

ANNUAL REPORT 2014-2015



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Annual Report

2014-2015



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Ministry of AYUSH, Government of India
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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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1. OVERVIEW

1.1. OBJECTIVES OF THE COUNCIL

The Central Council for Research in Unani Medicine (CCRUM) is an autonomous organisation under the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), 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 the objectives of the Council
- To exchange information with other institutions, associations and societies interested in the objectives similar to those of the Council, especially in the observation and study of diseases in the East in general, and in India in particular
- To prepare, print, publish and exhibit any papers, posters, pamphlets, periodicals and books for furtherance of the objectives of the Council and to contribute to such literature

1.2. PROGRAMME-WISE ACHIEVEMENTS

The Council continued research activities in the areas of Survey and Cultivation of Medicinal Plants, Drug Standardisation Research, Clinical Research, and Literary Research during the reporting period. Information, Education and Communication (IEC) activities and extension of healthcare 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 were conducted in different forest divisions/areas. The areas included Chakrata Forest Division and Mussoorie Forest Division (Uttarakhand); Mannarkkad Forest Division and Silent Valley National Park (Kerala); Theni Forest Division and Megamalai Wildlife Division (Tamil Nadu); Bhadrak, Balasore, Jajpur and Keonjhar Forest Divisions (Odisha); Karimnagar (East) Forest Division (Telangana); Giddalur Forest Division (Andhra Pradesh); and Mahadev, Rajouri, Shopian and Aharbal Forest Divisions (Jammu & Kashmir). As a result of the surveys, 5,124 botanical specimens comprising 1,136 species of plants were collected and identified. Besides, 502 folk medicinal claims were also recorded from the tribal and rural inhabitants of the survey areas. Experimental and large-scale cultivation of over 11 important medicinal species also continued at different herbal 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 specimens collected during the surveys, 2,541 herbarium sheets were prepared, and 375.5 Kg of raw drugs were collected.

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 was completed on 46 compound formulations and 10 single drugs. Also, 107 sample of single drugs and 16 compound formulations prepared at the Council's pharmacy were tested for their quality control and the data were documented. The Council also initiated shelf-life studies on four drugs and redesigning of dosage forms of six Unani formulations.

Under the Clinical Research Programme, preclinical safety evaluation studies, clinical studies, validation of safety and efficacy of classical/Pharmacopoeial formulations/regimenal therapies/fundamentals of Unani Medicine continued. Besides, research under new Intramural Research (IMR) policy was also initiated.

Toxicological and pharmacological pre-clinical studies on nine investigational drugs were completed. In clinical research, studies on 11 diseases continued during the reporting period. Four randomized controlled trials (RCTs) - one each in Ziabetus Sukkari (Diabetes mellitus), Zaghtuddam Qawi Lazmi (Essential hypertension), Ittihab-e-Kabid (Infective hepatitis) and Bars (Vitiligo) continued. Validation of 39 Pharmacopoeial formulations in 20 disease conditions also continued whereas validation of 12 another Pharmacopoeial formulations in nine diseases commenced. Besides, studies on validation of seven classical / pharmacopoeial fast-acting drugs in six diseases also continued.

Ilaj bit tadbeer (Regimenal therapy) intervention in different diseases also continued. Hijama (Cupping) was done on a total of 1,751 patients of Amraz-e-Mafasil (Musculoskeletal disorders) especially Waja-ul-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteoarthritis), and Taleeq (Leeching) was done in 139 patients of different chronic diseases especially Niqrīs (Gout), Bars (Vitiligo), Tahajjur-e-Mafasil (Osteoarthritis) and Daus Salab (Alopecia). Other therapies like Dalk (Massage), Takmeed (Fomentation), Inkibab (Steam inhalation), etc. were also applied on 57 patients of different chronic diseases.

With a view to scientifically validate the concept of humours and temperaments, research on fundamentals of Unani Medicine also continued. During the reporting period, temperament assessment of 4,219 patients was conducted and susceptibility of acquiring diseases in relation to the temperaments of the patients was studied. These include 3,828 patients of Bars (Vitiligo), 155 patients of Daus Sadaf (Psoriasis), 78 patients of Kasrat-e-Shahmuddam (Hyperlipidaemia), 31 patients of Ziabetus Sukkari (Diabetes mellitus), 12 patients of Zof-e-Masana (Overactive bladder), nine patients of Nisyan (Amnesia), 25 patients of Ittihab-e-Kabid (Hepatitis), 14 patients of Zaghtuddam Qawi Lazmi (Essential hypertension) and 67 patients of Ittihab Tajawif al-Anf (Sinusitis). Besides, genetic studies on theory of humours on 220 healthy volunteers and patients suffering from different diseases including diabetes, hypertension, vitiligo, hepatitis, cancer, and Pharmacogenomics of Unani formulations in vitiligo were started at Central Research Institute of Unani Medicine (CRIUM), Hyderabad.

The Council also implemented the new Intramural Research (IMR) policy with a view to utilize the full potentials of the scientists working at its various centres. Eight IMR projects were initiated under the policy.

Collaborative clinical studies continued on Daus Sadaf (Psoriasis) at Department of Dermatology, All India Institute of Medical Science (AIIMS), New Delhi and studies on Ittihab-e-Kabid Had (Acute

viral hepatitis), Qarha-e-Isna-e-Ashari (Duodenal ulcer) and Gastroesophageal Reflux Disease (GERD) at Department of Gastroenterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, Hyderabad. Collaboration with other scientific institutions for conducting research and allied activities also continued. The collaborating institutions included the institutes of Indian Council of Medical Research (ICMR), especially Institute of Cytology and Preventive Oncology (ICPO), Noida; National Institute for Research in Tuberculosis (NIRT), Chennai; and National Institute of Nutrition (NIN), Hyderabad.

Under the Literary Research Programme, Urdu translation of Persian books *Muhit-i Azam*, volume IV and *Iksir-i Azam*, volume II and vetting of Urdu translation of Arabic book *Tazkirat Uli al-Albab*, volume II continued. Hindi translation of 'Unani Pharmacopoeia of India' Part I, volume I also continued. The project of compilation and critical review of classical Unani literature on *Nisyan* (Amnesia) was completed. The development of 'Standard Unani Treatment Guidelines for Common Diseases', volume II was also started during the reporting period.

Research-oriented healthcare services continued at the General Out-patient Departments (GOPDs) and special OPDs of 19 clinical centres of the Council. At these GOPDs, the patients were treated with the Unani classical / pharmacopoeial formulations. During the reporting period, 2,95,131 new patients in the GOPDs; 9,492 in Post-trial Accessibility OPDs; 9,677 in Reproductive and Child Health (RCH)/ Mother and Child Health (MCH) OPDs and 28,870 in Geriatric OPDs bringing total to 3,43,170 patients were treated at different centres. Referral of research patients of certain diseases to other hospitals was also done.

Under the Mobile Clinical Research Programme, the Council covered a total population of over six lakhs in 32 rural areas, urban slums and pockets predominantly inhabited by the Scheduled Castes / Scheduled Tribes. During the reporting period, a total of 30,427 patients were treated in the Mobile OPDs in 626 visits. Apart from providing health care, health awareness was also created among the masses through group meetings and public lectures.

Under the School Health Programme, 4,973 children in 30 schools under the coverage of Mobile Clinical Research Programme were checked up for their health status, diseases, deficiencies and deformities and 2,474 were treated for various ailments by the physicians of the Council. The children suffering from some specific diseases were also referred to the hospitals, besides being provided Unani treatment. With a view to educate the children on healthy living, 51 lectures were delivered on preventive and promotive health aspects.

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, 26,685 patients were treated at Unani Medical Centre in Dr. Ram Manohar Lohia Hospital and 12,795 at Unani Speciality Centre in Deen Dayal Upadhyay Hospital, New Delhi. These patients were mostly of chronic ailments.

Under the Gender Component Plan for Women, 2,12,848 patients were treated in the GOPDs of the Council's centres. Unani physicians also delivered lectures to create health awareness among the females and also to make them aware of the potentialities of Unani Medicine.

Under the Activities in North Eastern Region, 13,975 patients were treated for their common and chronic ailments at the two clinical centres of the Council in the region.

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 (SC) and Scheduled Tribes (ST). During the reporting period, over 2.78 lakh SC population and 1.34 lakh ST population were covered. As much as 16,935 SC patients were treated at the GOPDs and 8,344 patients in the Mobile OPDs. Similarly, 2,665 and 8714 ST patients were treated in the GOPDs and Mobile OPDs respectively.

With a view to disseminate the research findings, 98 research papers based on the studies conducted under different research programmes were presented at national and international seminars/conferences and/or published in scientific journals. During the reporting period, 18 publications were also 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.

Besides the organization of National Seminar on the Role of Unani Medicine in Non-communicable Diseases, the Council organised four workshops, one each on research project writing, library automation and networking, scientific paper writing and official language. The researchers of the Council also participated in eight national/international seminars/events in different disciplines for their exposure to the latest updates in their respective fields. Under the Capacity Building Programme, the Council's researchers also attended 19 training programmes/workshops organised by other scientific organizations.

The Council also participated in Arogya fairs and health exhibitions organised by the Ministry of AYUSH in New Delhi (Delhi), Faridkot (Punjab), Zeera (Punjab), Gandhinagar (Gujarat), Guwahati (Assam), Raipur (Chhattisgarh), Jaipur (Rajasthan), Panchkula (Haryana), Bhubaneswar (Odisha) and Panaji (Goa). On these occasions, the Council's physicians provided free consultation to the visitors seeking Unani treatment. Apart from this, 38 health camps were organised, wherein 13,404 patients were treated.

The Council continued promotion of the official language. During the reporting period, Hindi fortnight was organised at the Council's headquarters and different centres. The Council also continued infrastructural development activities to strengthen its Institutes.

Besides continuing the ongoing activities and programmes during the remaining period of the Twelfth Five Year Plan, the Council proposes to focus its research activities on the development of drugs to treat emerging diseases like dengue fever and swine flu. The emphasis would also be laid on exploiting the strengths and potentials of Unani System of Medicine as an adjuvant therapy to allopathic treatment, in order to reduce the side effects of modern medicines, improve their efficacy, and improve the quality of life of patients suffering from various communicable and non-communicable diseases (NCDs) including cancer and tuberculosis. Considering the fact that NCDs are a major health problem globally, the Council will make efforts to employ and verify the various time-tested regimens for the successful treatment of certain NCDs available in Unani Medicine and develop new drugs for the purpose. Besides, the work on the development of Standard Operating Procedures (SOPs) for regimenal therapies would also be prioritized.

New Delhi
30 November 2015

A blue ink signature of Prof. Rais-ur-Rahman is written above his name.

Prof. Rais-ur-Rahman
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 following was the constitution of the GB of the Council as on 31 March 2015.

President

Union Minister of State (Independent Charge), Ministry of AYUSH, Government of India

Vice-President

Secretary, Ministry of AYUSH, Government of India

Vice-President (Technical)

Hakim Syed Khaleefathullah, Chennai

Official Members

- Financial Advisor, Ministry of AYUSH / Health & Family Welfare, Government of India or his/her nominee not below the rank of Deputy Secretary
- Joint Secretary, Ministry of AYUSH, Government of India

Non-Official Members

- Prof. M.A. Jafri, New Delhi
- Dean, Faculty of Unani Medicine, Aligarh Muslim University, Aligarh
- Hakim Mairajuddin Ahmad, Meerut
- Hakim Mohammad Umar, Surat
- Prof. M. Ali, New Delhi
- Dr. Abdul Kabir Dar, Srinagar
- 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), New Delhi

During the reporting period, the GB met only once on 27 January 2015. Following key decisions were taken in the meeting:

- The GB amended Rule 19 and 46 of Memorandum of Association and Rules, Regulations and Bye-Laws of the Council:

Rule No.	Original entries in the MoA	Amended entries in the MoA
Rule-19, 46 and other entries in Memorandum of Association and Rules, Regulations and Bye-Laws of the Council	Union Minister for Health & Family Welfare/ Union Minister of State for Health & Family Welfare/ Deputy Minister for Health & Family Welfare	Union Minister, Incharge of AYUSH
	Ministry of Health and Family Welfare	Ministry of AYUSH
	Department of AYUSH	Ministry of AYUSH

- The GB decided to abolish the office of its Executive Vice President as the MoS (IC), Ministry of AYUSH is the President and there is no Deputy Minister for AYUSH.
- The GB approved the Minutes of the 46th, 47th and 48th Meetings of Scientific Advisory Committee held on 02 February, 20 May and 22 November, 2014 respectively.
- The GB approved Annual Report for the year 2013-2014 which had already been laid before both the Houses of Parliament.
- The GB approved modification in the Insignia/Emblem of the Council by making addition of Council's acronym in Hindi to make it bilingual.
- The GB approved amendment of Bye-Law 46 of Memorandum of Association of the Council to effect changes of Authority to impose penalty and Appellate Authority.

2.2. STANDING FINANCE COMMITTEE

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

- Joint Secretary : Chairman
Ministry of AYUSH
Government of India
- Financial Advisor : Member
Ministry of AYUSH / Health & Family Welfare
Government of India
or his/her nominee not below the rank of Section Officer
- Prof. Rais-ur-Rahman : Technical Member
Advisor (Unani)
Ministry of AYUSH
Government of India
- Director General, CCRUM : Member-Secretary

During the reporting period, the SFC met twice, firstly on 23 June 2014 and secondly on 24 December 2014. Important recommendations made by the SFC at these meetings are as follows:

SFC meeting held on 23 June 2014

- The committee recommended the annual maintenance (electrical) and running of various E&M services at Central Councils' Combined Building Complex (CCCBC), Janakpuri, New Delhi for the year 2014-15 at an estimated cost of ₹ 52,65,631/-.
- The SFC recommended the undertaking of miscellaneous construction works at CCCBC including parking shades at an estimated cost of ₹ 1,03,87,864/-.
- The committee also recommended the provision and installation of 225 KVAR capacitor panel at Sub-Station of CCCBC at an estimated cost of ₹ 11,72,430/-.
- The SFC approved ₹ 28,71,000/- for the collaborative project submitted by Dr. Arun Mukherjee of UDAAN for two years.
- The SFC also recommended the extension of Clinical Pilot Project at Manipur and Satellite OPD Extension Counter at Kumbalangi (Kerala).
- The committee recommended annual accounts of the Council for the year 2013-14.

SFC meeting held on 24 December 2014

- The SFC recommended the annual repair and maintenance (civil) of CCCBC for the year 2014-15 through CPWD at an estimated cost of ₹ 28,99,695/-.
- The committee recommended the Audit Report of Director General of Audit (Central Expenditure) on the account of the Council for the year 2013-14.
- The committee also recommended the preliminary estimates of ₹ 25 lakhs submitted by CPWD for providing CCTV Surveillance System and Biometric Attendance System at CRIUM, Hyderabad.
- The committee recommended the payment of ₹ 29,98,357/- towards Council's share for maintenance & functioning of laboratories and generator facilities of Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad.
- The SFC also recommended the fund for collaborative project with All India Institute of Medical Science (AIIMS), New Delhi on clinical efficacy and safety of Unani drugs in Vitiligo.
- The committee recommended three collaborative projects under Expression of Interest (Eoi) received from various institutes.
- The committee also recommended the proposal for enhancement of remuneration of various contractual staff.

- The SFC also recommended the write off of the Council's vehicle No. DL-9CQ 6601 and purchase of new vehicle.
- The SFC recommended the repair / renovation of main building of CRIUM, Hyderabad through CPWD at a cost of ₹ 87,03,484/-.
- The SFC recommended the proposal for purchase of Bookeye 4, A-2 size overhead colour scanner for digitization of manuscripts.
- The committee also recommended the scheme for award of fellowship for Ph.D on topics related to Unani System of Medicines and allied fields.
- The SFC recommended the designing and development of Council's website as per the Guidelines for Indian Government Website (GIGW).
- The committee also recommended the engagement of Junior Hindi Translators on contractual basis.
- The SFC recommended the collaborative projects with National Institute for Research in Tuberculosis (NIRT), Chennai and Institute of Cytology and Preventive Oncology (ICPO), Noida on Pulmonary tuberculosis and Cervical Erosion respectively.

2.3. INSTITUTIONAL ETHICS COMMITTEE

It is mandatory that all proposals on biomedical research involving human participants be approved by an appropriately constituted Institutional Ethics Committee (IEC) to protect the welfare and the rights of the participants. At present there are 15 Institutional Ethics Committees functioning at various Institutes/Units of the CCRUM. These committees review and approve all the research proposals involving human participants. The committees also examine the compliance with regulatory requirements, applicable guidelines and laws.

Central Research Institute of Unani Medicine (CRIUM), Hyderabad

- | | |
|---|----------|
| • Dr. Kaiser Jamil
Emeritus Research Scientist and Head
Genetics Department
Bhagwan Mahavir Medical Research Centre
Hyderabad | Chairman |
| • Dr. MUR Naidu
Formerly 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
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- Dr. MD Alam
Formerly Deputy Director
Central Research Institute of Unani Medicine
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- Prof. Vasia Naveed
Head, Department of Gynaecology
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Advocate
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- Mr. Shamsheer Ali
Hyderabad
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- Ms. Rafath Shaheen
Head Mistress
Government High School
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Member
- Incharge
CRIUM
Hyderabad
Member Secretary

Central Research Institute of Unani Medicine (CRIUM), Lucknow

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Advisor to Vice Chancellor &
Honorary Dean, Faculty of Pharmacy
Integral University
Lucknow
Chairman
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Member
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Lucknow
Member-Secretary

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Chairman
- Dr. R Ilavarasan
Assistant Director
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- Incharge
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- Prof. Ghulam Qadir Mir
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Member
- Dr. Mohammad Iqbal
Formerly Deputy Director
Regional Research Institute of Unani Medicine
Srinagar
Member
- Mr. 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. KMY Amin
Department of Ilmul Advia
Ajmal Khan Tibbiya College
Aligarh Muslim University
Aligarh Chairman
- Prof. MMW 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 Khairuwala
Advocate, Civil Court
Aligarh Member
- Dr. M. Laiq Ali Khan
President, Hakim Ajmal Khan Foundation
Kasganj Member
- Mr. Suhaib Ahmad Khan
Aligarh Member
- Mr. Abdul Majid Khan
Aligarh Member
- Incharge
RRIUM
Aligarh Member-Secretary

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

- Dr. Prem Kapoor
Professor, Department of Medicine
Hamdard Institute of Medical Sciences & Research
New Delhi Chairman

- Dr. KK Sharma
Formerly Head
Department of Pharmacology
Guru Teg Bahadur Hospital
New Delhi
Member
- Prof. MA Jafri
Head, Department of Ilmul Advia
Jamia Hamdard
New Delhi
Member
- Dr. Yasmin Shamsi
Associate Professor
Department of Moalajat
Jamia Hamdard
New Delhi
Member
- Dr. Muzayyana Khatoon
Chief Medical Officer
North MCD Dispensary
New Delhi
Member
- Mr. Farid Ahmad Khan
Advocate
Delhi High Court
New Delhi
Member
- Mr. Ata-ur-Rahman
Programme Manager
Mamta Health Institute for Mother & Child
New Delhi
Member
- Dr. Aslam Javed
Managing Director
Unani Herbal
New Delhi
Member
- Mr. Mohd Qasim Ansari
National Council for Promotion of Urdu Language
New Delhi
Member
- Incharge
RRIUM
New Delhi
Member-Secretary

Regional Research Institute of Unani Medicine (RRIUM), Kolkata

- Prof. Mohd Ayoob
The Calcutta Unani Medical College & Hospital
Kolkata
Chairman

- Dr. Eqbal Ahmad
Consultant Physician
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)
Regional Research Institute of Unani Medicine
Kolkata
Member
- Ms. Nikhat Fatima
Office Superintendent
The Calcutta Unani Medical College & Hospital
Kolkata
Member
- Incharge
RRIUM
Kolkata
Member Secretary

Regional Research Institute of Unani Medicine (RRIUM), Patna

- Prof. Alauddin Ahmad
Formerly Vice-Chancellor
Jamia Hamdard
New Delhi
Chairman
- Dr. MP Tripathi
Sri Guru Gobind Singh Hospital
Patna
Member

- Dr. Arvind Kumar
Senior Medical Officer
Sri Guru Gobind Singh Hospital
Patna
Member
- Dr. Md. Zahid Iqbal
Reader
Government Tibbi College
Patna
Member
- Mr. Haroon Rasheed
Programme Manager for Social Development
Government of Bihar
Member
- Mr. Syed Shah Shamimuddin
Formerly Head
Department of Arabic, Oriental College
Patna
Member
- Mr. Mohd. Qasim Chand
Patna
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. Mohammad Kamal Khan
Medical Officer (Unani)
Government Unani Dispensary
Bhadrak
Member
- Dr. Sayed Mozammil Ali
Medical Officer (Unani)
Balasore
Member
- Mr. Shaikh Zulfiqar Ali
Advocate
Bhadrak
Member
- Mr. SM Farooque
Bhadrak
Member

- Mr. Mohammad Abdul Bari Bhadrak Member
- Mr. Shaikh Anwar Hussain Bhadrak Member
- Incharge RRIUM Bhadrak Member-Secretary

Clinical Research Unit, Bhopal

- Prof. Zaki Anwar Ansari
Principal
H.S.Z.H. Government Unani Medical College
Bhopal Chairman
- Dr. Neelesh Arya
Assistant Professor
Department of Pharmacology
Gandhi Medical College
Bhopal Member
- Dr. N Ganesh
Senior Scientist
Department of Research
Jawaharlal Nehru Cancer Hospital & Research Centre
Idgah Hills, Bhopal Member
- Dr. SM Abbas Zaidi
Lecturer
Department of Moalajat
H.S.Z.H. Government Unani Medical College
Bhopal Member
- Mr. Zafar Hassan
Social Worker
Bhopal Member
- Mr. Mohd. Umar
Lecturer in Arabic
Department of Kuliyat
H.S.Z.H. Government Unani Medical College
Bhopal Member
- Mr. Dileep Kumar Sharma
Advocate
Bhopal Member

- Mr. CP Mathew
Bhopal
Member
- Incharge
CRU
Bhopal
Member-Secretary

Regional Research Centre (RRC), Allahabad

- Dr. PK Sinha
Formerly Chief Medical Officer, Allahabad &
President, Vikalp Sewa Samiti
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
Assocaite Professor
Moti Lal Nehru Medical College
Allahabad
Member
- Dr. Tariq Mahmood
Associate Professor
Moti Lal Nehru Medical College
Allahabad
Member
- Dr. Barkat Ullah
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), Buhranpur

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

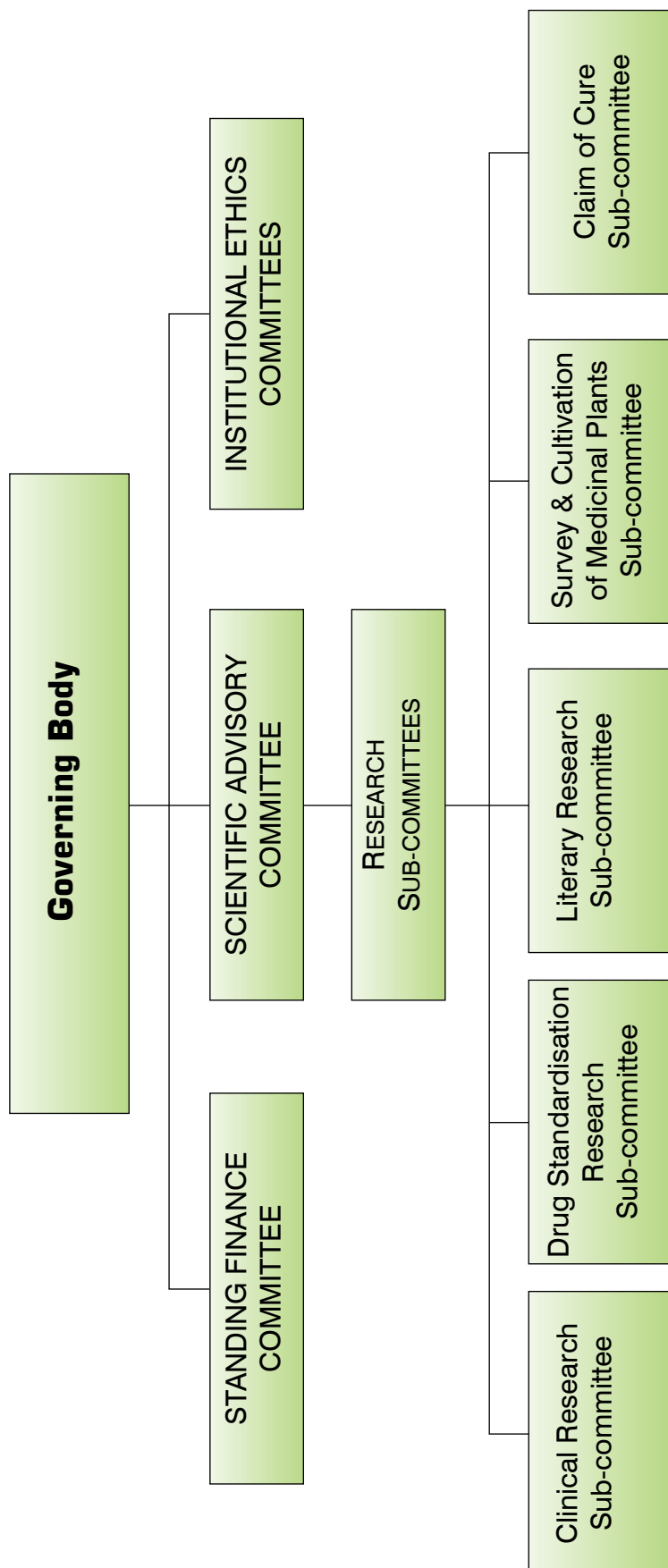
- | | |
|---|----------|
| • Hakim Sirajuddin Ahmad
Meerut | Chairman |
| • Mr. Sartaj Ahmad
Advocate
Meerut | Member |
| • Dr. Riaz Ahmad
Assistant Professor
LLRM Medical College
Meerut | Member |
| • Dr. Dilshad Ali
Assistant Professor
Chaudhary Charan Singh University
Meerut | Member |

- Mr. Ishraq Ahmad
Meerut
Member
- Mr. Mohd Aslam
Meerut
Member
- Incharge
CRU
Meerut
Member-Secretary

Clinical Research Unit (CRU), Kurnool

- Dr. Habibullah
Formerly Principal
Dr. Abdul Haq Unani Medical College
Kurnool
Chairman
- Mr. AS Omair Javed
Advocate
Kurnool
Member
- Dr. Abdul Haq
Formerly Professor
Osmania College
Kurnool
Member
- Mr. H Mohammad Iqbal
Kurnool
Member
- Dr. Abdul Rahim Quazi
Formerly Chief Medical Officer (Unani)
Central Government Health Services
Kurnool
Member
- Syed Zakir Ahmed Rasheedi
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
Advisor (Unani)
Ministry of AYUSH
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. Aggarwal
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 |
| • Director General
CCRUM | Member-Secretary |

During the reporting year, the committee met on 20 May and 22 November 2014. Important recommendations made by the SAC are as follows:

SAC meeting held on 20 May 2014

- The committee considered the projects received from the Council's Institutes under new IMR policy and recommended them in principle.
- The SAC recommended the project on virtual digitization of herbarium sheets submitted by CRIUM, Hyderabad; and RRIUMs, Bhadrak, Chennai, Aligarh and Srinagar.
- The SAC took a note of the progress made during 2013-14 and recommended the revised action plan and RFD for 2014-15.
- The SAC in principle recommended the proposals of the clinical validation of some pharmacopoeial formulations in Dyspepsia, Leucorrhoea, Headache and Leech Therapy in Osteoarthritis.
- The SAC authorized the Member Secretary to constitute a Sub-committee to work out the modalities for implementation of the Ph.D. fellowship.

