi@gmail.com

12. **Regional Research Centre**

B-3, Kareli Scheme, Panalwan Chauraha
Nurullah Road
Allahabad – 211 016
Uttar Pradesh
Phone : +91-532-2551223
E-mail : rrcallahabad@gmail.com

13. **Clinical Research Unit**
Kurupatil Nina Memorial
Near Panchayat Office
P.O. Edathala (N) – 683 564.
Alweye
Kerala
Phone : 0484-2836006
Fax: 0484-2836006
E-mail :crukerala@gmail.com
14. **Clinical Research Unit**
National Institute of Unani Medicine,
Kotigepaliya, Magadi Main Road,
Bengaluru – 560 091
Phone : +91-80-25480863
E-mail: crubangalore2000@yahoo.com
15. **Clinical Research Unit**
Dr. Abdul Haq Unani Medical College
40/23 Park Road, Kurnool – 518 001
Andhra Pradesh
E-mail: cru.kurnool@gmail.com
16. **Regional Research Centre (RRC)**
S.M. Dev Civil Hospital
Silchar -1, Cachar
Assam
Extension centre of RRC
Masjid Road, Karimganj
Assam
Phone :03843 - 267522
E-mail: cyber_in@rediffmail.com
17. **Clinical Research Unit (Unani)**
28 Gulzar A. Ibrahim
Street No. 2, Tanki wali Gali
Bhomiya Ka Pull, Lisari Road,
Meerut (U.P.)
Phone : +91-9012843253
E-mail : doctormtk@gmail.com
18. **Clinical Research Unit (Unani)**
Department of Pharmacology
Gandhi Medical College, Bhopal – 462 001
Madhay Pradesh
Phone : +91-755-2540590
E-mail : cruu_incharge@yahoo.com

19. **Clinical Research Unit (Unani)**
S.H. Unani Tibbiya College,
Ganpati Naka, Burhanpur – 450 331
Madhya Pradesh
Phone : +91-7325-24563
E-mail : mahajankk@rediffmail.com

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

21. **Drug Standardisation Research Unit**
Jamia Hamdard,
Hamdard Nagar,
New Delhi – 110 062.
Phone : +91-11-26089688

22. **Literary Research Institute of Unani Medicine**
Jamia Hamdard
Hamdard Nagar
New Delhi – 110 062

23. **Drug Standardisation Research Institute**
PLIM, Building, Ghaziabad
Uttar Pradesh
Phone : 95120-2783029
Fax : 2787016
E-mail : dsrigzb@gmail.com

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

25. **Unani Speciality Centre**
(Extension centre of RRIUM, New Delhi)
Deen Dayal Hospital, Ghantaghar
Harinagar
New Delhi - 110 064

27. **Clinical Pilot Project (Unani),**
LACHUA Complex, Mairang Palli Bazar,
Cherapur, P.O. Wangjing – 795 148
District Thoubal
Manipur

[illegible]