SAC meeting held on 22 November 2014

- The SAC considered and recommended three collaborative projects:
 - ❖ *"Investigation of pharmacodynamics and pharmacokinetics interaction of Unani plants (anti diabetic potential) with hypoglycaemic drugs"* submitted by Dr. Yusuf Kachwala, Shobhaben Pratapbhai Patel School of Pharmacy & Technology Management, SVKM's Narsee Monjee Institute of Management Studies (NMIMS), Mumbai
 - ❖ *"Redesigning of dosage form of Majoon Dabeedul Ward and Majoon Falasfa in tablet form along with physicochemical and pharmacological evaluation"* submitted by Prof. Tajuddin, Department of Saidla, Faculty of Unani Medicine, A.K. Tibbia College, Aligarh Muslim University, Aligarh.
 - ❖ *"A Randomized clinical trial to study the effect of Sufoof Muhazzil on biomarkers of Obesity"* submitted by Dr. M Aslam, Department of Medicine, JN Medical College, Aligarh Muslim University, Aligarh.
- The SAC recommended the research project entitled *"A randomized comparative clinical trial to evaluate the efficacy and safety of Unani Pharmacopoeial formulations as adjuvant to Anti-tuberculosis treatment in MDR/non-MDR pulmonary tuberculosis"* to be conducted in collaboration with National Institute of Research on Tuberculosis (NIRT), Chennai.
- The committee recommended the research project entitled *"Clinical study to evaluate the safety and efficacy of Marham Dakhliyun in the cases of Quruh Rahim (Cervical Erosion / Lesion including precancerous CIN-1 and CIN-2 stage)"* to be conducted in collaboration with Institute of Cytology and Oncology (ICPO), Noida.
- The SAC recommended the draft Annual Report of the Council for the year 2013-14.

- The SAC took note of the progress of technical programmes running at different Institutes/Units of the Council during 2014-15.
- The SAC recommended in principle the proposals for clinical validation of the pharmacopoeial formulations in indicated diseases including Nephrolithiasis, Anaemia, Toothache, Leucorrhoea and Rheumatoid arthritis.
- The purchase of Bookeye 4, A 2 size colour overhead scanner was also recommended by the committee.
- The SAC took the note of the minutes of various technical meetings held during inter-SAC period.

2.4.1. RESEARCH SUB-COMMITTEES

The SAC is assisted by five Sub-committees, namely Clinical Research Sub-committee, Drug Standardisation Sub-committee, Literary Research Sub-committee, Survey and Cultivation of Medicinal Plants Sub-committee and Claim of Cure Sub-committee. The composition of these committees is as follows:

Clinical Research Sub-committee

- | | |
|--|------------------|
| • Hakim Syed Khaleefathullah
Chennai | Chairman |
| • Hakim Sirajuddin Ahmad
Meerut | Member |
| • Hakim Mohd. Akhtar Siddiqui
New Delhi | Member |
| • Prof. KMY Amin
Aligarh | Member |
| • Dr. OP Agarwal
New Delhi | Member |
| • Dr. Khalid M. Siddiqui
New Dlehi | Member-secretary |

Drug Standardisation Research Sub-committee

- | | |
|----------------------------------|----------|
| • Dr. Amir Azam
New Delhi | Chairman |
| • Dr. YS Bedi
Jammu | Member |
| • Prof. MM Wamiq Amin
Aligarh | Member |

- Prof. Naim A. Khan
Aligarh Member
- Mr. Shamsul Arfin
New Dlehi Member-secretary

Literary Research Sub-committee

- Prof. Hakim Syed Zillur Rehman
Aligarh Chairman
- Hakim Khalid Zaman Khan
Aligarh Member
- Dr. Ashhar Qadeer
New Delhi Member
- Dr. Khursheed A Shafqat Azmi
New Delhi Member
- Dr. Waseem Ahmad Azmi
Lucknow Member
- Dr. AK Baig
New Delhi Member
- Dr. Mohd. Fazil Khan
New Delhi Member-secretary

Survey of Medicinal Plants Sub-committee

- Prof. Wazahat Hussain
Aligarh Chairman
- Dr. YS Bedi
Jammu Member
- Hakim Syed Jaleel Husain
Hyderabad Member
- Hakim Shamsul Afaq
New Delhi Member
- Mr. Aminuddin
New Delhi Member-secretary

Claim of Cure Sub-committee

- Prof. A.A. Ansari
Aligarh Chairman
- Prof. Jamil Ahmad
New Delhi Member

- Hakim Maudood Ashraf
Aligarh
Member
- Hakim F. Zaman
New Delhi
Member
- Dr. Khalid M. Siddiqui
New Delhi
Member-secretary

2.5. ORGANISATIONAL SET-UP

The Council has its headquarters at New Delhi and a network of 23 centres functioning in different parts of the country. These centres are as follows:

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 based in different States. The following is the State-wise institutional network of the Council.

Andhra Pradesh

- 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
- Unani Medical Centre (extension centre of RRIUM, New Delhi), Dr. Ram Manohar Lohia Hospital, New Delhi
- Unani Speciality Centre (extension centre of RRIUM, New Delhi), Deen Dayal Upadhyay Hospital, New Delhi

Jammu & Kashmir

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

Karnataka

- Clinical Research Unit (CRU), Bengaluru

Kerala

- Clinical Research Unit (CRU), Edathala (Alwaye) with an extension centre at Kumblanghi

Madhya Pradesh

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

Maharashtra

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

Manipur

- Clinical Research Pilot Project, Imphal

Odisha

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

Tamil Nadu

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

Telangana

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

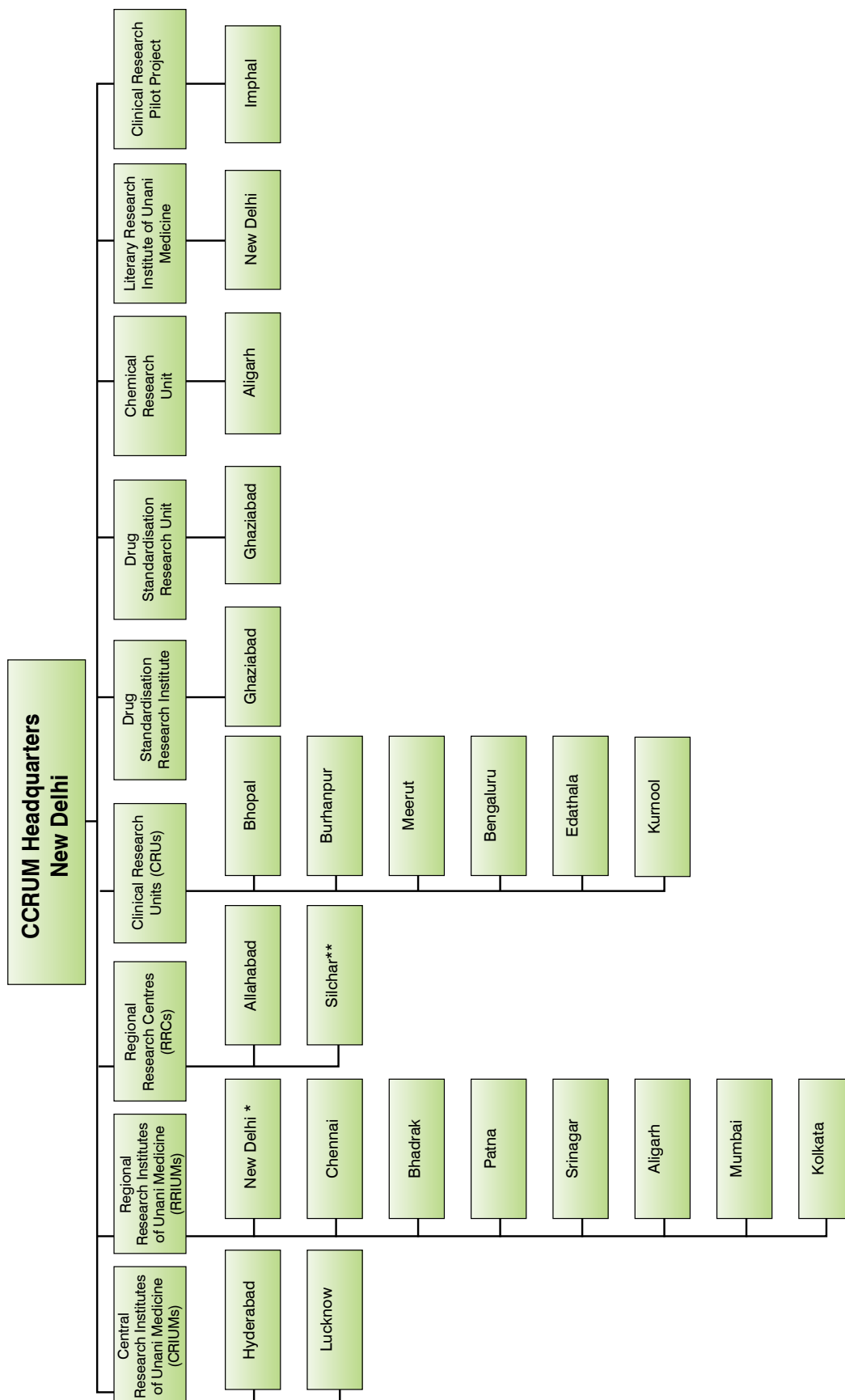
Uttar Pradesh

- Central Research Institute of Unani Medicine (CRIUM), Lucknow
- Regional Research Institute of Unani Medicine (RRIUM), Aligarh
- Drug Standardisation Research Institute (DSRI), Ghaziabad
- Drug Standardisation Research Unit (DSRU), 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

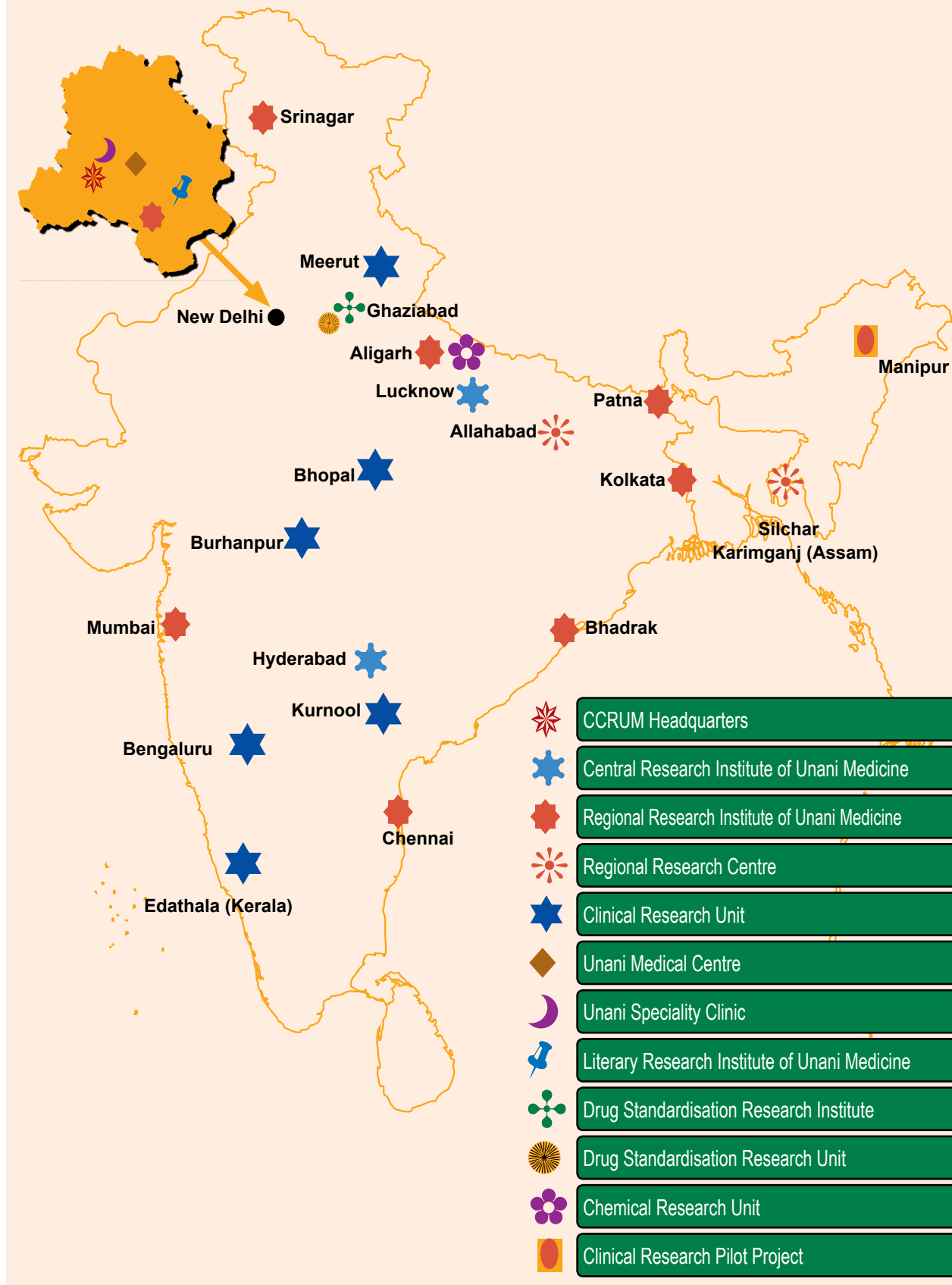
Organisational Set-up of the Council



* With two extension centres in New Delhi

**With an extension centre in Karimganj

Institutional Network of CCRUM



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graph TD
    DG[Director General] --> DDG[Deputy Director General]
    DG --> AD[Assistant Director Administration]
    DG --> AO[Accounts Officer]
    
    DDG --> TS[Technical Section]
    DDG --> CS[Chemistry Section]
    DDG --> BS[Botany Section]
    DDG --> SCS[Statistical & Computer Section]
    DDG --> LIC[Library & Information Centre]
    DDG --> PS[Publication Section]
    
    TS --> CSec[Clinical Section]
    TS --> ADUnani[Assistant Director Unani]
    TS --> ROUnani[Research Officers Unani]
    TS --> ROCP[Research Officer Clinical Pharmacology]
    
    CS --> ADC[Assistant Director Chemistry]
    CS --> ROC[Research Officer Chemistry]
    
    BS --> ADBo[Assistant Director Botany]
    BS --> ROBo[Research Officer Botany]
    
    SCS --> ROStat[Research Officer Statistics]
    SCS --> Inv[Investigator]
    
    LIC --> LO[Library & Information Officer]
    LIC --> ALIO[Assistant Library & Information Officer]
    LIC --> LIA[Library & Information Assistant]
    
    PS --> ROPub[Research Officer Publication]
    PS --> AE[Assistant Editor]
    PS --> SPA[Senior Production Assistant]
    
    AD --> AOAdmin[Administrative Officers]
    AD --> AS[Accounts Section]
    AD --> IAC[Internal Audit Cell]
    
    AOAdmin --> ASec[Administration Section]
    AOAdmin --> ES[Establishment Section]
    
    ASec --> JOAdmin[Junior Administrative Officer]
    JOAdmin --> AsAdmin[Assistants]
    JOAdmin --> UAdmin[UDCs]
    JOAdmin --> LAdmin[LDCs]
    
    ES --> JOAdmin
    JOAdmin --> AsAdmin
    JOAdmin --> UAdmin
    JOAdmin --> LAdmin
    
    AS --> Acc[Accountant]
    Acc --> AsAcc[Assistants]
    Acc --> UAcc[UDCs]
    Acc --> LAcc[LDCs]
    
    IAC --> IA[Accountant Internal Audit]
    IA --> AsIA[Assistants]
    IA --> UIA[UDCs]
    IA --> LIA[LDCs]
    
    AO --> AsAO[Assistants]
    AO --> UAO[UDCs]
    AO --> LAO[LDCs]
  
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2.6. BUDGET (ACTUAL EXPENDITURE)

The centre-wise actual expenditure of the Council during 2014-15 was as follows:

(₹ in thousands)

S. No.	Name of State and Centre	Non-plan	Plan	Total
1	Andhra Pradesh			
	(i) CRU, Kurnool	2,123	849	2,972
2.	Assam			
	(i) RRC, Silchar / Karimganj	–	5,960	5,960
3.	Bihar			
	(i) RRIUM, Patna	16,361	15,838	32,199
4.	Karnataka			
	(i) CRU, Bengaluru	2,888	361	3,249
5.	Jammu & Kashmir			
	(i) RRIUM, Srinagar	27,733	11,746	39,479
6.	Kerala			
	(i) CRU, Alwaye	2,127	2,267	4,394
7.	Madhya Pradesh			
	(i) CRU, Burhanpur	3,968	762	4,730
	(ii) CRU, Bhopal	–	7,087	7,087
8.	Maharashtra			
	(i) RRIUM, Mumbai	7,282	17,347	24,629
9.	Manipur			
	(i) Clinical Research Pilot Project	–	711	711
10.	Delhi			
	(i) LRIUM, New Delhi	20,998	1,212	22,210

S. No.	Name of State and Centre	Non-plan	Plan	Total
	(ii) RRIUM, New Delhi	39,882	20,914	60,796
	(iii) CCCBC, New Delhi	–	38,213	38,213
	(iv) Headquarters, New Delhi	62,079	27,306	89,385
11.	Odisha			
	(i) RRIUM, Bhadrak	27,918	5,214	33,132
12.	Tamil Nadu			
	(i) RRIUM, Chennai	41,578	9,842	51,420
13.	Telangana			
	(i) CRIUM, Hyderabad	88,178	39,344	1,27,522
14.	Uttar Pradesh			
	(i) DSRI, Ghaziabad	18,499	1,069	19,568
	(ii) DSRU, Ghaziabad	7,247	547	7,794
	(iii) CRIUM, Lucknow	–	66,212	66,212
	(iv) RRC, Allahabad	11,160	2,851	14,011
	(v) RRIUM, Aligarh	18,327	26,905	45,232
	(vi) CRU, Meerut	–	7,918	7,918
15.	West Bengal			
	(i) RRIUM, Kolkata	–	9,027	9,027
16.	Other Expenditure			
	(i) Pension fund transfer	35,000	3,500	38,500
	(ii) Contribution to NPS	7,418	2,142	9,560
	(iii) CGHS Contribution	–	–	–
	(iv) Seminar/Workshop	–	6,609	6,609
	(v) Health Mela	–	184	184

S. No.	Name of State and Centre	Non-plan	Plan	Total
(vi)	Training Programme	–	277	277
(vii)	Arogya	–	1,172	1,172
(viii)	EMR	–	435	435
(ix)	Short-term Research Projects	–	–	–
(x)	UPC	–	141	141
(xi)	Collaborative Studies	–	–	–
(xii)	Contribution to DST Projects	–	–	–
(xiii)	Advance for Construction of Building	–	–	–
(xiv)	Council's Publication (Priced)	–	3,483	3,483
(xv)	Medical Advance	–	–	–
(xvi)	Pay Advance	–	–	–
(xvii)	Advance to Govt. Servants	–	–	–
(xviii)	Scooter	–	168	168
(xix)	Car	–	–	–
(xx)	HBA	–	398	398
(xxi)	Computer	–	693	693
(xxii)	DLIS	92	–	92
(xxiii)	Leave Salary Cont.	995	–	995
(xxiv)	Ethics	–	167	167
(xxv)	Audit Fees	–	251	251
(xxvi)	GIA to CRU Aligarh	–	300	300
(xxvii)	Relief to J&K	–	236	236
Grand Total S. No. 1 to 16		4,41,853	3,39,658	7,81,511

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

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

Centre	Activities
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Mobile Clinical Research Programme General Out-patient Department (GOPD) Programme
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Mobile Clinical Research Programme General Out-patient Department (GOPD) Programme Unani Speciality Clinics at Allopathic Hospitals
Regional Research Centre (RRC), Allahabad	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Mobile Clinical Research Programme General Out-patient Department (GOPD) Programme School Health Programme
Regional Research Centre (RRC), Silchar with Extension Centre at Karimganj	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Validation of Unani Pharmacopoeial Fast-acting Drugs General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Bengaluru	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Meerut	<ul style="list-style-type: none"> Clinical Research Programme <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 <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Mobile Clinical Research Programme General Out-patient Department (GOPD) Programme

Centre	Activities
Clinical Research Unit (CRU), Edathala	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs General Out-patient Department (GOPD) Programme
Clinical Research Unit (CRU), Kurnool	<ul style="list-style-type: none"> Clinical Research Programme <ul style="list-style-type: none"> Validation of Unani Pharmacopoeial Drugs Validation of Unani Pharmacopoeial Fast-acting Drugs General Out-patient Department (GOPD) Programme
Drug Standardisation Research Unit (DSRU), Ghaziabad	<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 survey of medicinal plants in different parts of the country, primarily with a view to collect and identify medicinal plants and to record basic data on ethno-pharmacological 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, ethno-pharmacological uses and threats of medicinal plants;
- To carry out experimental and field-scale cultivation of medicinal plants;
- To maintain a herbarium of medicinal plants and raw drugs for demonstration purposes;
- To maintain a demonstrable herbal garden;
- To document folk knowledge on medicinal uses of plants;

- To collect samples of genuine drugs from the forests for Pharmacopoeial standardisation work;
- To maintain nursery of medicinal plants for demonstration purpose with a view to popularize them among the masses.

This programme is being carried out at 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 ethno-pharmacological surveys in different forest divisions/areas during the period under report. These include Chakrata Forest Division and Mussoorie Forest Division (Uttarakhand); Mannarkkad Forest Division and Silent Valley National Park (Kerala); Theni Forest Division and Megamalai Wildlife Division (Tamil Nadu); Bhadrak, Balasore, Jajpur and Keonjhar Forest Divisions (Odisha); Karimnagar (East) Forest Division (Telangana); Giddalur Forest Division (Andhra Pradesh); and Mahadev, Rajouri, Shopian and Aharbal Forest Divisions (Jammu & Kashmir). As a result of the surveys conducted, 5,124 botanical specimens were collected and 1,136 plants species were identified by the surveyors.

Herbarium

Plant specimens collected from the study areas including previous collection were mounted on herbarium sheets. During the reporting period, 2,541 such herbarium sheets were prepared and information pertaining to plants' 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, 490 new index cards were compiled and 570 index cards were updated.

The survey team members during field studies collected 345 saplings of important medicinal species for plantation in the nurseries attached to the institutes.

The survey teams also collected 375.7 kg of raw drugs and sent to the Pharmacy section of Central Research Institute of Unani Medicine (CRIUM), Hyderabad for preparation of Unani formulations.

Folk Claims

The surveyors enquired from the local communities about traditional uses of plants. This information was systematized taxonomically, and efforts were made to develop a database

for comparative analysis of the information recorded. As a result, 502 folk medicinal claims were recorded from the tribal inhabitants and other rural folks of the study areas. The Council has taken up a programme to publish this information in the form of books providing details viz., botanical name and family, synonyms, local name, Unani name, habit and habitat, wild or cultivated, medicinal efficacy claimed and name of the tribe, locality, collection number, part(s) used, mode of application and biodynamic notes.

Experimental and Field-scale Cultivation of Medicinal Plants

Under this activity, the Council took up cultivation of some important medicinal plants used in Unani Medicine. These include Atrilal (*Ammi majus* L.), Afsanteen (*Artimisia absinthium* L.) Babchi (*Psoralea corylifolia* L.), Gulnar Farsi (*Punica granatum* Linn. abortive var.), Gilo (*Tinospora cordifolia* (Wild.) Miers), Gurmarbuti (*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.), etc. As a result of the field-scale cultivation, 267.5 kg of raw drugs were obtained and supplied to the Pharmacy Section of CRIUM, Hyderabad for preparation of Unani formulations.

Nursery of Medicinal Plants

With a view to popularize medicinal plants among the masses, the Council launched a programme of cultivating about 150 common species in its nurseries at Aligarh, Bhadrak, Chennai, Hyderabad and Srinagar. Some of the important and interesting species grown under this activity include: Aatriral (*Ammi majus* L.), Afsanteen (*Artemisia absinthium* L.), Arusa (*Adhatoda vasica* Nees.), Aspaghol (*Plantago ovata* Forsk.), Asal-us-soos (*Glycyrrhiza glabra* Linn.), Belgiri (*Aegle marmelos* (L.) Correa.), Babchi (*Psoralea corylifolia* L.), Banafsha (*Viola odorata* L.), Bhangra (*Eclipta alba* Hussk), Brinjasif (*Achillea millefolium* L.), Fufal (*Areca catechu* L.), Gheekwar (*Aloe barbadensis* Mill.), Gulnar Farsi (*Punica granatum* L. abortive var.), Gurmar Buti (*Gymnema sylvestre* R. Br.), Hina (*Lawsonia inermis* L.), Irsa (*Iris ensata* Thunb), Jadwar (*Delphinium denudatum* Wall. ex & T.), 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.), Satawar (*Asparagus racemosus* Willd.), 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 PROGRAMME

The drug standardisation research programme is mainly concerned with evolving pharmacopoeial standards for single drugs and compound formulations of Unani Medicine included in various volumes of *National Formulary of Unani Medicine and Essential Drugs List* for their incorporation in the *Unani Pharmacopoeia of India*. The work on compound formulations include development of Standard Operating Procedures (SOPs) for their manufacture followed by the development of 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 parts of this programme. Chemical investigations of

Unani medicinal plants are also being carried out under this programme. The standardisation work is carried out in accordance with the format approved by Unani Pharmacopoeia Committee of the Government of India 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), Ghaziabad
- Chemical Research Unit (Grant-in-Aid), Aligarh Muslim University, Aligarh

During the reporting period, following works were carried out:

- Development of Standard Operating Procedures (SOPs) for manufacture of compound Unani formulations and their pharmacopoeial standards
- Development of Pharmacopoeial standards for single drugs
- Quality control of single drugs
- Quality control of compound formulations
- Development of Unani Pharmacopoeia of India
- Redesigning of dosage forms of Unani formulations
- Shelf-life studies of Unani drugs

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

Under this programme, SOPs for manufacture of the following 46 compound Unani formulations were developed followed by the development of their Pharmacopoeial standards at various research centres of the Council:

- | | |
|-------------------------|----------------------------|
| • Banadiq-ul-Buzoor | • Habb-e-Muqawwi-e-Basar |
| • Shikanjabeen-e-Nanai | • Sufoof-e-Satt-e-Gilo |
| • Sufoof-e-Teen | • Sufoof-e-Ziabetus Dulabi |
| • Tiryag-e-Nazla | • Zuroor-e-Qula |
| • Laoq-e-Khiyar Shambar | • Majoon-e-Ispand Sokhtani |
| • Majoon-e-Azraqi | • Majoon-e-Hajr-ul Yahood |
| • Majoon-e-Lana | • Luboob-e-Sagheer |

- | | |
|----------------------------------|--|
| • Majoon Hamal Ambari Alvi Khani | • Raughan-e-Auraq |
| • Habb-e-Zahar Mohra | • Habb-e-Karanjwa |
| • Habb-e-Bukhar | • Habb-e-Jund |
| • Arq-e-Mundi | • Qurs-e-Deedan |
| • Qurs-e-Dawa-ul Shifa | • Habb-e-Banafsha |
| • Qurs-e-Anjabar | • Habb-e-Ustukhuddus |
| • Qurs-e-Musakkin | • Qurs-e-Habis |
| • Majoon Masik-ul-Baul | • Majoon Seer Alvi Khani |
| • Majoon-e-Suhag Soonth | • Raughan-e-Haft Berg |
| • Raughan-e-Mom | • Raughan-e- Qaranfal |
| • Raughan-e-Suranjan | • Raughan-e-Zaitoon |
| • Sufoof-e-Aamla | • Sufoof-e-Namak-e-Shaikur Raees |
| • Jawarish-e-Oood Tursh | • Jawarish-e-Zarooni Saada |
| • Khamira Banafsha | • Khamira Gaozaban Ambari Jawahar Wala |
| • Khamira Marwareed | • Qurs-e-Salajeet |
| • Qurs-e-Zarishk | • Qurs-e-Ziabetus Khaas |

Development of Pharmacopoeial Standards for Single Drugs

Under the programme, Pharmacopoeial standards of the following 10 single drugs were developed at various research centres of the Council:

- Tukhm-e-Jirjir (*Brucea sativa* Mill.)
- Kahruba (*Pinus succinifera* Linn.)
- Har Singar (*Nyctanthes arbor-tristis* Linn.)
- Isqeel (*Urginea indica* Kunth.)
- Aqaqia (Kikar/Babul) (*Acacia arabica* Willd.)
- Darmana Turki (*Artemisia maritima* Linn.)
- Habb-ul-Rashaad (*Lepidium sativum* Linn.)
- Habb-us-Simana (Chironji) (*Buchanania angustifolia* Roxb.)
- Kahu (*Lactuca sativa* Linn.)
- Kanocha (*Phyllanthus maderaspatensis* Linn.)

Quality Control of Research Drugs

(A) Quality Control of Single Drugs

During the reporting period, 107 samples of various single drugs were tested for their quality control:

- | | |
|------------------------------------|--------------------------------|
| • Gurmarbuti (3 samples) | • Raughan-e-Kunjad (6 samples) |
| • Raughan-e-Sarshaf (5 samples) | • Babchi (19 samples) |
| • Kalonji (4 samples) | • Asal (5 samples) |
| • Raughan-e-Malkangani (5 samples) | • Beikh-e-Anjeer Dashti |
| • Tukhm-e-Karafs | • Chiraita Talkh |
| • Unnab | • Belgiri |
| • Kulthi | • Kafoor |
| • Rewand Chini | • Maweez Munaqqa |
| • Post-e-Halela Kabli (2 samples) | • Post-e-Baleela (2 samples) |
| • Filfil Siyah | • Zanjabeel |
| • Bharangi | • Sat-e-Pudina |
| • Turbud | • Ghariqoon |
| • Jawakhar | • Nishasta Gandum |
| • Samagh-e-Arabi | • Gul-e-Supari |
| • Khashkhaash Safaid | • Tukhm-e-Kahu |
| • Badiyan | • Berg-e-Sana |
| • Filfil Moya | • Jauzbuwa |
| • Khurma Khushk | • Samagh-e-Dhak |
| • Asla-us-Soos | • Zeera Siyah |
| • Muqil | • Salab Misri |
| • Beikh-e-Izkhar | • Sat-e-Ajwain |
| • Tukhm-e-Sambhalu | • Fufal |
| • Ood-e-Hindi | • Inderjao Talkh |
| • Sat-e-Leemu | • Maghz-e-Badam |
| • Halela Siyah | • Gul-e-Pista |
| • Anjeer Zard | • Beikh-e-Karafs |

- Baobarang
- Darchini
- Tukhm-e-Khatmi
- Namak Turb
- Tukhm-e-Kharbuza
- Ustukhuddus
- Tukhm-e-Khiyar
- Maghz-e-Narjeel
- Maghz-e-Amaltas
- Raughan Zard
- Khishneez Khushk
- Khar-e-Khashk
- Beikh-e-Badiyan

(B) Quality Control of Compound Formulations

During the reporting period, following 16 compound formulations prepared at the Pharmacy of CRIUM, Hyderabad were tested for quality control:

- Habb-e-Azraqi
- Qurs-e- Ziabetes Khaas
- Habb-e- Marwareed
- Sharbat-e-Toot Siyah
- Sharbat-e-Bazoori Motadil
- Qurs-e-Asfar
- Sufoof-e-Patthar Phori
- Sharbat-e-Belgiri
- Habb-e-kushta Khabasul Hadeed
- Dawa-ul- Misk Mutadil Saada
- Sufoof-e-Hajr-ul Yahood
- Sharbat-e-Unnab
- Habb-e-Tankar
- Damavi Tablet
- Raughan-e-Ikseer
- UNIM-352

Standardisation of Unani Formulations

The standardisation of the following Unani formulations prepared in the DSRU component of CRIUM, Hyderabad was done during the reporting period:

- a) No. of ointments prepared – 7
- b) Quantity prepared – i) UNIM 044 – 19 kgs; ii) UNIM 045 – 07 kgs; iii) UNIM046 – 3.5 kgs; iv) PTV1 – 07 kgs; v) PTV 2 – 07 kgs; vi) PTV1-Plus – 09 kgs; vii) PTV2-Plus – 09 kgs.

Development of phytochemical markers for the Unani herbal formulations was under progress. Also, the phytochemical extraction and isolation of compound from Unani formulations were under progress.

Development of Unani Pharmacopoeia of India

The Council after being designated as Secretariat for Unani Pharmacopoeia Committee (UPC) by the Ministry of AYUSH organised meetings of UPC and its Sub-committee. During the reporting period, the Council prepared fourth volume of Unani Pharmacopoeia of India, Part-II consisting of 50 monographs comprising Araqiya, Itrifal, Jawarish, Majoon, Sufoof, Dawa, and Tiryaaq, and Hindi version of National Formulary of Unani Medicine, Part-III. Both will be published after approval of UPC and Pharmacopoeia Commission for Indian Medicine (PCIM), Ghaziabad.

Shelf-life Studies of Unani Formulations

The Council on the directives of Ayurvedic, Siddha and Unani Drugs Technical Advisory Board (ASUDTAB) initiated shelf-life studies of Unani formulations in order to fix their expiry. The protocol of shelf-life studies was prepared by the Council and approved by the Unani Pharmacopoeia Committee, and studies on four drugs were initiated at CRIUM, Hyderabad during the reporting period.

Redesigning of Dosage Forms of Unani Formulations

During the reporting period, the Council undertook the redesigning of Unani formulations in order to reduce their volume/size and increase their bio-availability. This work was initiated in collaboration with Faculty of Pharmacy, Jamia Humdard, New Delhi and National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad. During the reporting period, redesigning of six Unani classical formulations was under progress.

3.1.2.3. CLINICAL RESEARCH PROGRAMME

Preclinical Studies

Preclinical safety and pharmacological studies on some classical Unani drugs were undertaken at the Council's pharmacological units. Preclinical studies were also carried out in collaboration with Pharmacology Departments of some reputed hospitals / universities. During the reporting period, the following studies were undertaken at the Council's pharmacological units:

Safety evaluation of Habb-e-Papita Vilayati at RRIUM, Aligarh

Acute, subacute and subchronic toxicity studies on Habb-e-Papita Vilayati were carried out on albino rats of either sex weighing 100-150 gm at RRIUM, Aligarh. For each experiment, the animals were divided into three groups of five animals each. Group I served as control in every experiment. Aqueous suspension of Habb-e-Papita Vilayati was given to albino Wistar rats in the dose of 1 gm/kg and 2 gm/kg body weight (b.w.) in single dose for acute toxicity study while 200 mg/kg b.w. and 450 mg/kg b.w. for 28 days and 90 days for sub acute and chronic toxicity study respectively. On the next day of the completion of duration of drug administration, the animals were sacrificed after collecting their blood samples and the liver, heart, kidney and spleen were excised out for determination of change in the organ weight as compared to the control group.

During the experiments, animals were observed for gross behaviour, salivation, lacrimation, lethargy, sleep and coma, and mortality. The findings of the studies showed that Habb-e-Papita Vilayati was well tolerated and no abnormality was observed in general behaviour of the animals and no overnight mortality was recorded as compared to the control group in all experiments. The results of the study also showed that there were no statistically significant changes in haematological and biochemical parameters (Hb%, ESR, TLC, DLC, SGOT, SGPT, Serum Alkaline phosphatase, Blood Urea, Serum Creatinine). The results of these studies suggest that drug Habb-e-Papita Vilayati is safe and can be used in human studies for long duration.

Pharmacological (enzymatic) study of Habb-e-Papita Vilayati at RRIUM, Aligarh

Pharmacological (enzymatic) study of Habb-e-Papita Vilayati was conducted at RRIUM, Aligarh. Albino Wistar rats of either sex weighing between 100-150 gm were randomly selected and divided into three groups, each having five animals. Group I was kept as control and treated with distilled water for 60 days, while in the group II and III, the aqueous suspension of Habb-e-Papita Vilayati was administered orally in the dose of 200 mg/kg b.w. and 450 mg/kg b.w. respectively for 60 days. On the next day, all animals were sacrificed and pancreas was excised and larger part of pancreas was used for biochemical assay. The homogenization was performed in phosphate buffer saline to determine enzymatic activity. Habb-e-Papita Vilayati showed significant increase in Alpha Amylase and Trypsin enzymatic activity at both dose levels of 200 mg/kg and 450 mg/kg. These findings suggest that Habb-e-Papita Vilayati has potential to promote the pancreatic enzymatic activity.

Safety evaluation of Jawarish Zarooni Sada at RRIUM, Aligarh

Subacute toxicity study of Jawarish Zarooni was carried out on albino rats of either sex weighing 100-150 gm at RRIUM, Aligarh. Animals were randomly selected and divided into three groups. Group I served as control and treated with distilled water while Group II and III were given suspension of Jawarish Zarooni in 0.5% sodium carboxymethylcellulose orally at dose level of 1000 mg/kg and 2000 mg/kg as per limit test respectively for 28 days as per AYUSH guidelines. The animals were observed twice daily for mortality and gross behavior. Body weight of each animal was recorded on day 0, at weekly intervals throughout the course of study and at the termination of study. On 29th day, blood of all the three groups of rats was collected for estimation of Haemoglobin, ESR, TLC, DLC, SGOT, SGPT, serum creatinine, blood urea, serum cholesterol and serum triglyceride. Jawarish Zarooni was well-tolerated, no overnight mortality was recorded and no abnormality was observed in the general behavior of the animals as compared to control group. There was no significant change in haematological and biochemical parameters and organ weight. Hence, these results suggest that the drug is safe at the dose level of 1000 mg/kg and 2000 mg/kg b.w. when administered orally.

Anti-nephrotoxic study of Jawarish Zarooni Sada at RRIUM, Aligarh

Evaluation of anti-nephrotoxic activity of Jawarish Zarooni Sada against the Gentamicin-induced nephrotoxicity was conducted in albino rats of either sex weighing 150-200 gm at RRIUM, Aligarh. Animals were randomly selected and divided into four groups. Group I served as control and received standard food and water throughout the experiment. Group II was injected with Gentamicin (80 mg/kg/day) intraperitoneally, Group III was given suspension of Jawarish Zarooni

Sada (300 mg/kg/day) in 0.5% sodium carboxymethylcellulose alone orally and Group IV animals were administered Gentamicin intraperitoneally and Jawarish Zarooni Sada orally in same dose and manner as in group II & III respectively for 10 days. On the next day, the blood samples were collected for the estimation of blood urea, serum creatinine and animals were sacrificed under mild ether anaesthesia. Gentamicin administration increased the level of serum creatinine and blood urea, as compared to control group. The concurrent administration of Jawarish Zarooni Sada significantly prevented the elevation of serum creatinine and blood urea in albino rats. These results showed that Jawarish Zarooni Sada has anti-nephrotoxic activity against Gentamicin-induced nephrotoxicity.

Safety evaluation of Arq-e-Mako Murakkab at RRIUM, Aligarh

Subacute toxicity study on Arq-e-Mako Murakkab was carried out on albino rats of either sex weighing 100-150 gm at RRIUM, Aligarh. Animals were randomly selected and divided into three groups. Group I served as control treated with distilled water while Group II and III were given Arq-e-Mako Murakkab in the dose of 5 ml and 15 ml/kg b.w. respectively for 28 days as per AYUSH guidelines. The animals were observed twice daily for mortality and gross behavior. Body weight of each animal was recorded on day 0, at weekly intervals throughout the course of study and at the termination of study. On 29th day, blood samples of all the three groups of rats were collected for estimation of Haemoglobin, ESR, TLC, DLC, SGOT, SGPT, serum creatinine, blood urea, serum cholesterol and serum triglyceride. The results of haematological & biochemical parameters and organ weight showed that Arq-e-Mako Murakkab was well-tolerated, no overnight mortality was recorded and no abnormality was observed in the general behavior of the animals as compared to control group. Hence, these results suggest that drug is safe when administered orally.

Anti-hepatotoxic study of Arq-e-Mako Murakkab at RRIUM, Aligarh

Anti-hepatotoxic study of Arq-e-Mako Murakkab against the carbon tetra chloride-induced hepatotoxicity in albino rats of either sex weighing 150-200 gm was conducted at RRIUM, Aligarh. Animals were randomly selected and divided into four groups. Group I served as control and received standard food and water throughout the experiment. Carbon tetra chloride (CCl_4) (1 ml/kg b.w.) solution in liquid paraffin was given orally to the animals of Group II as a single dose before 24 hours of sample collection. Group III and IV were treated with Arq-e-Mako Murakkab 5 ml/kg and 10 ml/kg b.w. respectively once daily along with CCl_4 1 ml/kg (1:1) solution in liquid paraffin as a single dose before 24 hours of sample collection. On seventh day, the blood samples were collected and analyzed for biochemical parameters. Group II showed liver damage as evidenced by the significant elevation of serum levels of SGOT, SGPT and Alkaline Phosphatase in comparison to control. In Group IV Arq-e-Mako Murakkab significantly reduced the parameters however there was no significant reduction in parameters in group III in comparison to group II. It showed that Arq-e-Mako Murakkab has anti-hepatotoxic activity in the dose of 10 ml/kg b.w. against the carbon tetra chloride-induced hepatotoxicity in albino rats.

Safety evaluation of Capsule Habis at RRIUM, Srinagar

Subchronic toxicity study of Capsule Habis in both the sexes of albino Wistar rats was conducted at RRIUM, Srinagar. The animals were randomly selected and divided into four groups, two

control and two test (male & female). In test groups, aqueous suspension of Capsule Habis was administered orally in the dose of 150mg/kg b.w. for 90 days, while the control groups were given equal amount of distilled water orally for same duration. The rats were observed carefully for any general behavioral and neurological changes after drug administration. On the next day of completion of drug administration, the blood samples were collected and the animals were sacrificed and their organs were preserved for gross and microscopical examinations. It was observed that there was no abnormality in any gross behavior like fur loss, sleep, coma, etc. There were no changes in test groups in gross and microscopical examination of tissues and organs. The biochemical and haematological parameters in test group were normal and similar to control groups. The results of the study suggested that *Capsule Habis* at a dose of 150mg/kg is safe when administered for long duration.

Safety evaluation of Habb-e-Shifa at RRIUM, Srinagar

Subchronic oral toxicity study of Habb-e-Shifa in both sexes of albino Wistar rats were carried out at RRIUM, Srinagar. The animals of both sexes were randomly selected and divided into four groups. Group III and IV received aqueous suspension of Habb-e-Shifa orally at a dose level of 120 mg/kg b.w. for 90 days, while Group I and II were given equal amount of distilled water orally for same duration. The rats were observed carefully for any general behavioral and neurological changes after drug administration. On the next day of completion of drug administration, the blood samples were collected and the animals were sacrificed and their organs were preserved for analysis. It was observed that there was no abnormality in gross behavior like fur loss, sleep, coma, etc. The biochemical and haematological parameters in test group were normal and similar to control groups. The results of the study suggested that Habb-e-Shifa at a dose of 120mg/kg is safe when administered for long duration.

Safety evaluation of Majoon IQ at RRIUM, Srinagar

Acute, subacute and subchronic toxicity studies on Majoon IQ were carried out in albino Wistar rats of either sex at RRIUM, Srinagar. For each experiment, the animals were divided into four groups, two control and two test (male and female) of five animals each. Group I and II served as control in every experiment. Aqueous suspension of Majoon IQ was given to albino Wistar rats in the dose of 5,000 mg/kg, 4,800 mg/kg and 1,600mg/kg b.w. for 14 days, 28 days and 90 days for acute, subacute and subchronic toxicity studies respectively. The rats were observed carefully for any general behavioral and neurological changes during the experiments. On the next day, the animals were sacrificed after collecting their blood samples. Their organs were preserved for analysis of changes in the organ weight and structure as compared to the control groups.

The findings of the studies showed that there was no significant change in gross behavior, biochemical and haematological parameters and organs tissues weight in comparison to control groups. No overnight mortality was recorded in test groups as compared to the control groups in all experiments. The results of these studies suggest that Majoon IQ is safe and can be used in human studies for long duration.

Safety evaluation of Sufoof Chutki at RRIUM, Srinagar

Acute toxicity study on Sufoof Chutki was carried out on albino rats of either sex at RRIUM, Srinagar. Animals were randomly selected and divided into four groups, two control and two test (male and female) of five animals each. Group I and II served as control and were given distilled water orally, while Group III and IV were as test and given suspension of Safoof Chutki orally at the dose of 2,000 mg/kg b.w. for 14 days as per AYUSH guidelines. The animals were observed twice daily for mortality and gross behavior like salivation, lacrimation, lethargy, sleep and fur loss, etc. Body weight of each animal was recorded initially and at weekly intervals throughout the course of study and at the termination. On the next day, blood samples of all the animals were collected for analysis. No overnight mortality was recorded and no abnormality was observed in the general behavior of the test groups as compared to control groups. There was no significant change in haematological and biochemical parameters as well as body weight in comparison to control groups. These results suggest that Sufoof Chutki is safe when administered orally.

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, principles and methods of treatment, and the drug and diet therapies peculiar to Unani Medicine. Under this programme, clinical studies on different diseases were undertaken with a view to develop safe and effective Unani treatments. Besides, clinical validation of safety and efficacy of Unani Pharmacopoeial formulations was also conducted. Clinical validation of Unani Pharmacopoeial fast-acting drugs was also undertaken in different diseases.

This programme continued 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/Karimganj
- 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
- Clinical Research Unit (CRU), Kurnool

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

Centre	Disease
Central Research Institute of Unani Medicine (CRIUM), Hyderabad	Bars (Vitiligo), Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II), Zaghtuddam Qawi Lazimi (Essential hypertension), Waram-e-Kabid (Hepatitis) Iltihab Tajawif al-Anf (Sinusitis), Kasrat-e-Shahmuddam (Hyperlipidaemia), Qarha-e-Isna-e-Ashari (Duodenal ulcer), Gastro-oesophageal Reflux Disease (GERD), Daus-Sadaf (Psoriasis), Zof-e-Masana (Over-active bladder), Nisyan (Amnesia), Hasatul Kulya (Nephrolithiasis) and Khafaqan (Palpitation)
Central Research Institute of Unani Medicine (CRIUM), Lucknow	Waja-al-Mafasil (Rheumatoid arthritis), Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II), Siman-e-Mufrit (Obesity), Su-al-Qinya (Anaemia), Deedan-al-Ama (Helminthiasis), Su-al-Hazm (Dyspepsia), Sayalan-al-Rahim (Leucorrhoea), Zof-e-Masana (Over-active bladder), Niqris (Gout) and Nisyan (Amnesia)
Regional Research Institute of Unani Medicine (RRIUM), Chennai	Iltihab-e-Kabid (Infective hepatitis), Waja-al-Mafasil (Rheumatoid arthritis), Tahajjur-e-Mafasil (Osteoarthritis), Tashahhum-e-Kabid (Fatty liver), Nisyan (Amnesia), Nazl-e-Harr (Common Cold), Sual-e-Ratb (Productive Cough), Suda (Headache), Ziabetus sukkari Qism-e-sani (Diabetes Mellitus Type-II), Qula (Stomatitis), Waja-al-Asnan (Toothache), Niqris (Gout), Hasatul Kulya (Nephrolithiasis), Shara-e-muzmin (Chronic Urticaria) and Kalaf (Melasma)

Centre	Disease
Regional Research Institute of Unani Medicine (RRIUM), Bhadrak	Daul Feel (Lymphatic Filariasis), Jarab (Scabies), Busoor-e- Jild (Boils and Pustules) Bawaseer-e-Damia (Bleeding piles), Nazla-e-Harr (Common Cold), Waja-al-Mafasil (Rheumatoid Arthritis), Sual-e-Ratb (Productive Cough), Suda (Headache), Waja-al-Asnan (Toothache), Qula (Stomatitis), Deedan-al-Ama (Helminthiasis), Zuf-al-Ishtiha (Anorexia), Hasatul Kulya (Nephrolithiasis) and Shara (Urticaria)
Regional Research Institute of Unani Medicine (RRIUM), Patna	Daul Feel (Lymphatic Filariasis), Nazla-e-Harr (Common Cold), Waja-al-Mafasil (Rheumatoid Arthritis), Sual-e-Ratb (Productive cough), Suda (Headache), Waja-al-Asnan (Toothache), Qula (Stomatitis), Su-al-Hazm (Dyspepsia), Sayalan-al-Rahim (Leucorrhoea), Kasrat-e-Rutubat-e-Humuzi (Hyperacidity), Waram-i-Halaq (Pharyngitis), Busoor-e-Jild (Macules & Pustules) and Shara (Urticaria)
Regional Research Institute of Unani Medicine (RRIUM), Aligarh	Bars (Vitiligo), Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II), Zaghtuddam Qawi Lazimi (Essential hypertension), Su-al-Qinya (Anaemia), Sayalan-al-Rahim (Leucorrhoea), Niqris (Gout), Kasrat-e-Rutubat-e-Humuzi (Hyperacidity), Khafaqan (Palpitation) and Zuf-al-Ishtiha (Anorexia)
Regional Research Institute of Unani Medicine (RRIUM), Mumbai	Zaghtuddam Qawi Lazimi (Essential hypertension), Nazla-e-Harr (Common Cold), Waram-e-Kabid (Hepatitis), Suda (Headache), Waja-al-Asnan (Toothache), Qula (Stomatitis), Sual-e-Ratb (Productive cough), Waja-al-Mafasil (Rheumatoid Arthritis), Nisyan (Amnesia), Surfa Yabis (Dry cough), Zuf-al-Ishtiha (Anorexia) and Shara (Urticaria)
Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Bars (Vitiligo), Zaghtuddam Qawi Lazimi (Essential hypertension), Surfa Yabis (Dry cough), Hasatul Kulya (Nephrolithiasis), Jarab (Scabies), Kasrat-e-Rutubat-e-Humuzi (Hyperacidity) and Zuf-al-Ishtiha (Anorexia)
Regional Research Institute of Unani Medicine (RRIUM), Kolkata	Bawaseer-e-Damia (Bleeding piles), Warm-e-Kabid (Hepatitis), Deedan-al-Ama (Helminthiasis), Su-al-Hazm (Dyspepsia) and Kalaf (Melasma)

Centre	Disease
Regional Research Institute of Unani Medicine (RRIUM), New Delhi	Bars (Vitiligo), Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II), Zaghtuddam Qawi Lazimi (Essential hypertension), Tashahhum-e-Kabid (Fatty liver), Tahajjur-e-Mafasil (Osteo-arthritis), Sayalan-al-Rahim (Leucorrhoea), Bawaseer-e-Damia (Bleeding piles), Su-al-Qinya (Anaemia), Zahir (Dysentery), Surfa Yabis (Dry cough) and Hasatul Kulya (Nephrolithiasis)
Regional Research Centre (RRC), Allahabad	Surat-e-Inzaal (Premature ejaculation), Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II), Khafaqan (Palpitation), Busoor-e-Jild (Boils and Pustules) and Hasatul Kulya (Nephrolithiasis)
Regional Research Centre (RRC), Silchar with extension Centre at Karimganj	Waja-al-Mafasil (Rheumatoid arthritis) and Nazla-e-Harr (Common Cold)
Clinical Research Unit (CRU), Bengaluru	Daus Sadaf (Psoriasis), Busoor-e- Jild (Boils and Pustules), Waja-al-Mafasil (Rheumatoid arthritis) and Ziabetus Sukkari Qism-e-Sani (Diabetes mellitus Type-II)
Clinical Research Unit (CRU), Meerut	Surat-e-Inzaal (Premature ejaculation), Zahir (Dysentery), Zuf-al-Ishtiha (Anorexia), Su-al-Hazm (Dyspepsia), Surfa Yabis (Dry Cough) and Waja-al-Mafasil (Rheumatoid Arthritis)
Clinical Research Unit (CRU), Bhopal	Nar-e-Farsi (Eczema), Daus Sadaf (Psoriasis), Jarab (Scabies), Hasatul Kulya (Nephrolithiasis), Zahir (Dysentery) and Kalaf (Melasma)
Clinical Research Unit (CRU), Burhanpur	Busoor-e-Jild (Boils and Pustules), Niqris (Gout), Surat-e-Inzaal (Premature ejaculation), Jarab (Scabies) and Khafaqan (Palpitation)
Clinical Research Unit (CRU), Edathala	Sayalan-al-Rahim (Leucorrhoea), Waja-al-Mafasil (Rheumatoid Arthritis), Iltihab-e-Kabid (Infective hepatitis) and Zuf-al-Ishtiha (Anorexia)

Centre	Disease
Clinical Research Unit (CRU) Kurnool	Bawaseer-e-Damia (Bleeding piles), Nazla-e-Harr (Common Cold), Waja-al-Mafasil (Rheumatoid Arthritis), Zuf-al-Ishtiha (Anorexia), Su-al-Hazm (Dyspepsia), Suda (Headache), Waja-al-Asnan (Toothache), Qula (Stomatitis), Shara-e-muzmin (Chronic Urticaria) and Sual Ratb (Productive cough)

AMRAZ-E-JILD (SKIN DISORDERS)

BARS (VITILIGO)

Clinical studies on Bars (Vitiligo) continued at Central Research Institute of Unani Medicine (CRIUM), Hyderabad. During the reporting period, the following studies were continued:

Evaluation of therapeutic efficacy of a combination of coded Unani 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 3,326 patients of Bars (Vitiligo). The drug UNIM-001 was given in the dose of two tablets (500 mg each) twice daily one hour after meals. Besides, the paste of the drug UNIM-003 was applied locally on the affected parts early in the morning and the affected parts were exposed to sun light for 10 to 15 minutes. The paste was washed off after 30 minutes of application. The treatment was given for a period of three months initially. This was extended till the maximum re-pigmentation was achieved.

During the reporting period, 1,281 new patients were registered whereas 2,045 patients continued from the previous year bringing the total patients studied to 3,326. Out of them, 371 patients completed the study. In two (0.5%) patients repigmentation was 91-99%. Twenty-eight (7.5%) patients showed 71-90% repigmentation. In 34 (9.2%) patients repigmentation was 51-70%. Forty (10.8%) patients showed 41-50% repigmentation. In 241 (65.0%) patients repigmentation was $\leq 40\%$. Twenty-six (7.0%) patients showed no response. Two thousand one hundred and sixty six patients were under study whereas 789 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 to a variable degree from 50 to 99% depending upon the chronicity of the disease and the part of the body affected. So far 1,474 patients have completed the study. No drug intolerance/adverse effects were reported.

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

Therapeutic efficacy of a combination of two coded Unani drugs, UNIM-004 and UNIM-005, was

evaluated in 6,453 patients of Bars (Vitiligo). The drug UNIM-004 was given in the dose of two tablets (500 mg each) twice daily one hour after meals. Besides, the paste of the drug UNIM-005 was applied locally on the affected parts early in the morning and then the affected parts were exposed to sun light for 10 to 15 minutes. The paste was washed off after 30 minutes of 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, 2,399 new patients were registered whereas 4,054 patients continued from the previous year bringing a total of 6,453 patients studied. Out of them, 1,079 patients completed the study. Four (0.4%) patients showed 100% repigmentation. In two (0.2%) patients, re-pigmentation was 91-99%. Thirty-three (3.0%) patients showed 71-90% repigmentation. In 73 (6.8%) patients repigmentation was 51-70%. Seventy five (7.0%) patients showed 41-50% repigmentation. In 826 (76.6%) patients repigmentation was $\leq 40\%$. Sixty-six (6.0%) patients showed no response. Three thousand five hundred and eighty four patients were under study whereas 1,790 patients dropped out of the study. So far 3,506 patients have completed the study. No drug intolerance/adverse effects were reported. 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 coconut oil on the affected parts.

Preliminary screening of combinations of coded Unani 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 and Mushil therapy in Bars (Vitiligo) patients (CRIUM, Hyderabad)

Preliminary screening of coded Unani 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 and Mushil therapy was conducted in 151 patients of Bars (Vitiligo). The patients were divided in four treatment groups. In each group, the patients were first subjected to Munzij-Mushil therapy followed by treatment with the oral and local drugs. In Munzij and 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 and 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) on the affected parts in the respective group. The treatment was given for a period of three months excluding the Munzij and Mushil therapy period. The period of treatment was extended till the maximum repigmentation was achieved.

In group-I, 18 new patients were registered whereas nine patients continued from the previous year bringing a total of 27 patients studied. Out of them, nine patients completed the study. In one (11.1%) patient, repigmentation was 41-50%. Eight (88.9%) patients showed $\leq 40\%$ repigmentation. Fifteen patients were under study whereas three patients dropped out of the study. So far 33 patients have completed the study.

In group-II, 40 new patients were registered whereas 17 patients continued from the previous year bringing a total of 57 patients studied. Out of them, 14 patients completed the study. One (7.1%) patient showed 71-90% repigmentation. In two (14.3%) patients repigmentation was 41-

50%. Ten (71.5%) patients showed $\leq 40\%$ repigmentation whereas one patient (7.1%) showed no response. Forty-two patients were under study whereas one patient dropped out of the study. So far 31 patients have completed the study.

In group-III, four new patients were registered whereas 33 patients continued from the previous year bringing a total of 37 patients studied. Out of them, 16 patients completed the study. In 13 (81.2%) patients, repigmentation was $\leq 40\%$ whereas three (18.8%) patients showed no response. Nineteen patients were under study whereas two patients dropped out of the study. So far 30 patients have completed the study.

In group-IV, no new patients were registered whereas 30 patients continued from the previous year. Out of them, 10 patients completed the study. In nine (90.0%) patients repigmentation was $\leq 40\%$ whereas one patient (10.0%) showed no response. Eleven patients were under study whereas nine patients dropped out of the study. So far 20 patients have completed the study. No drug intolerance / side effects were reported.

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

Therapeutic efficacy of coded Munzij and Mushil drugs (UNIM-040+UNIM-041+UNIM-042) was evaluated in patients of Bars. The Munzij drugs were given till the appearance of Nuzj in urine followed by Mushil and Tabreed drugs for six days alternately. During the reporting period, 168 new patients were registered whereas 16 continued from the previous year bringing a total of 184 patients studied. Out of them 157 patients completed the study. Seventeen patients were under study whereas ten patients dropped out of the study. In these patients, Nuzj appeared in urine in two to three weeks of the treatment. There was definite sign of repigmentation either in the form of islands of pigmentation or peri-lesional pigmentation or both. No drug intolerance/ side effects was reported. After completion of the Munzij and Mushil therapy, the patients were given the oral and local drugs.

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

Therapeutic efficacy of coded Munzij and Mushil drugs (UNIM-041+UNIM-042) was evaluated in patients of Bars. The Munzij drugs were given till the appearance of Nuzj in urine followed by Mushil and Tabreed drugs for six days alternately. During the reporting period, 71 new patients were registered whereas three patients continued from the previous year bringing the total patients studied to 74. Out of them, 71 patients completed the study. One patient was under study whereas two patients dropped out of the study. In these patients, Nuzj appeared in urine in two to three weeks of the treatment. There was definite sign of repigmentation either in the form of islands of repigmentation or perilesional pigmentation or both. No drug intolerance/ side effects was reported.

NAR-E-FARSI (ECZEMA)

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

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

Therapeutic efficacy of a combination of coded drugs UNIM-401(O) + UNIM-403 (L) was evaluated in 41 patients of chronic Nar-e-Farsi (Eczema) patients. The drug UNIM-401(O) was given in the dose of two capsule (500 mg each) twice daily along with local application of the oil UNIM-403 (L) on the affected parts at bedtime. The treatment was given for a period of three months. The duration of treatment was extended upto six months in some patients.

During the reporting period, 52 new patients were registered whereas 13 patients continued from the previous year bringing the total patients studied to 65. Out of them, 24 patients completed the study. Seven (29.2%) patients were relieved, 11 (45.8%) partially relieved whereas six (25.0%) patients showed no response. Nineteen patients were under study whereas 22 patients dropped out of the study. So far 331 patients have completed the study.

DAUS SADAF (PSORIASIS)

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

Trial of coded Unani drugs UNIM-401(O)+ UNIM-403 (L) with and without Munzij and Mushil therapy in Daus Sadaf (Psoriasis) patients (CRIUM, Hyderabad)

Preliminary screening of coded Unani drugs UNIM-401(O) +UNIM-403 (L) with and without munzij and mushil therapy was conducted in patients of Psoriasis in two groups. In group-I, the patients were first subjected to Munzij and 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 and 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.

During the reporting period, in group-I, 72 new patients were registered whereas 50 patients were continued from the previous year bringing the total patients studied to 122. Out of them 47 patients completed the study. Twenty six (55.3%) patients showed complete remission, 17 (36.2%) partial remission whereas four (8.5%) patients showed no response. Forty patients were under study whereas 35 patients dropped out of the study. So far 154 patients have completed the study.

In group-II, 77 new patients were registered, whereas 70 patients continued from the previous year bringing the total patients studied to 147. Out of them, 35 patients completed the study. Thirteen (37.1%) patients showed complete remission, 15 (42.9%) partial remission whereas seven (20.0%) patients showed no response. Thirty five patients were under study whereas 77 patients dropped out of the study. So far 134 patients have completed the study.

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

Preliminary screening of a combination of coded Unani drugs UNIM-401(O)+UNIM-403(L) and

777(Oil) was done in patients of chronic plaque psoriasis. The drug UNIM-401(O) was given in the form of two capsules (500 mg each) thrice daily before meals along with the local application of UNIM-403 (L) and 777 (oil) on the affected parts. The treatment was given for a period of three months which was extended up to six months.

During the reporting period, 11 new patients were registered whereas eight patients continued from the previous year bringing the total patients studied to 19. Out of them, 16 patients completed the study. Two (12.5%) patients showed complete remission, 12 (75.0%) partial remission whereas two (12.5%) patients showed no response. One patient was under study whereas two patients dropped out of the study. So far 102 patients have completed the study.

Preliminary screening of a combination of coded Unani drugs UNIM-401(O) +UNIM-403(L) in Daus Sadaf (Psoriasis) patients (CRU, Bhopal)

Preliminary screening of a combination of coded Unani drugs UNIM-401(O) +UNIM-403(L) was conducted in Daus Sadaf patients. The drug UNIM-401(O) was given in the dose of two capsule (500 mg each) twice daily along with the local application of UNIM-403(L) at bedtime. Treatment was given for a period of three months initially which was extended to 6 months. During the reporting period, 31 new patients were registered whereas 10 patients continued from the previous year bringing the total patients studied to 41. Out of them, 16 patients completed the study. Three (18.8%) patients showed complete remission, 12 (75.0%) partial remission, whereas one (6.2%) patients showed no response. Twelve patients were under study whereas 13 patients dropped out of the study. So far 188 patients have completed the study.

AMRAZ-E-TARSEELI (COMMUNICABLE DISEASES)

Clinical studies on Amraz-e-Tarseeli (communicable diseases) including Daul Feel (Lymphatic Filariasis) was continued at RRIUMs, Bhadrak and Patna and Iltihab-e-Kabid (Infective hepatitis) at RRIUM, Chennai. During the reporting period, following studies were conducted.

DAUL FEEL (LYMPHATIC FILARIASIS)

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

Therapeutic efficacy of two combinations of coded Unani drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 and UNIM-269+UNIM-270+UNIM-271+UNIM-272 with and without Munzij and Mushil therapy was compared in patients of Daul Feel (Lymphatic Filariasis) in four treatment 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 'Natul' (irrigation) of the drug UNIM-271 followed by local application of the paste of the drug UNIM-270 and UNIM-272 on the affected part at bedtime. Treatment was given 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. Thereafter treatment was given as in group-I.

In Group-III, the patients were given the drug UNIM-269 in the dose of two tablets (500 mg each) twice daily along with 'Natul' (irrigation) 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 bedtime. The treatment was given for a period of 80 days.

In Group-IV, the patients were first subjected to Munzij and 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. Thereafter treatment was given as in group-III.

In Group - I, 37 new patients were registered whereas eight patients continued from the previous year bringing the total patients studied to 45. Out of them 13 patients completed the study. Nine patients (69.2%) were relieved, three (23.1%) partially relieved whereas one (7.7%) patient showed no response. Thirteen patients were under study whereas 19 patients dropped out of the study.

In Group II, 13 new patients were registered whereas three patients continued from the previous year bringing the total patients studied to 16. Out of them, five patients completed the study. Four (80.0%) patients were relieved and one (20.0%) partially relieved. Two patients were under study whereas nine patients dropped out of the study.

In Group III, 36 new patients were registered whereas eight patients continued from the previous year bringing the total patients studied to 44. Out of them, 12 patients completed the study. Seven (58.3%) patients were relieved, three (25.0%) partially relieved whereas 2 (16.7%) patients showed no response. Fifteen patients were under study whereas 17 patients dropped out of the study.

In Group IV, 13 new patients were registered whereas four patients continued from the previous year bringing a total to 17 patients studied. Out of them, six patients completed the study. Five (83.3%) patients were relieved and one (16.7%) patient showed no response. Two patients were under study whereas nine patients dropped out of the study.

So far 209 patients have completed the study in different treatment groups. No drug intolerance/ side effects was reported.

Trial of a combination of coded Unani drugs UNIM-268+UNIM-270+UNIM-271+UNIM-272 with Munzij and Mushil therapy in patients of Daul Feel (Lymphatic Filariasis) (RRIUM, Patna)

Therapeutic efficacy of a combination of coded Unani drugs (UNIM-268+UNIM-270+UNIM-271+UNIM-272) with Munzij and Mushil therapy was evaluated in patients of Daul Feel (Lymphatic Filariasis) with less than five years chronicity. The patients were first subjected to Munzij and Mushil therapy followed by the treatment with the oral and local drugs. Munzij-e-Balgham was given till the Nuzj appeared in the urine followed by Mushil and Tabreed drugs alternately for six days. The drug UNIM-268 was given in the dose of two tablets (500 mg each) twice daily

along with Natul (irrigation) 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 bedtime. Treatment was given for a period of 80 days after completion of the Munzij and Mushil therapy.

During the reporting period, 26 new patients were registered whereas eight patients continued from the previous year bringing the total patients studied to 34. Out of them, seven patients completed the study. Five (71.4%) patients were partially relieved and two (28.6%) patients showed no response. Four patients were under study whereas 23 patients dropped out of the study. So far 161 patients have completed the study. No drug intolerance/side effects was reported.

ILTIHAB-E-KABID (INFECTIVE HEPATITIS)

Clinical studies on Iltihab-e-Kabid (Infective hepatitis) continued at RRIUM, Chennai. Following studies were conducted during the reporting period.

Clinical evaluation of coded Unani drug UNIM-115 in Iltihab-e-Kabid Had (Infective hepatitis) patients (RRIUM, Chennai)

Therapeutic efficacy of coded Unani drug UNIM-115 was evaluated in the patients of Iltihab-e-Kabid Had (Infective hepatitis). The drug UNIM-115 was given in the dose of two tablets (500 mg each) twice daily for a period of one month. The duration of treatment was extended in some patients up to six weeks.

During the reporting period, 49 new patients were registered, whereas four patients continued from the previous year bringing the total patients studied to 53. Out of them, 34 patients completed the study. Thirty two (94.1%) patients were relieved and two (5.9%) patients showed no response. In the relieved patients, the clinical signs and symptoms subsided completely and biochemical parameters including serum bilirubin, SGOT, SGPT and serum alkaline phosphatase levels attained the normal levels. One patient was under study whereas 18 patients dropped out of the study. So far 136 patients have completed the study.

AMARZ-I-MAFASIL (MUSCULOSKELETAL DISORDERS)

Clinical studies on patients of Amraz-e-Mafasil (Musculoskeletal Disorders) including Waja-al-Mafasil (Rheumatoid arthritis) and Tahajjur-e-Mafasil (Osteoarthritis) were continued at CRIUM, Lucknow, RRIUMs, Chennai and New Delhi. During the reporting period following studies were conducted.

WAJA-AL-MAFASIL (RHEUMATOID ARTHRITIS)

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

The study was conducted with the objective of optimizing the duration of Munzij and Mushil therapy in patients of Waja-al-Mafasil (Rheumatoid arthritis) with the dominance of different Akhlat. The patients of Waja-al-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 in the group with dominance of Khilt-e-Balgham, one new patient was registered whereas one patient continued from the previous year. Both the patients completed the study. One patient showed partial remission whereas the other showed no response. In the group Khilt-e-Safra no patient was registered. In the group Khilt-e-Sauda four patients continued from the previous year and completed the study. Three patients were partially relieved whereas one patient showed no response. In the group Khilt-e-Dam, no patients were registered. So far 62 patients in Khilt-e-Balgham group, 66 in Khilt-e-Safra, 34 in Khilt-e-Sauda and two in Khilt-e-Dam have completed the study. Nuzj appeared in the urine in two to three weeks in most of the patients. No drug intolerance/side effects were reported.

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

Therapeutic efficacy of coded Unani drugs UNIM-318+UNIM-319 was evaluated in the patients of Waja-al-Mafasil (Rheumatoid arthritis). These patients were first subjected to Munzij and Mushil therapy followed by treatment with the oral and local drugs. Munzij drugs were given according to the dominance of the 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 bedtime. Patients were also advised to follow prescribed diet schedule. The treatment was given for a period of 90 days after completion of Munzij and Mushil therapy.

During the reporting period in the group with dominance of Khilt-e-Balgham, two new patients were registered whereas one patient continued from the previous year bringing the total patients studied to three. Out of them two (66.7%) patients were partially relieved whereas one (33.3%) patient showed no response.

In the group with dominance of Khilt-e-Safra, two new patients were registered whereas four patients continued from the previous year bringing the total patients studied to six. Out of them, three patients completed the study. One (33.3%) patient was relieved whereas two (66.7%) patients showed no response. Three patients were dropped out of the study.

In the group with dominance of Khilt-e-Sauda, four new patients were registered whereas four patients continued from the previous year bringing the total patients studied to eight. Out of them five patients completed the study. Two (40.0%) patients were relieved whereas three (60.0%) patients showed no response. Three patients dropped out of the study.

TAHAJJUR-E-MAFASIL (OSTEOARTHRITIS)

Preliminary screening of coded Unani drugs UNIM-318+UNIM-319 in patients of Tahajjur-e-Mafasil (Osteo-arthritis) (RRIUMs, Chennai and New Delhi)

Preliminary screening of coded Unani 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 bedtime. The treatment was given for a period of 90 days.

During the reporting period, 38 new patients were registered whereas 17 patients continued from the previous year bringing the total patients studied to 55. Out of them, 38 patients completed the study. Two (5.3%) patients were relieved, 27 (71.1%) partially relieved whereas nine (23.7%) patients showed no response. Eleven patients were under study, whereas six patients dropped out of the study. The drugs showed significant therapeutic response in subsiding clinical signs and symptoms including pain, swelling, tenderness and stiffness in the joints. No drug intolerance/side effects was noted.

At RRIUM, New Delhi 15 new patients were registered. Out of them, seven patients were under study, whereas eight patients dropped out of the study. So far 151 patients have completed the study at both the centers.

MARZ-E-TAJAWEEF-E-ANF (DISEASE OF SINUS)

ILTIHAB TAJAWIF AL-ANF (SINUSITIS)

Clinical study on Iltihab Tajawif-al-Anf (Sinusitis) continued at CRIUM, Hyderabad. During the reporting period, the following study was conducted:

Evaluation of therapeutic efficacy of coded Unani drugs UNIM- 054(O) and UNIM-055(V) with and without Munzij and Mushil therapy in Iltihab Tajawif-al-Anf (Sinusitis) patients (CRIUM, Hyderabad)

Therapeutic efficacy of coded Unani drugs UNIM- 054(O) and UNIM-055 (V) with and without Munzij and Mushil therapy was evaluated in 91 patients of Iltihab Tajawif-al-Anf (Sinusitis) in two groups. In group-I, the patients were first subjected to Munzij and 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 group I Munzij-e- Balgham was given. 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 bedtime. The patients were also advised to follow prescribed diet schedule. In group-II only the oral drug along with the drug for steam inhalation was given as in group-I.

In group-I, 16 new patients were registered whereas eight patients continued from the previous year bringing the total patients studied to 24. Out of them, 16 patients completed the study. Eight (50.0%) patients were relieved, seven (43.8%) partially relieved whereas one (6.3%) patient showed no response. Four patients were under study whereas four patients dropped out of the study.

In group-II, 50 new patients were registered whereas 17 patients continued from the previous year bringing the total patients studied to 67. Twenty-one patients completed the study. Eight (38.1%) patients were relieved, two (9.5%) partially relieved whereas eleven (52.4%) patients showed no response. Seventeen patients were under study whereas 29 patients dropped out of the study. No drug intolerance/side effects was reported in both the groups. So far 111 patients in group-I and 48 patients in group-II have completed the study.

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

SIMAN-E-MUFKIT (OBESITY)

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

Evaluation of therapeutic efficacy of coded Unani drugs UNIM-1201+UNIM-1202 with and without Munzij and Mushil therapy in Siman-e-Mufrit (Obesity) patients (CRIUM, Lucknow)

Therapeutic efficacy of coded Unani drugs UNIM-1201+UNIM-1202 with and without Munzij and Mushil therapy was evaluated in the patients of Siman-e-Mufrit (Obesity). The patients were divided in two groups. In group-I, the patients were first subjected to Munzij-Mushil therapy followed by treatment with the 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. In group-II, the patients were given the drugs UNIM-1201 and UNIM-1202 as in group-I. 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.

During the reporting period, two new patients were registered in group-I whereas two patients continued from the previous year. All the four patients completed the study and were partially relieved.

In group-II, two new patients were registered whereas nine patients continued from the previous year bringing the total patients studied to 11. Out of them, two patients completed the study and were relieved partially. Seven patients dropped out of the study, whereas two patients were under study. So far, 57 patients in group-I and nine patients in group-II have completed the study.

KASRAT -E-SHAHMUDDAM (HYPERLIPIDAEMIA)

Clinical study on Kasrat-e-Shahmuddam (Hyperlipidaemia) continued at CRIUM, Hyderabad. During the reporting period, the following study was conducted:

Preliminary study of coded Unani drug UNIM-763 in Kasrat-e-Shahmuddam (Hyperlipidaemia) patients (CRIUM, Hyderabad)

Preliminary screening of coded Unani drug UNIM-763 was conducted in 101 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 six months. The patients were also advised to follow prescribed diet schedule.

During the reporting period, 74 new patients were registered, whereas 27 patients continued from the previous year bringing the total patients studied to 101. Out of them, 49 completed the study. Twenty seven (55.2%) patients were relieved, 11 (22.4%) partially relieved whereas 11 (22.4%) patients showed no response. Thirty three patients dropped out whereas 19 patients were under study. So far 98 patients have completed the study.

TASHAHHUM-E-KABID (FATTY LIVER)

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

Preliminary screening of coded Unani 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 five gm twice daily in Majoon form for a period of 90 days. The duration of treatment was initially three months which was extended to six months.

At RRIUM, Chennai, one patient continued from the previous year and was partially relieved during the reporting period.

At RRIUM, New Delhi, five new patients were registered. Out of them, two patients completed the study. One (50%) patient was relieved and one (50%) patient showed no response. Three patients dropped out of the study. Preliminary study has been completed on a sample size of 60 patients at both the centers.

Multi-centric Randomized Controlled Trials

A multi-centric, single blind, randomized, parallel group, controlled study to compare the efficacy and safety of coded Unani formulations UNIM-001+UNIM-003 with Psoralen in the treatment of Bars (Vitiligo) (CRIUM, Hyderabad, RRIUMs, Aligarh, New Delhi and Srinagar)

A multi-centric clinical study to compare the efficacy and safety of coded Unani formulations UNIM-001+UNIM-003 with Psoralen in the treatment of Bars (Vitiligo) was carried out at CRIUM, Hyderabad, RRIUMs, Aligarh, New Delhi and Srinagar. The patients were divided into two groups, one group received UNIM-001 orally in the dose of two tablets (800 mg each) twice daily after an hour of meals and UNIM-003 in lotion form for local application on the affected area whereas the second group received Psoralen orally two tablets of 10 mg each twice daily and Psoralen in lotion form for local application on the affected area. The total duration of treatment was eight months.

During the reporting period, 107 cases were registered. Out of them 47 cases completed the study. Out of the completed cases, 14 (29.8%) cases were relieved, 30 (63.8 %) cases were partially relieved and three (6.4%) cases were not relieved. At the end of the reporting period, 30 cases were under study and 30 cases dropped out of the study. So far 67 patients have completed the study. The test drugs were found well-tolerated and no adverse effects was observed.

A multi-centric, single blind, randomized, parallel group study to compare the efficacy and safety of coded Unani formulation UNIM-221 with Metformin in patients of Ziabetus Sukkari Qism-e-Sani (Diabetes Mellitus Type II) (CRIUMs, Hyderabad, Lucknow, and RRIUMs, Aligarh & New Delhi)

A multi-centric clinical study to compare the efficacy and safety of coded Unani formulation UNIM-221 with Metformin in patients of Ziabetus Sukkari Qism-e-Sani (Diabetes Mellitus Type

II) was carried out at CRIUMs, Hyderabad and Lucknow, RRIUMs, Aligarh and New Delhi. The patients were divided into two groups; one group received the study drug UNIM-221 in the dose of 10 gm twice daily half hour before meals while the second group received anti-diabetic drug Metformin 500 mg twice daily. The total duration of treatment was 12 weeks.

During the reporting period, 134 cases were registered, out of them 61 cases completed the study. Out of the completed cases, 12 (19.7%) cases were relieved, 29 (47.5 %) cases were partially relieved and 20 (32.8 %) cases showed no response. At the end of the reporting period, 18 cases were under study and 55 cases dropped out of the study. So far 61 patients have completed the study. The test drug was found well tolerated and no adverse effects was observed.

A multi-centric, single blind, randomized, parallel group study to compare the efficacy and safety of coded Unani formulation UNIM-904 with Amlodipine in patients with Zaghtuddam Qawi Lazimi (Essential hypertension) (CRIUM, Hyderabad and RRIUMs, Aligarh, Srinagar, Mumbai and New Delhi)

A multi-centric clinical study to compare the efficacy and safety of coded Unani formulation UNIM-904 with Amlodipine in patients with Zaghtuddam Qawi Lazimi (Essential hypertension) was carried out at CRIUM, Hyderabad and RRIUMs, Aligarh, Srinagar and New Delhi. The patients were divided into two groups; one group received the study drug UNIM-904 in the dose of five gm twice daily half hour before meals while the second group received standard anti-hypertensive drug Amlodipine 5 mg once daily before breakfast. The total duration of treatment was 12 weeks.

During the reporting period, 107 cases were registered, out of them 47 cases completed the study. Out of the completed cases, 15 (31.9%) cases were relieved, 32 (68.1%) cases were partially relieved. At the end of the reporting period, 30 cases were under study and 30 cases dropped out of the study. So far 47 patients have completed the study. The test drug was found well tolerated and no adverse effects was observed.

A multi-centric, single blind, randomized, parallel group study to compare the efficacy and safety of coded Unani formulation UNIM-118 with Silymarin in patients with Waram al-Kabid / Acute Hepatitis A/B/C/E & Chronic Active Hepatitis B/C (CRIUM, Hyderabad and RRIUM, Chennai)

A multi-centric clinical study to compare the efficacy and safety of coded Unani formulation UNIM-118 with Silymarin in patients with Waram al-Kabid / Acute Hepatitis A/B/C/E & Chronic Active Hepatitis B/C was carried out at CRIUM, Hyderabad and RRIUM Chennai. The patients were divided into two groups. One group received UNIM-118 in the dose of two tablets (500 mg each) thrice daily after meals, the other group received Silymarin in the dose of one tablet (70 mg) thrice daily after meals. The total duration of treatment was eight weeks for Acute Hepatitis A/ B/ C/ E and 12 weeks for Chronic Active Hepatitis B and C. During the reporting period four cases were registered. All cases completed the study and were relieved.

Validation of Unani Pharmacopoeial Drugs

Clinical validation of Unani pharmacopoeial formulation Sharbat-e-Faulad in Su-al-Qinya (Anaemia) (CRIUM, Lucknow and RRIUMs, Aligarh and New Delhi)

A study on validation of a Unani pharmacopoeial formulation Sharbat-e-Faulad in cases of Su-al-Qinya (Anaemia) was carried out at CRIUM, Lucknow and RRIUMs, Aligarh and New Delhi. The patients received Sharbat-e-Faulad in the dose of 12 ml twice daily after meals for 12 weeks.

During the reporting period, eight patients were studied, out of them two patients completed the study and were relieved partially. Six patients dropped out of the study. So far 250 patients have completed the study. The test drug was found well tolerated and no adverse effects was observed.

Clinical validation of Unani pharmacopoeial formulations Arq-e-Kasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in Warm-al-Kabid (RRIUMs, Mumbai, Kolkata, and CRU, Kerala)

A study on validation of Unani Pharmacopoeial formulations Arq-e-Kasni, Arq-e-Mako and Sharbat-e-Bazoori Motadil in cases of Warm-al-Kabid was carried out at RRIUMs, Mumbai, Kolkata and CRU, Kerala. The patients 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 eight weeks.

During the reporting period, no patients were registered. So far 80 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Jawarish Amla and Habb-e-Papita in Kasrat-e-Rutubat-e-Humuza (Hyperacidity) (RRIUMs, Srinagar, Aligarh and Patna)

A study on validation of Unani Pharmacopoeial formulations Jawarish Amla and Habb-e-Papita in cases of Kasrat-e-Rutubat-e-Humuza (Hyperacidity) was carried out at RRIUMs, Srinagar, Aligarh and Patna. The patients received Jawarish Amla 10 gm twice daily in the morning and evening and Habb-e-Papita two pills twice daily after meals.

During the reporting period, no patients were studied. So far 331 patients have completed the study. The test drug was found well-tolerated and no adverse effects was observed.

Clinical validation of Unani Pharmacopoeial formulations Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil and Marham Saeeda Chob Neem Wala in Bawaseer-e-Damiya (Bleeding Piles) (RRIUMs, New Delhi, Bhadrak, Kolkata and CRU Kurnool)

A study on validation of Unani Pharmacopoeial formulations Habb-e-Rasaut, Habb-e-Muqil, Majoon Muqil orally and Marham Saeeda Chob Neem Wala in cases of Bawaseer-e-Damviya (Bleeding Piles) was carried out at RRIUMs, New Delhi, Bhadrak and Kolkata, and CRU Kurnool. The patients received Habb-e-Rasaut and Habb-e-Muqil orally in the dose of two tablets each twice daily. Majoon Muqil was given orally in the dose of 10 gm once daily. Marham Saeeda Chob Neem Wala was applied locally. The duration of treatment was 42 days.

During the reporting period, 14 patients were studied, out of them seven patients completed the study. In completed patients, five (71.4%) patients were relieved, one (14.3%) patient partially relieved and one (14.3%) patient showed no response. Seven patients dropped out of the study. So far 201 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Majoon Ushba and Arq Murakkab Musaffi Khoon in Busoor-e-Jild (Boils & Pustules) (RRIUM, Bhadrak, RRC Allahabad, CRUs Bengaluru and Burhanpur)

A study on validation of Unani Pharmacopoeial formulations Majoon Ushba and Arq Murakkab Musaffi Khoon in cases of Busoor-e-Jild (Boils & Pustules) was carried out at RRIUM, Bhadrak, RRC Allahabad, CRUs Bengaluru and Burhanpur. The patients received Majoon Ushba orally in the dose of 12 g daily and Arq Murakkab Musaffi Khoon orally in the dose of 25 ml twice daily. The duration of treatment was 42 days.

During the reporting period, 48 patients were studied, out of them 33 patients completed the study. In completed patients, 18 (54.5%) patients were relieved, 14 (42.5%) patients were partially relieved and one (3.0%) patient showed no response. Fifteen patients dropped out of the study. So far 358 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Sufoof-e-Mughalliz-e-Mani, Majoon Arad-e-Khurma and Iksir Shifa in Sura't Inzaal (Premature Ejaculation) (RRC Allahabad, CRUs, Burhanpur and Meerut)

A study on validation of Unani Pharmacopoeial formulations Sufoof-e-Mughalliz-e-Mani, Majoon Arad-e-Khurma and Iksir Shifa in cases of Sura't Inzal (Premature Ejaculation) was carried out at RRC, Allahabad, CRUs, Burhanpur and Meerut. The patients received Sufoof-e-Mughalliz-e-Mani seven gm, Majoon Arad-e-Khurma 10 gm and Iksir Shifa one tablet, once daily for six weeks.

During the reporting period, 33 patients were studied, out of them 23 patients completed the study. In completed patients, 13 (56.5%) patients were relieved, seven (30.5%) patients were partially relieved and three (13%) patients showed no response. No patients were under study and 10 patients dropped out of the study. So far 430 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Majoon Suranjan, Sufoof Suranjan and Roghan Suranjan in Waja-al-Mafasil (Rheumatoid Arthritis) (CRIUM, Lucknow, RRIUMs, Chennai and Patna, CRUs, Bengaluru and Kerala)

A study on validation of Unani Pharmacopoeial formulations Majoon Suranjan, Sufoof Suranjan and Roghan Suranjan in cases of Waja-al-Mafasil (Rheumatoid Arthritis) was carried out at CRIUM, Lucknow, RRIUMs, Chennai and Patna, CRUs, Bengaluru and Kerala. The patients received Majoon Suranjan in the dose of 7 gm, Sufoof Suranjan 6 gm twice daily orally and Roghan Suranjan for local application. The duration of the treatment was 12 weeks.

During the reporting period, 39 patients were studied, out of them 37 patients completed the study. In the completed patients, 16 (43.2%) patients were relieved, 16 (43.2%) patients were partially relieved and five (13.6%) patients showed no response. Two patients dropped out of the study. So far 268 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulation Tiryaq-e-Pechish in Zahir (Dysentery) (RRIUM, New Delhi and CRU, Meerut)

A study on validation of Unani Pharmacopoeial formulation Tiryaq-e-Pechish in cases of Zahir (Dysentery) was carried out at RRIUM, New Delhi and CRU, Meerut. The patients received Tiryaq-e-Pechish 5 gm twice daily for one week.

During the reporting period, 33 patients were studied, out of them 22 patients completed the study. In completed patients, 16 (72.7%) patients were relieved, five (22.7%) patients were partially relieved and one (4.6%) patient showed no response. Eleven patients dropped out of the study. So far 165 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Majoon Nisyan in Nisyan (Amnesia) (CRIUM Hyderabad, RRIUMs, Chennai and Mumbai)

A study on validation of a Unani Pharmacopoeial formulation Majoon Nisyan in cases of Nisyan (Amnesia) was carried out at CRIUM, Hyderabad, RRIUMs, Chennai and Mumbai. The patients received Majoon Nisyan 7 gm once a day for a period of 90 days.

During the reporting period, 33 patients were studied, out of them 14 patients completed the study and were partially relieved. Eleven patients were under study and eight patients dropped out of the study. So far 207 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Majoon Falasifa and Majoon Masikul Baul in Zof-e-Masana (Overactive Bladder) (CRIUMs, Hyderabad and Lucknow)

A study on validation of Unani Pharmacopoeial formulations Majoon Falasifa and Majoon Masikul Baul in Zof-e-Masana (Overactive Bladder) was carried out at CRIUMs, Hyderabad and Lucknow. The patients received Majoon Falasifa and Majoon Masikul Baul in the doses of 7 gm each in the morning for 12 weeks.

During the reporting period, 12 patients were studied, out of them seven patients completed the study and were relieved. Four patients were under study and one patient dropped out from the study. So far 71 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in Zof-e-Masana (Overactive Bladder) (CRIUM, Hyderabad)

A study on validation of Unani Pharmacopoeial formulations Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in cases of Zof-e-Masana (Overactive bladder) was carried out at CRIUM,

Hyderabad. The patients received Majoon Kundur, Jawarish Zarooni and Arq-e-Badiyan in the doses of 7 gm once a day, 7 gm twice a day and 20 ml twice a day respectively for a period of 12 weeks.

During the reporting period, eight patients were studied, out of them five patients completed the study and were relieved. Two patients were under study and one patient dropped out from the study. So far 55 patients have completed the study. The test drugs were found well-tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Qurs-e-Deedan in Deedan-al-Ama (Helminthiasis) (CRIUM, Lucknow, RRIUMs, Bhadrak and Kolkata)

A study on validation of a Unani Pharmacopoeial formulation Qurs-e-Deedan in cases of Deedan-al-Ama (Helminthiasis) was carried out at CRIUM, Lucknow, RRIUMs, Bhadrak and Kolkata. The patients received Qurs-e-Deedan in the dose of one Tablet (250 mg) twice daily before meals with water for a period of two weeks.

During the reporting period, 100 patients were studied, out of them 63 patients completed the study. In completed patients, 36 (57.1%) patients were relieved, 24 (38.1%) patients were partially relieved and three (4.8%) patients showed no response. Six patients were under study and 31 patients dropped out from the study. So far 65 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Jawarish Ood Shireen in Zuf-al-Ishtiha (Anorexia) (RRIUM, Bhadrak, CRUs, Meerut and Kurnool)

A study on validation of a Unani Pharmacopoeial formulation Jawarish Ood Shireen in cases of Zuf-al-Ishtiha (Anorexia) was carried out at RRIUM, Bhadrak, CRUs, Meerut and Kurnool. The patients received Jawarish Ood Shireen in the dose of 5 gm twice a day before meals for two weeks.

During the reporting period, 108 patients were studied, out of them 95 patients completed the study. Out of the 95 completed patients, 33 (34.7%) patients were relieved and 62 (65.3%) patients were partially relieved. Two patients were under study and 11 patients dropped out from the study. So far 105 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Sharbat-e-Ejaz in Surfa Yabis (Dry Cough) (RRIUMs, Mumbai and Srinagar, CRU, Meerut)

A study on validation of a Unani Pharmacopoeial formulation Sharbat-e-Ejaz in cases of Surfa Yabis (Dry cough) was carried out at RRIUMs, Mumbai and Srinagar and CRU, Meerut. The patients received Sharbat-e-Ejaz in the dose of 20 ml mixed with 40 ml of lukewarm water twice daily for a period of two weeks.

During the reporting period, 87 patients were studied, out of them 60 patients completed the study. In completed patients, 31 (51.7%) patients were relieved, 27 (45.0%) patients were partially

relieved and two (3.3 %) patients showed no response. Five patients were under study and 22 patients dropped out from the study. So far 62 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Itrifal Shahatra and Marham Kharish Jadeed in Jarab (Scabies) (RRIUM, Bhadrak)

A study on validation of Unani Pharmacopoeial formulations Itrifal Shahatra and Marham Kharish Jadeed was carried out in Jarab (Scabies) patients at RRIUM, Bhadrak. The patients received Itrifal Shahatra 6 gm twice daily with water after meals. Patients were advised to wash the affected area with Aab-i-Neem and Marham Kharish Jadeed was applied twice daily for two weeks.

During the reporting period, 43 patients were studied, out of them, 17 patients completed the study. In completed patients, 15 (88.2 %) patients were relieved and two (11.8 %) patients were partially relieved. One case was under study and 25 patients dropped out from the study. So far 18 patients have completed the study. The test drugs were found well tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Jawarish Kamooni and Arq-e-Badiyan in Su-al-Hazm (Dyspepsia) (CRIUM, Lucknow, RRIUM, Patna, CRUs, Meerut and Kurnool)

A study on validation of Unani Pharmacopoeial formulations Jawarish Kamooni and Arq-e-Badiyan was carried out in cases of Su-al-Hazm (Dyspepsia) at CRIUM, Lucknow, RRIUM, Patna, CRUs, Meerut and Kurnool. The patients received Jawarish Kamooni 5 gm and Arq-e-Badiyan 60 ml with water twice daily after meals for two weeks.

During the reporting period, 169 patients were studied, out of them, 148 patients completed the study. In completed patients, 73 (49.3%) patients were relieved and 75 (50.7%) patients were partially relieved. Five patients were under study and 16 patients dropped out from the study. So far 152 patients have completed the study. The test drugs were found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Qurs-e-Ziabetus Khas in Ziabetus Sukkari Qism-e-Sani (Diabetes Mellitus Type-II) (CRIUM, Hyderabad, RRIUM, Chennai, RRC, Allahabad and CRU, Bengaluru)

A study on validation of a Unani Pharmacopoeial formulation Qurs-e-Ziabetus Khas in cases of Ziabetus Sukkari Qism-e-Sani (Diabetes Mellitus Type-II) was carried out at CRIUM, Hyderabad, RRIUM, Chennai, RRC, Allahabad and CRU, Bengaluru. The patients received Qurs-e-Ziabetus Khas two tablets with water twice daily half an hour before meals for 12 weeks.

During the reporting period, 88 patients were studied, out of them, 38 patients completed the study. In completed patients, four (10.5%) patients were relieved, 28 (73.7%) patients were partially relieved and six (15.8%) patients showed no response. 25 patients were under study and 25 patients dropped out from the study. So far 38 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Kushta Khabasul Hadeed and Habb-e-Marwareed in Sayalan-al-Rahim (Leucorrhoea) (CRIUM, Lucknow, RRIUMs, Patna, New Delhi and Aligarh, CRU, Kerala)

A study on validation of Unani Pharmacopoeial formulations Kushta Khabasul Hadeed and Habb-e-Marwareed in cases of Sayalan-al-Rahim (Leucorrhoea) was carried out at CRIUM, Lucknow, RRIUMs, Patna, New Delhi, Aligarh and CRU, Kerala. The patients received Kushta Khabasul Hadeed one tablet twice daily and Habb-e-Marwareed one pill twice daily with water after meals for four weeks.

During the reporting period, 192 patients were studied, out of them, 127 patients completed the study. In completed patients, 27 (21.3%) patients were relieved, 85 (66.9%) patients were partially relieved and 15 (11.8%) patients showed no response. 21 patients were under study and 44 patients dropped out from the study. So far 127 patients have completed the study. The test drugs were found well tolerated and no adverse effects were observed.

Clinical validation of Unani Pharmacopoeial formulations Majoon-e-Suranjan and Habb-e-Azraqi in Niqris (Gout) (CRIUM, Lucknow, RRIUMs, Aligarh and Chennai, and CRU, Burhanpur)

A study on validation of Unani Pharmacopoeial formulations Majoon-e-Suranjan and Habb-e-Azraqi in cases of Niqris (Gout) was carried out at CRIUM, Lucknow, RRIUMs, Aligarh Chennai and CRU, Burhanpur. The patients received Majoon-e-Suranjan 5 gm twice daily and Habb-e-Azraqi one pill twice with water after meals daily for eight weeks.

During the reporting period, 62 patients were studied, out of them, 35 patients completed the study. In completed patients, 27 (77.1 %) patients were relieved, six (17.1 %) patients were partially relieved and two (5.8 %) patients showed no response. 17 patients were under study and 10 patients dropped out from the study. So far 35 patients have completed the study. The test drugs were found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Dawaul Misk Motadil Sada in Khafaqan (Palpitation) (RRIUM, Aligarh, RRC, Allahabad)

A study on validation of a Unani Pharmacopoeial formulation Dawaul Misk Motadil Sada in cases of Khafaqan (Palpitation) was carried out at RRIUM, Aligarh and RRC, Allahabad. The patients received Dawaul Misk Motadil Sada 5 gm twice daily for four weeks.

During the reporting period, 44 patients were studied, out of them 33 patients completed the study. In completed patients, 14 (42.4%) patients were relieved and 19 (57.6%) patients were partially relieved, 11 patients were under study. So far 33 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Sufoof Hajrul Yahood in Hasatul Kulya (Nephrolithiasis) (CRIUM, Hyderabad, RRIUMs, Chennai and Srinagar)

A study on validation of a Unani Pharmacopoeial formulation Sufoof Hajrul Yahood in cases of Hasatul Kulya (Nephrolithiasis) was carried out at CRIUM, Hyderabad, RRIUMs, Chennai and Srinagar. The patients received Sufoof Hajrul Yahood 5 gm twice daily for eight weeks.

During the reporting period, 103 patients were studied, out of them 48 patients completed the study. Out of the completed patients, 31 (64.6%) patients were relieved, 13 (27.1%) patients were partially relieved and four (8.3%) patients showed no response. 23 patients were under study and 32 patients dropped out from the study. So far 50 patients have completed the study. The test drug was found well tolerated and no adverse effects were observed.

The following studies under validation of Unani Pharmacopoeial drugs were allotted / initiated during the reporting period:

- Clinical validation of Unani Pharmacopoeial formulations Sufoof Pathar Phori and Sharbat-e-Bazoori Motadil in Hasatul Kulya (Nephrolithiasis)
- Clinical validation of Unani Pharmacopoeial formulation Habb-e-Tursh Mushtahi in Zuf-al-Ishtiha (Anorexia)
- Clinical validation of a Unani Pharmacopoeal formulation Sharbat-e-Belgiri in Zahir (Dysentery)
- Clinical validation of a Unani Pharmacopoeial formulation Damavi in Su-al-Qinya (Anaemia).
- Clinical validation of a Unani Pharmacopoeial formulation Itrifal Muqawwi Dimagh in Nisyan (Amnesia)
- Clinical validation of Unani Pharmacopoeial formulations Itrifal Shahtra and Sharbat Unnab in Busoor-e-Jild (Macules and Pustules)
- Clinical validation of Unani Pharmacopoeial formulations - Majoon Jograj Gugal and Raughan Malkangani in Waja-al-Mafasil (Rheumatoid Arthritis)
- Clinical validation of a Unani Pharmacopoeial formulation Zimad-e-Bars in Kalaf (Melasma)
- Clinical validation of a Unani Pharmacopoeial formulation Majoon Suparipak in Sayalan-al-Rahim (Leucorrhoea)

Validation of Pharmacopoeial Fast-acting Drugs

During the reporting period, the Council initiated the programme of validating the efficacy and safety of some Unani Pharmacopoeial fast-acting drugs in different disease conditions at seven clinical centres.

Clinical validation of seven Unani Pharmacopoeial drugs was initiated in six disease conditions – Nazla-e-Harr (Common Cold), Waja al-Mafasil (Rheumatoid Arthritis/Joint pain), Sual-e-Ratb (Productive cough), Qula (Stomatitis), Suda (Headache) and Waja al-Asnan (Toothache). The following studies were conducted:

Clinical validation of a Unani Pharmacopoeial formulation Habb-e-Shifa for symptomatic relief in patients of Nazla-e-Harr (Common Cold) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna; RRC, Silchar, CRUs, Kurnool and Karimganj)

Clinical validation of a Unani Pharmacopoeial formulation Habb-e-Shifa was conducted in the

patients of Nazla-e-Harr (Common Cold) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, RRC, Silchar and CRUs, Kurnool and Karimganj. The study drug Habb-e-Shifa was given orally in the dose of one to two pills (according to body weight, one pill in patients with body weight less than 50 kg and two pills in patients with body weight more than 50 kg) twice daily. The treatment was given for a period of seven days.

During the reporting period, 180 patients were studied, out of them 140 patients completed the study. Out of 140 patients who completed the study, 97 (69.3%) patients were relieved, 40 (28.6%) patients partially relieved whereas three (2.1%) patients showed no response. Thirty eight patients dropped out of the study and two patients were under study at the end of reporting period. The test drug was found well-tolerated and no any adverse effects were observed.

Clinical validation of analgesic effect of Unani Pharmacopoeial formulations Habb-e-Suranjan and Raughan-e-Suranjan in the patients of Waja al-Mafasil (Rheumatoid Arthritis/ Joint Pain) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna, RRC, Silchar and CRU, Kurnool and Karimganj)

Clinical validation of analgesic effect of Unani Pharmacopoeial formulations Habb-e-Suranjan and Raughan-e-Suranjan was conducted in patients of Waja al-Mafasil (Rheumatoid Arthritis/ Joint Pain) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, RRC, Silchar, and CRUs, Kurnool and Karimganj. The study drug Habb-e-Suranjan was given orally in the dose of two pills after meals thrice daily. The lukewarm Raughan-e-Suranjan was applied locally twice a day on the affected joints. The treatment was given for a period of 14 days.

During the reporting period, 42 patients were studied, out of them 32 patients completed the study. Out of the completed patients, 10 (31.3%) patients were relieved and 22 (68.7%) patients were partially relieved. Ten patients dropped out of the study. The test drugs were found well-tolerated and no any adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Sharbat Zufa Murakkab in the patients of Sual-e-Ratb (Productive Cough) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool)

Clinical validation of a Unani Pharmacopoeial formulation Sharbat Zufa Murakkab was conducted in the patients of Sual-e-Ratb (Productive Cough) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool. The study drug Sharbat Zufa Murakkab was given orally in the dose of 10 ml with lukewarm water thrice daily. The treatment was given for a period of 14 days.

During the reporting period, 163 patients were studied, out of them 120 patients completed the study. Out of completed patients, 88 (73.3%) patients were relieved, 30 (25.0%) partially relieved whereas two (1.7%) patients showed no response. Forty three patients dropped out of the study. The test drug was found well-tolerated and no adverse effects were observed.

Clinical Validation of a Unani Pharmacopoeial formulation Zaroor Kath for symptomatic relief in the patients of Qula (Stomatitis) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool)

Clinical validation of a Unani Pharmacopoeial formulation Zaroor Kath was conducted in the

patients of Qula (Stomatitis) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool. The study drug Zaroor Kath was sprinkled locally on the lesions in the mouth twice daily. The treatment was given for a period of seven days.

During the reporting period, 139 patients were studied, out of them 123 patients completed the study. Out of the completed patients, 35 (28.5%) patients were relieved, 79 (64.2%) patients were partially relieved whereas nine (7.3%) patients showed no response. Fifteen patients dropped out of the study and one patient was under study at the end of reporting period. The test drug was found well-tolerated and no adverse effects were observed.

Clinical Validation of a Unani Pharmacopoeial formulation Arq Ajeeb for symptomatic relief in Suda (Headache) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool)

Clinical validation of a Unani Pharmacopoeial formulation Arq Ajeeb was conducted in the patients of Suda (Headache) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool. The study drug Arq Ajeeb was applied locally on the forehead twice daily. The treatment was given for a period of seven days.

During the reporting period, 176 patients were studied, out of them 138 patients completed the study. Out of the completed patients, 54 (39.1%) patients were relieved, 69 (50.0%) patients were partially relieved whereas 15 (10.9%) patients showed no response. Thirty six patients dropped out of the study and two patients were under study at the end of reporting period. The test drug was found well-tolerated and no adverse effects were observed.

Clinical validation of a Unani Pharmacopoeial formulation Raughan Ikseer for symptomatic relief in Waja al-Asnan (Toothache) (RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool)

Clinical validation of a Unani Pharmacopoeial formulation Raughan Ikseer was conducted in the patients of Waja al-Asnan (Toothache) at RRIUMs, Mumbai, Chennai, Bhadrak and Patna, and CRU, Kurnool. The study drug Raughan Ikseer was applied locally on the aching tooth twice daily. The treatment was given for a period of seven days.

During the reporting period, six patients were studied, out of them three patients completed the study. Out of the completed patients, two (66.7%) patients were relieved and one (33.3%) patient was partially relieved. One patient dropped out of the study and two patients were under study at the end of reporting period. The test drug was found well-tolerated and no any adverse effects were observed.

During the reporting period, clinical validation of Unani Pharmacopoeial formulation Qurs Asfar for symptomatic relief in Shara (Urticaria) was also initiated.

Validation of Regimenal Therapies

Apart from pharmacotherapy, Unani Medicine also offers Ilaj bit Tadabir (Regimenal therapies) such as Hijama (cupping), Taleeq (leeching), Qay (vomiting), Riyazat (exercise), etc. for certain conditions. During the reporting period, therapeutic effects of Hijama (Cupping) and Taleeq (leeching) were evaluated. Cupping was done on a total number of 1,751 patients of musculo-

skeletal disorders especially Waja-al-Mafasil (Rheumatoid Arthritis) and Tahajjur-e-Mafasil (Osteoarthritis) at RRIUMs, Srinagar, New Delhi, Aligarh and Patna. Leeching was done in 139 patients of different chronic diseases especially gout, vitiligo, osteoarthritis, alopecia and frost bite at RRIUM, Srinagar. Other therapies like Dalk (massage), Takmid (fomentation), Inkibab (steam Inhalation), etc. were also applied on 57 cases of different chronic diseases.

Validation of Fundamentals

Theory of Akhlat wa Mizaj (Humours and temperaments)

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

During the reporting period, assessment of temperaments of 4,219 patients attending the OPD of CRIUM, Hyderabad was done. These include 3,828 patients of Bars (Vitiligo), 155 patients of Daus Sadaf (Psoriasis), 78 patients of Kasrat-i-Shahmuddam (Hyperlipidaemia), 31 patients of Ziabetus Sukkari (Diabetes mellitus), 12 patients of Zuf-al-Masana (Over-active bladder), nine patients of Nisyan (Amnesia), 25 patients of Iltihab-i-Kabid (Hepatitis), 14 patients of Zaghtuddam Qawi Lazimi (Essential hypertension) and 67 patients of Iltihab Tajawif-al-Anf (Sinusitis).

In Bars, 1,560 (40.8%) patients showed Damwi (Sanguine) temperament, 2,101 (54.9%) showed Balghami (Phlegmatic) temperament, 160 (4.2%) showed Safrawi (Bilious) temperament and seven (0.2%) showed Sawdawi (Melancholic) temperament. In Daus Sadaf, 51 (32.9%) patients showed Damwi, 48 (31.0%) Balghami, 20 (19.4%) Safrawi and 36 (23.3%) were of Sawdawi temperament. Out of 78 patients in Kasrat-i-Shahmuddam (hyperlipidaemia), 74 (94.9%) showed Balghami temperament and four were (5.1%) of Damwi temperament.

In Ziabetus Sukkari, out of 31 patients, 24 (77.4%) were of Damwi temperament and seven (22.6%) Balghami. In Zuf-al-Masana, five (41.7%) patients were of Balghami temperament, three (25.0%) Damwi, two (16.7%) Safrawi, and two (16.7%) Sawdawi. In Nisyan (Amnesia), two (22.2%) patients were of Damwi temperament, three (33.3%) Balghami, three (33.3%) Safrawi and one (11.1%) patient was of Sawdawi temperament. In Iltihab-i-Kabid, two (8.0%) patients were of Damwi temperament, 16 (64.0%) Balghami and seven (28.0%) Safrawi. In Zaghtuddam Qawi Lazimi, one (7.1%) patient was of Damwi temperament and 13 (92.9%) Balghami. In Iltihab Tajawif-al-Anf (Sinusitis), 59 (88.0%) patients were of Balghami temperament, four (6.0%) Damwi and four (6.0%) Safrawi. In these patients, susceptibility for acquiring diseases in relation to different temperaments was also studied. An interim analysis of data revealed that patients of Balghami temperament were more susceptible to Bars (Vitiligo) followed by Damwi, Safrawi and Sawdawi temperaments. Similarly, persons of Balghami temperament were more susceptible to Iltihab Tajawif-al-Anf (Sinusitis) followed by Damwi (Sanguine) temperament. Patients of Damwi temperament were more susceptible to diabetes mellitus and balghami temperament to essential hypertension.

The following new projects were initiated during the reporting period:

- Genetic studies on theory of humours with special reference to diabetes mellitus, essential hypertension
- Genetic studies on theory of humours with special reference to vitiligo
- Genetic studies on theory of humours with special reference to hepatitis
- Genetic studies on theory of humours with special reference to cancer and other diseases
- Genetic studies on theory of humours with special reference to healthy volunteers
- Pharmacogenomics of Unani formulations in vitiligo

The programme involves the following studies, and is being done on each subject/patient:

- Determination of dominant temperament by Ajnas-e-Ashara
- Determination of dominant temperament by special CRF on assessment of temperament
- Genetic marker studies in relation to temperament of each subject
- Biochemical, physiological and pathological parameters were studied in each subject
- Pulse wave analysis and its component study in relation to temperament in each subject

During the reporting period, 221 patients and healthy volunteers were enrolled. Of them, 61 suffered from essential hypertension, 54 from Diabetes Mellitus, 26 from Vitiligo, one from hepatitis and 31 from Sawdawi and other related diseases. Forty eight were healthy volunteers who served as control. The dominant temperament was assessed by Ajnas-e-Ashara as well as by special CRFs on assessment of temperament.

During the reporting period, 145 patients and healthy volunteers having dominance of Dam, 39 patients and healthy volunteers having dominance of Balgham and six patients and healthy volunteers having dominance of Safra and 31 patients having dominance of sawda were enrolled. The hypertensive and diabetic patients had the dominance of Dam, the Vitiligo cases had the dominance of Balgham, the hepatitis cases had the dominance of Safra and cases with sawdawi diseases had the domination of Sawda.

During the reporting period, 48 healthy volunteers studied. Of them, 30 elicited Damwi temperament, 13 were Balghami and five were Safrawi. The patients and healthy volunteers were referred for genetic marker, biochemical, physiological and pathological studies. Pulse wave analysis and component study in relation to temperament in each subject was also carried out.

Genetic studies:

- In genetic studies, the DNA was isolated from the collected blood samples by Hipura blood isolation kit (Himedia) and checked for the quality and quantity using Agarose gel

electrophoresis and Multimode reader to take nanodrop reading.

- The isolated DNA samples were stored at -20°C.
- Primers were designed and standardized for eNOS and CYP3A4 (Drug metabolizing gene) genes of Hypertension by Gene tool software.
- Standardized the method of restriction fragment length polymorphism for genetic profiling using restriction enzymes to analyze single nucleotide change (polymorphism) as per the protocol.
- Genotyping was done by taking 20 control and 30 Hypertension patients' DNA samples keeping the Polymerase chain reaction and running the RFLP by using MboI and Hind III enzymes.
- Genotyping status of Hypertensive samples along with control is was being mentioned.
- The results were correlated with the temperament and other biological parameters.

Genotyping for the Hypertension Patients' Samples:

- Wild status- GG (Homozygous normal) – 23 samples
- Heterozygous status (GT) – 07 samples
- Homozygous mutated status – 00 samples

Genotyping for the Control Samples:

- Wild status- GG (Homozygous normal) – 18 samples
- Heterozygous status (GT) – 02 samples
- Homozygous mutated status – 00 samples

Pharmacogenomics Studies:

As per the protocol this study has to be taken up at a later stage, hence it was only initiated for feasibility and standardisation.

- Collected blood samples from Vitiligo patients and control for pharmacogenomic studies.
- Isolated the RNA from collected whole blood samples.
- Conducted qualitative check for isolated RNA by agarose gel electrophoresis, quantitative check by nanodrop reading.
- Converted the isolated RNA into cDNA by using reverse transcriptase enzyme.

The converted cDNA samples were stored at -80°C for expression study. The results of the six projects will be statistically evaluated on completion of the sample size.

Research-oriented Healthcare

General Out-patient Department (GOPD) Programme

The GOPD programme which also includes Geriatrics OPD, RCH/MCH OPD and Post-trial Treatment access (PTA) OPD aims to promote, protect, and preserve public health through Unani Medicine, besides providing treatment facility to the research patients after completing the trial. During the reporting period, this programme continued at Central Research Institutes of Unani Medicine (CRIUMs), Hyderabad and Lucknow; Regional Research Institutes of Unani Medicine (RRIUMs), 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; and Clinical Research Pilot Project, Manipur. During the reporting period, a total of 3,43,170 patients comprising 2,95,131 new patients in GOPDs, 9,492 in post-trial Treatment Access OPDs, 9,677 in RCH / MCH OPDs and 28,870 in Geriatric OPDs were treated at different centres. These patients were also assessed for their temperaments and various other factors responsible for occurrence of the disease, thus generating research feedback and Unani treatment was prescribed accordingly. These patients were treated with Unani pharmacopoeial formulations and response was recorded.

Mobile Clinical Research Programme

The mobile clinical research programme of the Council aims to provide healthcare to the population residing in rural areas/urban slums and pockets inhabited by under-privileged sections of the society. Under this programme, rural areas/urban slums and pockets predominantly inhabited by Scheduled Caste/Scheduled Tribe population with no medical facility are covered. The Council's physicians visited the adopted pockets at regular intervals and provided free Unani treatments to the patients at their door steps. Besides, health awareness was also created among the population under coverage particularly the women and senior citizens through health lectures and group meetings on the preventive, promotive and curative health aspects based on the principles of Unani Medicine. They were also made aware of the therapeutic uses of medicinal plants growing in their vicinity in the management of different common / seasonal ailments.

During the reporting period, 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, Kolkata, Mumbai, New Delhi and Srinagar; Regional Research Centre (RRC), Allahabad; and Clinical Research Unit (CRU) Burhanpur. During the reporting period, this programme continued in 32 adopted pockets covering over 6 lakh populations. A total of 30,427 patients were treated with Unani pharmacopoeial formulations in 626 mobile visits made to these pocket. Predominant diseases as observed were Rheumatoid Arthritis, Osteoarthritis, Joint Pain, Piles, Leucorrhoea, Skin Infections, Fever, Cough, Catarrh, etc.

3.1.2.4. LITERARY RESEARCH PROGRAMME

During the reporting period, Urdu translation of Persian books *Muhit-i Azam*, Volume IV and *Iksir-i Azam*, Volume II and vetting of Urdu translation of Arabic book *Tazkirat Uli al-Albab*, Volume II continued. Hindi translation of Unani Pharmacopoeia of India, Part I, Volume I also continued and a total of 45 monographs on Unani single drugs were translated.

During the reporting period, the project, 'Compilation and critical review of classical Unani literature on *Nisyan* (Amnesia)' was completed. Under the project, information on *Nisyan* under the headings including Introduction, Definition, Types, Causes, Signs/Symptoms, Diagnosis, Principles of treatment, Pharmacotherapy, Regimenal Therapy, Dietotherapy, Preventive & Promotive Measures and References has been gathered from 20 classical books of Unani Medicine. The evidence-based information has also been provided under the heading *Ilaj bi'l-Dawa* (Pharmacotherapy) where certain preclinical and clinical studies have been referred.

During the reporting period, the work on '*Standard Unani Treatment Guidelines for Common Diseases, Volume II*' was started and a total of 80 diseases relating to different body systems were identified for inclusion.

Under the programme of Information, Education & Communication (IEC), the publicity material on various topics including Unani Medicine- An Introduction, Activities and Achievements of CCRUM, Promotion of Health & Prevention of Diseases, Maternal and Child Health, Elderly Care, *Faqr al-Dam* (Anaemia), *Zeeq al-Nafas* (Bronchial Ashtma), *Waja'al-Mafasil* (Rheumatoid Arthritis), *Irsal-i Alaq* (Leech Therapy) and *Nisyan* (Amnesia) was prepared. The work of abstracting *Jahan-i Tib's* articles in English continued and 80 articles were abstracted during the reporting period.

3.2. STUDIES UNDER NEW INTRAMURAL RESEARCH (IMR) POLICY

To utilize the full potentials of the scientists working in the different centres and conduct studies based on region-specific needs, the Council adopted a new Intramural Research (IMR) Policy. The policy also aims to conduct studies in a time-bound manner. During the reporting period, following projects were taken up at Central Research Institute of Unani Medicine, Hyderabad:

Evaluation of therapeutic efficacy and safety of coded Unani drugs PTV-6(O) + PTV-7(O) and TA-1 and TA-1 plus (topical) in Bars (Vitiligo) patients of different skin grades

A pilot study to evaluate the safety and efficacy of a combination of coded Unani drugs PTV-6 (O) + PTV-7 (O), TA-1 (topical) and TA-1 plus (topical) was carried out in vitiligo patients of different skin grades. In group-I, the drug PTV-6 (one tablet of 500 mg thrice daily) and PTV-7 (one tablet of 500 mg twice daily) was given after food, whereas the ointment of the drug TA-1 was applied locally on the affected parts early in the morning and the affected parts were exposed to sunlight for 10 to 15 minutes. Treatment was given for six months. In group-II, the patients were treated with PTV-6(O) + PTV-7(O) and TA-1 plus (topical). The dosage, mode of application and duration of treatment was same as in group-I.

During the reporting period, 55 patients were registered in group-I, out of them four cases completed the study. All four patients showed $\leq 40\%$ repigmentation. Thirty nine patients were under study whereas 12 patients dropped out of the study.

In group-II, 71 patients were registered, out of them three cases completed the study. All three patients showed $\leq 40\%$ repigmentation. 51 patients were under study whereas 17 patients dropped out of the study. The test drugs were found well tolerated and no adverse effects were observed.

Evaluation of therapeutic efficacy and safety of coded Unani drugs PTH-1, PTH-2 and PTH-3 in Asymptomatic Hepatis B carrier patients

A pilot study to evaluate the safety and efficacy of coded Unani drugs PTH-1, PTH-2 and PTH-3 was conducted in 27 patients of asymptomatic Hepatitis B carriers. The patients were divided in three treatment groups. In group-I, the patients were treated with the oral drug PTH-1 in the dose of two capsules of 500mg each thrice daily after food. In group-II, the patients were treated with the oral drug PTH-2 in the dose of two capsules of 500mg each thrice daily after food. In group-III, the patients were treated with the oral drug PTH-3 in the dose of two capsules of 500 mg each thrice daily after food. The duration of treatment was six months in all the groups.

During the reporting period, nine new patients were registered in group-I, whereas three patients continued from the previous year bringing the total patients studied to 12. Out of them, four patients completed the study and not responded to the treatment. Three patients were under study whereas five patients dropped out of the study.

In group-II, nine new patients were registered whereas five patients continued from the previous year bringing the total patients studied to 14. Out of them, six patients completed the study and not responded to the treatment. Three patients were under study whereas five patients dropped out of the study.

In group-III, nine new patients were registered whereas three patients continued from the previous year bringing the total patients studied to 12. Out of them, two patients completed the study and not responded to the treatment. Two patients were under study whereas eight patients dropped out of the study.

No adverse events or side effects related to drugs was reported in any group showing the general safety of the study drugs.

Single centre, randomized, single blind, parallel group, comparative study to compare the efficacy and safety of coded Unani drugs PTA-2+PTA-4 and PTA-3+PTA-4 in Osteoarthritis – A pilot study

A pilot clinical study to compare the efficacy and safety of coded Unani drugs PTA-2+PTA-4 and PTA-3+PTA-4 in patients with Osteoarthritis was carried out. The patients were divided into two groups, one group received PTA-2 in the dose of one tablet (500mg) thrice daily after food and PTA-4 (Oil form) for local application on the affected parts. Second group received PTA-3 in the dose of one tablet (500mg) thrice daily after food and PTA-4 (Oil form) for application on the affected parts. Duration of treatment was three months in both groups. In group-I, two patients were registered and both were under study. In group-II, no case was registered.

To evaluate the effect of Unani formulation(s) on various biomarkers in patients with Bars (Vitiligo)

The study was aimed to establish any potential biomarkers in vitiligo patients and to evaluate the effect of the tested Unani formulations on these biomarkers. During the reporting period, 31 vitiligo patients and six healthy individuals fulfilling the criteria were registered in the study and undergone clinical, biochemical and pathological examination at baseline. The blood

samples from all subjects were stored as serum / plasma at -80°C for biochemical biomarker analysis. The blood samples were also processed for RNA isolation and cDNA conversion for genetic biomarkers. The primer to be used for the expression studies of genetic biomarkers was designed and obtained. The PCR conditions for the genes: MIF, and β -actin with primers were standardized.

Evaluation of anti-inflammatory activity of Unani formulation(s) – An *in-vitro* and *in-vivo* study

The study was aimed to evaluate the anti-inflammatory properties of Unani drugs. The aqueous (AQ), hydro-ethanolic (HE) and methanolic (ME) extracts from coded Unani drugs UNIM-301 and UNIM-302 were used for *in-vitro* assays. The qualitative analysis in terms of alkaloids, terpenoids, saponins and tannins for aqueous and methanolic extracts of both the drugs were performed. The quantitative analysis in terms of total phenolics and flavanoids for all the extracts of both the drugs was also performed. The DPPH and ABTS assays, representing anti-oxidative potentials, were performed for all the three extracts of both the drugs. The RAW 264.7 cell line was maintained successfully in *in-vitro* cell culture facility. The protocol for cell line maintenance, passaging and cryopreservation was standardized. Some of the cell proliferation assays (MTT assay) along with extracts were performed on RAW 264.7 cell line.

Effect of Unani formulation(s) used for treatment of Bars (Vitiligo) on melanocytes: An *in-vitro* and *in-vivo* study

This study was aimed to develop the cellular and molecular mechanism of Unani drugs used for treatment of Bars. The aqueous (AQ), hydro-ethanolic (HE) and methanolic (ME) extracts from four coded Unani drugs - UNIM-001, UNIM-003, UNIM-004 and UNIM-005 were used for *in-vitro* assay. The qualitative analysis in terms of alkaloids, terpenoids, saponins and tannins for aqueous and methanolic extracts of all drugs were performed. The quantitative analysis in terms of total phenolics and flavanoids for all the extracts of the drugs were performed. The DPPH and ABTS assays, representing anti-oxidative potential, were performed for all three extracts of all the four drugs.

Developing UPLC fingerprint profile of the Unani coded compound formulation UNIM-041

A study was carried out to develop the UPLC fingerprint profile of Unani coded compound formulation UNIM-041. The formulation UNIM-041 and its ingredients were collected for different solvent extractions. Each sample was analyzed in UPLC in order to check the separation of components. The method was optimized for better separation of peaks by using the suitable conditions, solvent extracts, mobile phase, solvent ratios, buffers, pH, etc. Ultrasonic extraction with suitable solvent was performed with the samples. UNIM-041 compound drug was analyzed by UPLC and its ingredients were screened along with the marker reference compound and comparison of standard reference compound peak UV spectrum with the peak obtained at the same retention time in the sample chromatogram. UNIM-041 having three ingredients and standards selected as Zanjabeel = standard 6-gingerol; Sana = standard Sennoside A and Sennoside B; Turbud = Standard identification was under progress for *Operculina turpethum*.

Developing UPLC fingerprint profile of Unani coded compound formulation UNIM-040

A study was carried out to develop the UPLC fingerprint profile of the coded Unani compound formulation UNIM-040. The formulation UNIM-040 and its ingredients were collected from the pharmacy for different solvent extractions. Each sample was analyzed in UPLC in order to check the separation of components. The method was optimized for better separation of peaks by using the suitable conditions, solvent extracts, mobile phase, solvent ratios, buffers, pH, etc. Ultrasonic extraction with suitable solvent was performed with the samples.

3.3. COLLABORATIVE RESEARCH

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

A randomized controlled clinical trial (RCT) to compare and evaluate the safety and efficacy of PUVA sol therapy and Unani formulations UNIM-401 (oral) and UNIM-403 (oil) and UVA in the patients with chronic plaque psoriasis was conducted at Department of Dermatology, All India Institute of Medical Sciences (AIIMS), New Delhi. Patients of chronic plaque psoriasis aged above 18 years with Psoriasis Area Severity Index (PASI) or Body Surface Area (BSA) involvement of $\geq 10\%$ were included in the study. After baseline investigations, patients were randomly allocated to one of the two study groups. In group I (Test group), patients were given UNIM-401 in the dose of two capsules (500 mg each) orally twice a day and UNIM-403 oil for local application once a day, followed two hours later by gradually increasing sun exposure. In group II (control group), patients were given 8-Methoxsalen (8-MOP) orally in the dose of 0.6mg/kg as a single morning dose with food on alternate days, followed two hours later by application of petroleum jelly and gradually increasing sun exposure. Response was assessed by reduction in PASI at 2, 4, 8 and 12 weeks of treatment.

During the reporting period, total 76 patients were registered in both the groups, 41 patients in group I and 35 patients in group II. Out of them, 22 patients in group I and 12 patients in group II completed the trial. In group I, 03 (13.6%) patients and in group II, 03 (25%) patients achieved PASI score of 100. Ten (45.4%) patients in group I and 04 (33.3%) patients in group II achieved PASI score of 75 and more. Nine (41%) patients in group I and 5 (41.7%) patients in group II achieved PASI score more than 50.

Clinical study on Qarha Isna-e-Ashari (Duodenal Ulcer) with Unani Drug UNIM-701 at Department of Gastro-enterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, Hyderabad

Clinical study of a coded Unani drug UNIM-701 was conducted in the patients of Qarha 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, four patients were registered and one patient continued from the previous year. All the five patients completed the study and relieved. So far, 67 patients have

completed the study. The drug showed significant therapeutic effects in subsiding the clinical signs and symptoms, and healing the ulcer in the cured cases. No recurrence was observed.

Clinical Study on Gastro-esophageal Reflux Disease (GERD) with Unani Drug UNIM-701 at Department of Gastro-enterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, Hyderabad

Clinical study of a coded Unani drug UNIM-701 was conducted in the patients of gastroesophageal reflux disease (GERD) attending the OPD of Department of Gastro-enterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, 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, seven patients were registered whereas one patient continued from the previous year bringing the total patients studied to eight. Out of them, six patients completed the study. Two (33.3%) patients were cured and four (66.7%) patients relieved. One patient was under study whereas one patient dropped out of the study. So far, 56 patients have completed the study. The drug showed significant therapeutic effects in subsiding the clinical signs and symptoms.

Clinical study on Iltihab-e-Kabid Had (Acute Viral Hepatitis-HAV & HEV) with Unani drugs UNIM-107 and UNIM-117 at Department of Gastro-enterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, Hyderabad

Clinical study of two coded Unani formulations, UNIM-107 and UNIM-117 was conducted in Acute Viral Hepatitis including Hepatitis A Virus (HAV) and Hepatitis E Virus (HEV) marker positive patients at Department of Gastro-enterology and Hepatology, Owaisi Hospital and Research Centre, Deccan College of Medical Sciences, Hyderabad. The coded Unani drugs UNIM-107 and UNIM-117 were given in the dose of 10 ml twice daily in syrup form to the patients positive for HAV and HEV treated in two separate groups. The duration of treatment was 12 weeks in each group.

In the treatment group UNIM-107, three patients were registered and one patient continued from the previous year. Out of the total four cases, three cases completed the study and were relieved, whereas one patient dropped out from the study. So far, 43 patients have completed the study. The drug showed significant therapeutic effects in subsiding the clinical signs and symptoms and normalizing various biochemical parameters.

In the treatment group UNIM-117, four patients were registered. All patients completed the study and were relieved. So far, 41 patients have completed the study. The drug showed significant therapeutic effects in subsiding the clinical signs and symptoms and normalizing various biochemical parameters.

3.4. PUBLICATIONS

3.4.1. BOOKS, MONOGRAPHS, REPORTS, ETC.

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

- Muhit-i Azam, vol. III (Urdu)
- Kitab-al-Mi'a fi't Tibb (Arabic)
- Standard Unani Treatment Guidelines for Common Diseases, vol. I
- Clinical Study on Zeequn Nafas (English)
- CCRUM – Research Activities, Achievements and Recent Initiatives (English)
- CCRUM Annual Report – 2013-14 (English)
- CCRUM Annual Report – 2013-14 (Hindi)
- CCRUM Newsletter (March – June 2014)
- CCRUM Newsletter (July – December 2014)
- CCRUM Calendar – 2015
- Reprinting of –
 - Unani Treatment for Bars – A Success Story (English/Hindi)
 - Unani Treatment for Eczema and Psoriasis – A Success Story (English/Hindi)
 - Unani Treatment for Waja-al-Mafasil (Arthritis) – A Success Story (English/Hindi)
 - Unani Medicine – An Introduction (English/Hindi)
 - Unani Treatment for Some Common Disorders (English/Hindi)
 - Health Promoting Unani Medicinal Plants (English/Hindi/Urdu)

3.4.2. JOURNALS

During the reporting period, the Council published the following journals:

- Hippocratic Journal of Unani Medicine, Volume-9, Issue-1
- Hippocratic Journal of Unani Medicine, Volume-9, Issue-2
- Hippocratic Journal of Unani Medicine, Volume-9, Issue-3
- Jahan-e-Tibb, Volume-13, Issue-4
- Jahan-e-Tibb, Volume-14, Issue-1

- Jahan-e-Tibb, Volume-14, Issue-2
- Jahan-e-Tibb, Volume-14, Issue-3

3.4.3. RESEARCH PAPERS

During the reporting period, following research papers written by the Council's officers were published in reputed journals / presented in seminars/conferences:

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- Ahmad W (2015), *Urdu Tibbi Makhtootaat Ki Talash*, Tibbi Urdu Makhtootaat: Ahmiyat, Efadiyat aur Zaroorat (book edited by Dr. A Qadeer), 46-67.
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3.5. EXTENSION OF HEALTHCARE SERVICES

3.5.1. SCHOOL HEALTH PROGRAMME

The School Health Programme is an important component of the Council's Clinical Research Programme. The objective of this programme is to raise health status of school children and to reduce morbidity rate among them through healthcare and health education. Under this programme, some of the primary/secondary schools falling under the coverage of the mobile clinics are adopted. A baseline health check-up of school children is conducted and those found suffering from any ailment are treated with 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, and Srinagar; RRC, Allahabad; and CRU, Burhanpur. The Council's physicians visited 30 schools that were adopted under the School Health Programme particularly those falling in the pockets adopted under mobile clinical research programme. As much as 6,736 school children were covered under this programme. Out of them, health check up of 4,973 children was conducted. Two thousand four hundred and seventy four children suffering from different ailments were treated. Eighty five visits were made to these schools. With a view to educate the children on healthy living, 51 lectures were delivered on preventive and promotive health aspects. The most common diseases found among the school children included skin infection, helminthiasis, otorrhoea, cold & cough and conjunctivitis.

3.5.2. UNANI MEDICAL CENTRES IN ALLOPATHIC HOSPITALS

Under the scheme of colocation of AYUSH centres in Allopathic hospitals in Delhi, a Unani Medical Centre was established at Dr. Ram Manohar Lohia (RML) Hospital on 14 January 1998 with a view to provide Unani treatment facility to the patients desirous of taking treatment of this system. On the demand of the public, another Unani Specialty Centre started functioning at Deen Dayal Upadhyay (DDU) Hospital, New Delhi on 01 November 2010. These centres are run by the Council. Besides the general out-patient department (GOPD) facilities, these centres also provide specialized Unani treatment for some selected disorders like vitiligo, eczema, psoriasis, rheumatoid arthritis, bronchial asthma, sinusitis, infective hepatitis, diabetes mellitus, etc. During the reporting period, 26,685 patients were treated at Unani Medical Centre in RML Hospital and 12,795 at Unani Speciality Centre in DDU Hospital, New Delhi. A large number of patients visiting the centres were suffering from chronic diseases. Counselling of patients, particularly the senior citizens, was also done to improve their physical and mental health.

3.5.3. HEALTH CAMPS

The Council organised 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. During the reporting period, 38 health camps were organised and 13,404 patients were treated in these camps. Lectures on preventive and promotive health aspects were also delivered by the physicians of the Council. Referral of the patients to the Council's centres as well as other hospitals was also done.

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 to women at all clinical centres of the Council. 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 2,12,848 female patients in different OPDs were treated. Efficacy of the pharmacopoeial formulations was also validated under this component. Health lectures/group meetings on

preventive and promotive health aspects were also organised in the pockets adopted under mobile clinical research programme. Published literature on preventive, promotive and curative health aspects was also distributed among the masses.

3.5.5. ACTIVITIES IN THE NORTH-EASTERN REGION

The two centres of the Council in the North-Eastern region – Regional Research Centre, Silchar (with an extension centre at Karimganj) and Clinical Research Pilot Project, Manipur – continued Research / GOPD programme. During the reporting period, 13,975 patients were treated. The most commonly occurring diseases were Humma (Fever), Humma-e-Ijamia (Malaria), Ishal (Diarrhoea), Zaheer (Dysentery) and Waja-ul-Mafasil (Rheumatoid arthritis). The patients were treated with Unani pharmacopoeial drugs.

3.5.6. ACTIVITIES UNDER SPECIAL COMPONENT PLAN FOR SCHEDULED 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 at the institutes' OPDs and also through mobile OPDs in the adopted pockets besides creating health awareness among the masses. During the reporting period, over 2.78 lakh SC and 1.34 lakh ST populations were covered. As much as 16,935 SC patients were treated at the GOPDs and 8,344 patients in mobile OPDs. Similarly, 2,665 and 8,714 ST patients were treated in the GOPDs and mobile OPDs respectively.

4. INFORMATION, EDUCATION AND COMMUNICATION

4.1. LIBRARY SERVICES

The Council has a Library and Information Centre (LIC) at the headquarters that aims to collect and preserve scattered literature on Unani System of Medicine, and to disseminate information to the researchers, academicians and practitioners of Unani Medicine.

During the reporting period, services of the LIC remained fully automated through Local Area Network (LAN). The Centre provided its services to the readers through Troodon Library Software and e-Granthalaya Library Software that control the Online Public Access Catalogue (OPAC), circulation of books, etc. A total of 473 books were acquired, 242 books accessioned, 3,119 books circulated, and 4,329 issues of daily newspapers and 153 issues of popular magazines were purchased during the year. Besides, 169 issues of Journals were received, of which 42 were related to Unani Medicine and 29 were in Hindi language. The LIC carried out cataloging of 1,830 books and physical processing of 320 books. It provided spiral binding and photocopying, and reference services to the readers. Comb or thermal binding of 252 items and photocopying of 5,065 reference pages were carried out. The Library also continued information retrieval services by compiling and disseminating Current Content of Journals (quarterly) and Medical New Index (bimonthly). The centre also provided Selective Dissemination of Information (SDI) services after collecting 3,049 news clippings on health issues, out of which 2,605 important news clippings were also put on display.

The Centre continued institutional membership of British Council Library, American Resource Centre and Developing Library Network (DELNET) during the year. The LIC also started access of 22 online journals for its readers. These innovative full text online journals allow users to search articles instantly.

The LIC continued digitization of Unani manuscripts and the number of digitized manuscripts reached 44 at the end of the reporting period. It also updated its database of MD (Unani) theses. A total of 490 theses were available on the OPAC for search and consultation.

Besides the researchers of the Council working in the Headquarters, a total of 665 members/non-members from all over India visited the Library. International delegations from the following institutions/establishments also visited the Library:

- Ibn Sina Pharmaceutical Industry Ltd., Dhanmondi, Dhaka, Bangladesh on 02 February 2015.
- University of Pittsburgh, PA, USA on 12 February 2015.
- Government Unani & Ayurvedic Medical College & Hospital, Dhaka, Bangladesh on 11 March 2015.

Development of Union Catalogue of Unani Medical Manuscripts:

The LIC initiated a project to develop Union Catalogue of Unani Medical Manuscripts from the catalogues of manuscripts available in the libraries of academic and religious institutions, museums and other establishments across the country. The project was allotted to Regional Research Institute of Unani Medicine, Aligarh and 2,150 cards were prepared in the excel form during the reporting period.

4.2. ORGANIZATION OF CONFERENCE, SEMINAR, ETC.

4.2.1. NATIONAL SEMINAR ON THE ROLE OF UNANI MEDICINE IN NON-COMMUNICABLE DISEASES

The Central Council for Research in Unani Medicine (CCRUM) organised a two-day 'National Seminar on the Role of Unani Medicine in Non-communicable Diseases' at India Islamic Cultural Centre, New Delhi during 14–15 January 2015. The Seminar urged the need to explore the strengths and potentials of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems to control and manage Non-communicable Diseases (NCDs).

The Seminar had a plenary session and 10 technical sessions, each on a specific theme, besides inaugural and valedictory sessions. As much as 58 research papers were presented and 11 invited talks were delivered. The Seminar proved to be an extensive platform for about 300 delegates comprising medical scientists, academicians, researchers and M.D. (Unani) scholars. Five important publications of the Council were also released on the occasion.

The seminar was inaugurated by Mr. Nilanjan Sanyal, Secretary to Government of India, Ministry of AYUSH. In his inaugural speech, Mr. Sanyal said that AYUSH systems had great potentials to contribute in controlling and managing NCDs and could establish their strengths at national and international levels.

Speaking on the occasion, Dr. G.N. Qazi, Vice Chancellor, Jamia Hamdard, New Delhi urged the researchers of Unani Medicine to scientifically validate various strengths of their system and essential drugs used therein to control NCDs.

Dr. Mrinalini Darswal (IAS), Special Secretary, Health & Family Welfare Department, Government of NCT of Delhi said that the researchers of AYUSH systems should re-verify the various concepts and treatments described in these systems.

Padma Shri Hakim Syed Khaleefathullah, Vice-President (Technical) of Governing Body of the CCRUM said that Unani Medicine had a lot of time-tested and efficacious regimens for the successful treatment of a number of NCDs.

Earlier, in his welcome address, Prof. Syed Shakir Jamil, Director General, CCRUM said that during the last three and a half decades, the Council had achieved some important landmarks in its various research programmes and conducted studies on 30 diseases including NCDs.

At the end of the inaugural session, Dr. Khalid M. Siddiqui, Deputy Director General, CCRUM, New Delhi offered vote of thanks to the guests and the participants.

The valedictory session was chaired by Prof Y.K. Gupta, Head, Department of Pharmacology, AIIMS, New Delhi. The chief guest of the session was Prof. Rais-ur-Rahman, Adviser (Unani), Ministry of AYUSH, Government of India, New Delhi.

In his valedictory address, Prof Y.K. Gupta stressed that we should identify the strength of Unani System of Medicine and accordingly prioritize some diseases for research. The session was concluded with the vote of thanks delivered by Dr. M.A. Waheed, Deputy Director (Unani), CRIUM, Hyderabad.

4.2.2. WORKSHOP ON RESEARCH PROJECT WRITING

The CCRUM in collaboration with Indian Council of Medical Research (ICMR) organised a two-day Workshop on Research Project Writing during 09–10 October 2014 at its headquarters in New Delhi.

Inaugurating the workshop, Mr. Nilanjan Sanyal, Secretary (AYUSH), Government of India emphasized that various strengths of Unani System of Medicine and essential drugs used therein should be validated. He said that training of researchers in various fields of scientific research, including research project writing, was a perpetual need, and that it opened new vistas for the researchers to develop better research that in turn should be beneficial for their own development as well as that of the system and the society.

Earlier, in his welcome address, Prof. S. Shakir Jamil, Director General, CCRUM said that the Council was trying to develop scientific evidence for different concepts and strengths of Unani Medicine, and had adopted scientific research methodology for the purpose. Prof. Jamil urged the scientists of Unani Medicine to join hands with those of other disciplines and take up joint research ventures.

Speaking on the occasion, Dr. V.K. Srivastava, Head of Publication & Information and Deputy Director General, ICMR said that workshops such as the present one were essential for updating and training researchers on different aspects of research projects for developing a research culture.

Prof. M.A. Jafri, Department of Ilmul Advia, Jamia Hamdard said that the researchers of Unani Medicine should devote their energies and skills to develop scientific evidence in support of various strengths of their system. Dr. Khalid M. Siddiqui, Deputy Director General thanked the guests and participants.

The workshop had four technical sessions comprising lectures, interactive sessions, and hands-on trainings. The participants were divided into four groups for hands-on training, and each group was asked to revise a deficient clinical research protocol. About 70 researchers from different institutes of the Council as well as academic institutions engaged in research in Unani Medicine including Jamia Hamdard and Ayurvedic & Unani Tibbia College participated and benefited.

4.2.3. WORKSHOP ON LIBRARY AUTOMATION AND NETWORKING

The CCRUM organised a three-day Workshop on Library Automation and Networking during 10–12 November 2014 at its headquarters in New Delhi. The objective was to train its library

staff working at the headquarters and the regional institutes for automation and networking of its libraries.

In his introductory remarks, Prof. Syed Shakir Jamil, Director General, CCRUM said that libraries equipped with state-of-the-art technologies and facilities are necessary for conducting good research. Speaking about the background of the workshop, he said that the Council wanted to make its literary treasure available in its libraries accessible online through their automation and networking. Recently, National Informatics Centre (NIC) agreed to provide its library automation software e-Granthalaya to the Council, and the present workshop was organised for installing the software and providing hands-on training to the staff concerned.

Inaugurating the workshop, Dr. V.K. Srivastava, Head of Publication and Information, Indian Council of Medical Research (ICMR), New Delhi stated that it is the need of the hour to adopt the latest information technology in order to provide quick information to the researchers.

Speaking on the occasion, Dr. R.K. Matoria, Technical Director, NIC said that all support would be extended to the CCRUM for automation of its libraries and training of the library staff. He also said that the data of the Council's libraries would be hoisted on the NIC server and would be accessible to all globally. Dr. Khalid M. Siddiqui, Deputy Director General, CCRUM highlighted the importance of automaton and objectives of organizing the workshop.

During the three-day workshop, Mr. Puneet Kumar, Chief Technical Officer and Mr. Pravas Barik, Software Engineer at Total IT Solutions provided hands-on training to the participants on various aspects of automation, accessing e-journals, using e-Granthalaya software, etc. The workshop proved very beneficial for the participants.

4.2.4. WORKSHOP ON SCIENTIFIC PAPER WRITING

The CCRUM in collaboration with Indian Council of Medical Research (ICMR), New Delhi organised a two-day Workshop on Scientific Paper Writing at AYUSH Auditorium, New Delhi during 28–29 April 2014.

Inaugurating the workshop, Mr. Nilanjan Sanyal, Secretary (AYUSH), Government of India said that publication of papers and technical reports was a key performance indicator (KPI) for a research organization like CCRUM. It was the ideal way of protecting and preserving research activities.

Speaking on the importance of publishing research papers, Prof. Syed Shakir Jamil, Director General, CCRUM said that a research work, no matter how significant, might be useless or vanish if it was not brought out in the notice of the scientific community.

Addressing the audience, the Guest of Honour Dr. V.K. Srivastava, Head of Publication and Information, ICMR termed the recently renewed MoU between CCRUM and ICMR as a right step in the direction of capacity building and paper writing skill development of the researchers of the CCRUM.

Dr. O.P. Agarwal, Scientist Emeritus, ICMR also addressed the delegates. The inaugural session ended with the vote of thanks from the Organising Secretary of the workshop Dr. Khalid M Siddiqui, Deputy Director General, CCRUM.

During the technical sessions of the workshop, the researchers from the CCRUM and PG Scholars of selected Unani institutions were given detailed lectures and training on key aspects, elements and techniques of scientific paper writing by the experts and scientists from the ICMR.

Addressing the valedictory session, Dr. Y.K. Gupta, Head of Pharmacology, AIIMS, New Delhi concluded that scientific paper writing was necessary for the progression of science and it was an academic and ethical crime not to publish and communicate research findings.

4.2.5. WORKSHOP ON OFFICIAL LANGUAGE

The Council's Regional Research Institute of Unani Medicine (RRIUM), Mumbai organised a day-long Workshop on Official Language on 28 January 2015 at Mumbai. The Workshop aimed at training the officials of the Institute on how to use computer for outputs in Hindi language.

The workshop was inaugurated by Padma Shri Dr. T.P. Lahane, Dean, Grant Medical College and Sir J.J. Group of Hospitals, Mumbai.

Speaking on the occasion, Mr. Damodar Gaur, Assistant Director, Department of Official Language, Ministry of Home Affairs elaborated on issues related to spelling, pronunciation and standardisation of Hindi language. He also demonstrated on blackboard how to write Hindi words correctly.

Mr. Virbhadrha Soni, Assistant Director, Department of Official Language, General Post Office, Mumbai spoke in detail on various issues related to use of computer for Hindi language and provided solutions to common difficulties in typing Hindi on the computer. He also made Unicode software installed on all the computers and trained the officials as to how make its use for typing Hindi.

The Workshop concluded with vote of thanks extended by Dr. Mohammad Raza, Deputy Director In-charge of the Institute. All the Officers and staff of the Institute participated in the Workshop.

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

4.3.1. NATIONAL SEMINAR ON RELEVANCE OF MODERN METHODS OF STUDIES IN UNANI MEDICINE

The Council's officers participated in the National Seminar on Relevance of Modern Methods of Studies in Unani Medicine organised by the Department of Ilmul Advia, Ajmal Khan Tibbiya College and Hospital, Aligarh Muslim University (AMU), Aligarh during 27-28 November 2014. Inaugrating the seminar, Lt. Gen. (Retd.) Zameer Uddin Shah, Vice Chancellor, AMU, Aligarh said that Unani Medicine could not be put in isolation in the present era, and need to be effectively moved with modern times. He also said that Unani Medicine has always been a preferred medicine method in the country especially for the treatment of chronic diseases.

Prof. K.C. Singhal, Vice-Chancellor, NIIMS, Jaipur said that in recent years, various clinical as well as experimental studies had been conducted globally to evaluate the efficacy of Unani Medicine in

various ailments using standardized outcome measures. He emphasized the necessity to adopt the reverse pharmacology in practice.

Dr. Firdaus A Wani, Registrar, Jamia Hamdard, New Delhi said that like any other form of medical science, Unani Medicine also strives to find the best possible ways by which a person could lead a healthy life with the least possible sickness. Padma Shri Hakim Syed Zillur Rahman expressed his views on the practice of Unani Medicine in modern times and highlighted its history and importance.

Delivering the keynote address, Prof. Singhal emphasized the need to revise and re-establish the pharmacopoeial standards and good manufacturing practices of Unani medicines to compete with modern synthetic drugs.

About 80 papers and lectures were presented in the seminar. Among them, lectures delivered by Prof. Asad Ullah Khan, Medical Microbiology and Molecular Biology Laboratory, Interdisciplinary Biotechnology Unit, AMU, Aligarh and Prof. K.K. Sharma, Department of Pharmacology, School of Medical Sciences and Research, Sharda University, Noida on "Worldwide spread of "Superbug": Time to think sensibly" and "Problems and prospects of mechanism and evidence based traditional systems of medicine with special reference to Unani System of Medicine" were notable.

4.3.2. WORKSHOP ON PROFICIENCY IN ADVANCED INSTRUMENTAL METHODS OF ANALYSIS

The Council's officers participated in the Pre-Conference Workshop: Proficiency in Advanced Instrumental Methods of Analysis organised by Department of Ilmul Advia, Aligarh Muslim University, Aligarh in collaboration with GenNEXT Lab Technologies Pvt. Ltd., New Delhi on 26 November 2014. The workshop included live demonstration and training of microwave digestion/extraction system; handling of portable spectrophotometer; multiparameter, metal analyzer portable for detection of heavy metal, aflatoxin, pesticide in medicinal plants; data acquisition system in experimental pharmacology, etc. The Instructor Mr. P.C. Sharma demonstrated the use of the instruments to Group A members, while Mr. Shishir Pandey demonstrated to Group B members.

4.3.3. TRAINING PROGRAMME ON DIGITIZATION OF HERBARIUM SPECIMENS

The officers of the Council working in Survey of Medicinal Plants units at CRIUM, Hyderabad and RRIUMs, Aligarh, Bhadrak, Chennai and Srinagar participated in a training programme on "Digitization of Herbarium Specimens" organised by Coimbatore-based Southern Regional Centre of Botanical Survey of India (BSI) from 10 to 14 November 2014.

Dr. G.V.S. Murthy, Scientist Incharge of BSI elaborated the activities of BSI in general and importance of digitization of herbarium in particular. Mr. Ramesh briefed about computer specifications, different types of scanners and importance of barcode reader and printer used for digitization purpose at BSI. He also described the method of scanning and saving different forms of files and editing of herbarium specimen by using Adobe Photoshop. After demonstration, hands-on-training session on digitization was conducted for the next two days.

Ms. Megaladevi of the Centre described the procedure for compilation and editing of metadata in excel format. Mr. Sudhakar, Botanical Assistant at the Centre explained the digitization process of herbarium specimens. He also described the importance of scale during the scanning process and its use for live specimens. Mr. Gnanasekaran, Botanical Assistant, BSI, Coimbatore explained the modern equipments used for taxonomical identifications of species on the basis of pollens and other specific characters.

4.3.4. NATIONAL SEMINAR ON OPPORTUNITIES IN MEDICINAL PLANTS RESEARCH

The Council's researchers participated in the National Seminar on Opportunities in Medicinal Plants Research organised by School of Natural Product Studies, Jadavpur University, Kolkata in association with Society for Ethnopharmacology, India (SFE-INDIA) at Kolkata during 29-30 November 2014. It was supported by the Ministry of AYUSH, Government of India, Indian Council of Medical Research (ICMR), Indian Council of Agricultural Research (ICAR), National Medicinal Plants Board (NMPB), Central Council for Research in Unani Medicine (CCRUM), Department of Science and Technology (DST), Science and Engineering Research Board (SERB) and Department of Bio-technology (DBT). The programme was organised as the first Convention of SFE-India.

The seminar was inaugurated by Prof. Abhijit Chakraborty, Vice-Chancellor, Jadavpur University. Dr. D.C. Katoch, Joint Advisor (Ayurveda), Ministry of AYUSH, Government of India, New Delhi was present on the occasion and released the souvenir.

The themes of plenary lectures sessions included Extraction and Evaluation of Medicinal Plants, Quality Control and Validation of Medicinal Plants, and Utilization of Medicinal Plants in Healthcare.

During the two-day event, about 50 research papers were presented in the oral sessions including invited lectures, whereas about 100 research papers were presented in the poster sessions. The papers were based on floristic exploration, ethno-pharmacological findings, studies on pharmaceuticals, drug standardisation, clinical research, etc.

4.3.5. NATIONAL CONVENTION ON KNOWLEDGE, LIBRARY AND INFORMATION NETWORKING (NACLIN 2014)

The officials from the Council's Library & Information Centre attended 17th National Convention on Knowledge, Library and Information Networking – NACLIN 2014. The convention was jointly organised by Developing Library Network (DELNET) and French Institute of Pondicherry during 9-11 December 2014 at Pondicherry.

Inaugurating the convention, Dr. A.P.J. Abdul Kalam, Formerly President of India said that 'Great books ignite imagination, imagination leads to creativity, creativity blossoms thinking, thinking provides knowledge and knowledge makes you great'. He stressed that coming into contact with good books and possessing them was indeed an everlasting enrichment of life. He also stressed that India had embarked on the mission of skilling 500 million people by 2022. These 500 million people, mostly youth, would need to be empowered with knowledge from books and journals. He said that we should create mobile-based books that could be shared by mobile

libraries across the nation. He opined that every home should have a home library as it was the greatest wealth than any other wealth. Earlier, Mrs. Anurupa Naik, Chief Librarian, French Institute of Pondicherry and organizing secretary of NACLIN 2014 welcomed the delegates and highlighted the importance of the convention. Dr. H.K. Kaul, Director, DELNET, New Delhi stressed the changing scope of resource sharing in the digital age and laid emphasis on the role being played by DELNET. He also emphasized the need to provide personalized services to the users.

4.3.6. PROFESSIONAL DEVELOPMENT PROGRAMME (PDP-2015)

The officials of the Library & Information Centre, CCRUM headquarters attended the workshop on Professional Development Programme (PDP 2015) for Information Professionals on Managerial Core Competency Development organised by Library & Information Centre, The Energy and Resources Institute (TERI) during 17-19 February 2015 at New Delhi. The workshop coordinator, Dr. Shantanu Ganguly, Fellow & Area Convener, Knowledge Management Division, TERI welcomed the participants. Inaugurating the workshop, Mr. Prabir Sen Gupta, Director, Knowledge Management Division, TERI stressed three primary issues; leadership quality, commitments by professionals and communication capabilities.

The keynote address was delivered by Prof. J.K. Mitra, Former Dean, Faculty of Management Studies, Delhi University. The workshop was divided into different sessions including an energetic speech on communication at workplace. Realizing the importance of online communication by the professionals, a session on social media was also included in the programme. A total of 28 library professionals from senior and middle management positions across India participated in this workshop. Mr. Mohd. Azhar Khan, Assistant Library & Information Officer and Syed Shuaib Ahmad, Library and Information Assistant at the Council attended the workshop.

4.3.7. NATIONAL CONFERENCE ON KNOWLEDGE MANAGEMENT IN LIBRARIES & INFORMATION CENTRES (KMLIC-2015)

The officials of the Council's Library attended the National Conference on Knowledge Management in Libraries & Information Centers organised by the Department of Library & Information Science, Aligarh Muslim University at Aligarh during 18-19 March 2015. The conference was inaugurated by Prof. P.B. Mangla, Tagore National Fellow, Ministry of Culture, Government of India. The theme of the conference was "Management in Libraries and Information Centers" and the sub themes were e-Learning, Knowledge Management, Open Access and Open Repositories.

Besides a delegate from Bangladesh, more than 70 delegates participated from different parts of India. Twenty three delegates presented their papers in different technical sessions during the conference.

4.3.8. INDIAN SCIENCE CONGRESS

The Council's officers from RRIUM, Mumbai participated in the 102nd Indian Science Congress (ISC) held in Mumbai from 03 to 07 January 2015. The ISC was organised by the Indian Science Congress Association (ISCA) in association with University of Mumbai with the theme of Science and Technology for Human Development. The Congress was inaugurated by Honourable Prime

Minister Mr. Narendra Modi. Nobel Laureates, eminent scientists, technology experts and research students from India and abroad participated in the event.

The congress had deliberations on ancient sciences through Sanskrit, biodiversity conservation, space application, clean energy systems, and science and technology in SAARC countries. Besides, Children's Science Congress, Women's Science Congress and Science Exhibition were also organised. The Children's Science Congress was inaugurated by the former President of India Dr. A.P.J. Abdul Kalam.

4.4. TRAINING PROGRAMME

The Council, with a view to develop and update their knowledge and skills, provides its medical and non-medical staff the opportunities to attend various training programmes, workshops, etc. During the reporting period, they participated in the following programmes:

- 7th International Conference on "Clinical Pharmacology – Translational Research: Patient to Public Health", ESI - Post Graduate Institute of Medical Science & Research Mahatma Gandhi Memorial Hospital, Mumbai, 19 - 20 April 2014.
- Workshop on Al-Hijamah (Cupping therapy), Holistic Health Care and Research Organization, Mumbai, 12-13 April 2014.
- Valley Edition in Essential Oils Aromas of Jammu & Kashmir, Indian Institute of Integrative Medicine (IIIM), Srinagar, 30 May 2014.
- Kashmir Lavender Festival - 2014, Indian Institute of Integrative Medicine, Srinagar, 24-29 June 2014.
- 5th Training Programme on Dalk, Center for Unani Ilaj Bit Tadbeer, Thiruvallur, Tamil Nadu, 26 June 2014.
- Training Programme on E-Governance – Office System & Office Procedure, Noting & Drafting, Records Management, Office Automation, Personnel Department's Duties in relation to Social Equity, Parsam Institute of Statutory Rules, Goa, 20-22 August 2014.
- 6th Training Programme on Dalk, Center for Unani Ilaj Bit Tadbeer, Thiruvallur, Tamil Nadu, 21 August 2014.
- Training Programme on Riyazat (Exercise), Niamath Science Academy, Chennai, 21 August 2014.
- Training on Right to Information Act - 2005, Analysis of the Law of Information and Challenges before PIOs while Implementing the Act & Important Decision of Central Information Commission (CIC), Parsam Institute of Statutory Rules, Kochi, 17-19 September 2014.
- Training on Working Knowledge in Hindi on Computers, Hindi Training Programme, Bharat Dynamics Limited, Hyderabad, 15-19 September 2014.

- Training in Chemistry, Manufacturing, and Controls (CMC), Current Good Manufacturing Practice (CGMP), Pharmacokinetics (PK), Pharmacodynamics (PD), Indian Institute of Integrative Medicine, Jammu, 10-11 November 2014.
- 6th World Ayurveda Congress, World Ayurveda Foundation, Government of Delhi and Ministry of AYUSH, New Delhi, 07-09 November 2014.
- Training Programme on Digitization of Herbarium Specimens, Botanical Survey of India, Coimbatore, 10-14 November 2014.
- 63rd Annual Conference of Indian Association of Pathologists and Microbiologists (*IAPM*) and Annual Conference of International Academy of Pathology (*IAP*) – Indian Division, (APCON-2014), Pune, 04-07 December, 2014.
- 41st National Conference of Association of Clinical Biochemists of India (ACBICON 2014), Association of Clinical Biochemists of India, Jodhpur, 10-13 December 2014.
- Symposium on AYUSH for Cancer Care, Ministry of AYUSH, New Delhi, 04 February 2015.
- 4th National Symposium on Recent Advances in Analytical Sciences and Applications (NSAS), Indian Society of Analytical Sciences, New Delhi, 09-10 February 2015.
- Identification of Unidentified Plant Species, Institute of Minerals & Materials Technology (CSIR), Bhubaneswar, 16-20 March 2015.
- 5th National Conference, All India Unani Tibbi Conference, Kolkata, 21-22 March 2015.

4.5. PARTICIPATION IN AROGYA FAIRS

The Central Council for Research in Unani Medicine (CCRUM) and its institutes participated during the reporting period in National and State level Arogya fairs held at New Delhi (Delhi), Faridkot (Punjab), Zeera (Punjab), Gandhinagar (Gujarat), Guwahati (Assam), Raipur (Chhattisgarh), Jaipur (Rajasthan), Panchkula (Haryana), Bhubaneswar (Odisha) and Panaji (Goa). The fairs were organised by the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Government of India in collaboration with State Governments and other stakeholders.

The Arogya fairs were organised to propagate Indian systems of medicine, highlight activities and achievements of the Councils of AYUSH in the area of research, provide free-of-cost diagnosis and treatment to the ailing visitors, and impart awareness about health, hygiene, and curative aspects of ill-health.

During all these Arogyas, the CCRUM showcased its progress in the research programmes namely clinical research, drug standardisation, survey and cultivation of medicinal plants, and literary research. It also displayed posters and charts highlighting various concepts of Unani System of Medicine. Besides, some important publications of the Council like Unani Pharmacopoeia of India, National Formulary of Unani Medicine, Hippocratic Journal of Unani Medicine, Standard Unani Medical Terminology, and Standard Unani Treatment Guidelines for Common Diseases were

put on display. With a view to create awareness about healthy living and intervention of Unani Medicine in curing diseases and promoting health, free-of-cost literature on Unani Medicine and success stories on successful treatment of some chronic and common diseases were distributed among the visitors. The Council also deployed its physicians to provide free consultation and treatment to the ailing visitors seeking Unani treatment. Lectures on various health issues were also delivered by the Council's researchers.

4.5.1. AROGYA AT NEW DELHI (DELHI)

The Arogya held at Pragati Maidan, New Delhi was organised on the occasion of the 6th World Ayurveda Congress during 6–9 November 2014. The programme was inaugurated by Dr. Harsh Vardhan, Union Minister of Health & Family Welfare, Government of India.

Dr. Vardhan also visited the CCRUM stall and was attended and briefed by Prof. S. Shakir Jamil, Director General, CCRUM about the research activities and achievements of the Council. Some international delegates from Sri Lanka, Uzbekistan, Bangladesh, Iran, Kazakhstan, Maldives and Nepal also visited the CCRUM pavilion. In total, the CCRUM pavilion attracted about 5,000 visitors.

During the event, about 1,913 patients were treated for different ailments by the Council's physicians.

4.5.2. AROGYA AT FARIDKOT (PUNJAB)

The Arogya held at Faridkot during 12–14 December 2014 was inaugurated by Mr. Surjit Kumar Jayani, Minister of Health & Family Welfare, Government of Punjab. Several officials of the State Department of Health & Family Welfare including Dr. (Mrs.) Navjot Kaur Sidhu, Chief Parliamentary Secretary; Dr. Rakesh Sharma, Director of Ayurveda; Dr. Ramesh Kumar Sharda, Head of Department (Homeopathy); Mr. Hussan Lal, Mission Director, NRHM; and Local MLA Mr. Deep Malhotra shared the dais in the inaugural ceremony.

Mr. Surjit Kumar Jayani highlighted the importance of traditional systems of medicine in health preservation and advocated for their use. He also spoke on the role of exercise in maintaining good health. Mrs. Navjot Kaur Sidhu highlighted the importance of homemade recipes and things like pudina chutney, halwa, zeera, haldi, etc. in prevention of various diseases.

4.5.3. AROGYA AT ZEERA (PUNJAB)

The Arogya held at Zeera during 2–4 January 2015 was inaugurated by Mr. Surjit Kumar Jayani, Minister of Health & Family Welfare, Government of Punjab and Mr. Kapil Sharma, BJP Pradhan. Various Officers from State Health Department were present on the occasion. In his inaugural speech, Mr. Jayani highlighted the importance of traditional medicine in health preservation. He also spoke about the bad effects of junk food and modern-day lifestyle on health. Mr. Kapil Sharma extended his gratitude to the Ministry of AYUSH for organising the AROGYA at Zeera, a very small town.

4.5.4. AROGYA AT GANDHINAGAR (GUJARAT)

The Arogya was held as a part of 'The Vibrant Gujarat Global Trade Show 2015' organised by the Government of Gujarat during 7-13 January 2015 at the Exhibition Centre, Gandhinagar, Gujarat. Halls No. 4 & 4A of the Exhibition Centre were dedicated for Arogya Expo and leading companies dealing in public healthcare. The pavilion that showcased healthcare services and products was largely supported by the Ministry of AYUSH, Government of India.

As Gujarat was the Partner State for the 13th Pravasi Bharatiya Divas Convention & Exhibition, the Mega Event was organised at Gandhinagar, concurrent to the 7th Vibrant Gujarat Global Trade Show 2015.

The main event was inaugurated jointly by Chief Minister of Gujarat Mrs. Anandiben Patel and Mrs. Sushma Swaraj, Union Minister for External Affairs, Government of India. Honourable Prime Minister of India, Mr. Narendra Modi visited the Mega Exhibition on 8th January 2015.

4.5.5. AROGYA AT GUWAHATI (ASSAM)

The Guwahati National Arogya fair held during 30 January – 2 February 2015 was inaugurated by Mr. Nilanjan Sanyal, Secretary (AYUSH), Government of India. In his inaugural speech, Mr. Sanyal said that traditional systems of medicine could complement the modern medicine in handling all forms of diseases, including lifestyle diseases. Mr. Manish Thakur, Commissioner, Health & Family Welfare, Government of Assam delivered welcome note, whereas Mr. Rajeev Singh, Director General, Indian Chamber of Commerce, Kolkata presented vote of thanks. Mr. Partha Jyoti Gogoi, Regional Director – Health & Family Welfare, Government of India and Prof. Rais-ur-Rahman, Director General, CCRUM and Adviser (Unani), Ministry of AYUSH, Government of India also graced the inaugural function.

4.5.6. AROGYA AT RAIPUR (CHHATTISGARH)

The Arogya held at Raipur during 6–9 February 2015 was inaugurated by Dr. Raman Singh, Chief Minister of Chhattisgarh and Mr. Shripad Yesso Naik, Union Minister of State (Independent charge), Ministry of AYUSH. Also present on the occasion were Mr. Amar Agarwal, State Minister of Health & Family Welfare, Mr. Ramesh Bais, Member of Parliament, Mr. Anil Kumar Ganeriwala, Joint Secretary, Ministry of AYUSH, Government of India.

The Honourable Chief Minister also inaugurated the health exhibition and visited all the stalls of AYUSH Councils. While visiting the pavilion of CCRUM, he was welcomed wholeheartedly by the Council's Officers.

4.5.7. AROGYA AT JAIPUR (RAJASTHAN)

The Arogya held at Jaipur during 13–16 February 2015 was inaugurated by Mrs. Vasundhara Raje, Chief Minister of Rajasthan. Speaking on the occasion she said that with the world having recognised the power of AYUSH, it was high time India should promote AYUSH capabilities and become the medical hub of the world.

Present on the occasion, Mr. Shripad Yesso Naik, Union Minister of State (Independent charge), Ministry of AYUSH said that India could emerge as a leader in healthcare if we capitalise on the strengths of the AYUSH systems by promoting and supporting the AYUSH practitioners.

4.5.8. AROGYA AT PUNCHKULA (HARYANA)

The Arogya held at Punchkula during 20–23 February 2015 was inaugurated by Mr. Anil Vij, Minister of Health & Family Welfare, Government of Haryana. Mr. Gulshan Ahuja, (IFS), Director General, Department of AYUSH, Govt. of Haryana, Mr. Zubin Irani, Chairman, Confederation of Indian Industry, Northern Region, Mr. Gian Chand Gupta, Member of Legislative Assembly, Punchkula graced the inaugural function.

“While the allopathic system cures only the diseases, AYUSH cures the person himself, so our government wants to promote AYUSH in our state aggressively. Hence with this objective, we have decided to open an AYUSH wing in each of our government hospital”, announced Mr. Anil Vij while inaugurating the four-day Arogya fair. He also said that the Kurukshetra Ayurvedic College, Haryana would be converted into AYUSH University shortly. The fair attracted huge crowd from the region and was a great success.

4.5.9. AROGYA AT BHUBANESWAR (ODISHA)

The Arogya held at Bhubaneswar during 22–25 February 2015 was inaugurated by Mr. Naveen Patnaik, Chief Minister of Odisha. In his speech, Mr. Patnaik said that revitalisation of local health tradition and integration of AYUSH with mainstream healthcare delivery system could play an important role in the provision of better health services to the masses.

Present on the occasion, Mr. Shripad Yesso Naik, Union Minister of State (Independent charge), Ministry of AYUSH said that India had signed bilateral agreements with a number of countries to promote AYUSH on foreign soil and position itself as a leading country in research and practice of these systems.

4.5.10. AROGYA AT PANAJI (GOA)

The Arogya held at Kala Academy, Panaji, Goa during 27–30 March was jointly organised by the Ministry of AYUSH, Government of India; Government of Goa; National Medicinal Plants Board (NMPB); Arogya Bharti; and Gomantak Ayurved Mahavidyalaya. The platform was shared by a two-day National Seminar on Framing Strategies for Promotion of Medicinal Plants and Farmer’s Meet.

Inaugurating the event, Mr. Shripad Yesso Naik, Union Minister of State (Independent Charge), Ministry of AYUSH stressed the need for collective efforts to strengthen the medicinal plant resource base in the country in the wake of serious threat of extinction faced by many of the wild medicinal plant species. He appreciated the steps taken by the NMPB for in situ and ex situ cultivation of medicinal plants.

Mr. Rajendra Arlekar, Speaker, Goa Assembly; Mr. Francis Desouza, Deputy Chief Minister of Goa; Mr. Nilanjan Sanyal, Secretary, Ministry of AYUSH, Government of India; Dr. Sanjeev Dalvi, Director,

Health Services, Government of Goa; Mr. P.K. Ghate, President, Bharatiya Sanskruti Prabodhini; Dr. Ramesh Gautam, National Secretary, Arogya Bharati; and Mr. Deep Shikha Sharma, CEO, State Medicinal Plants Board, Goa were also present on the occasion.

After the inaugural ceremony, Mr. Naik inaugurated the AYUSH pavilion and visited all the stalls of AYUSH stakeholders. The minister was greeted at the stall of the CCRUM and briefed about the achievements in its research programmes. He was happy to know about the Council's work on Vitiligo and was very impressed by the success achieved in the treatment of the disease.

4.6. PARTICIPATION IN PROMOTION OF OFFICIAL LANGUAGE

With a view to motivating the employees to create an environment for implementation of the Official Language Policy in day-to-day work, Hindi Pakhwara (fortnight) was celebrated at the CCRUM Headquarters in New Delhi and its different Institutes. Besides organization of various competitions, section-wise review of Hindi work done in different sections of the headquarters was also done during the celebration. The Pakhwara at the CCRUM headquarters was conducted during 08-17 September 2014.

Inaugurating the Pakhwada on 08 September, Prof. Syed Shakir Jamil, Director General, CCRUM said that the use of Hindi had increased at the Council during the past few years. He also stated that this is the duty of every employee of the Council to use Hindi in day-to-day official work. The Guest of Honour on the occasion, Mr. R.P. Meena, Deputy Secretary, (AYUSH) stressed the need of the promotion of Rajbhasha at the Headquarters and different institutes/units. He also urged the employees of the Council to take part in different events. Dr. Jamal Akhtar, Research Officer (Unani) and In-charge, Rajbhasha Section presented the progress report of the Council related to the Rajbhasha Section.

The prize distribution function was held on 29 September. Speaking on the occasion, Prof. S. Shakir Jamil said that sincere efforts at each level were needed for greater promotion of Hindi language. Dr. R.P. Rai, Rajbhasha Officer and Dr. Lavanya, Research Officer (Ayurveda) from CCRAS, New Delhi were the guests on the occasion.

During the Hindi Pakhwara, the Council organised Hindi Shrutlekh (Dictation), Hindi Translation, Hindi Note Writing, Hindi Debate, Hindi Poetry and Essay Writing Competitions at its headquarters. The Hindi Pakhwada was also celebrated in different institutes/centres under the Council which includes Central Research Institute of Unani Medicine (CRIUMs), Hyderabad and Lucknow; Regional Research Institute of Unani Medicine (RRIUMs), New Delhi, Aligarh, Bhadrak, Mumbai, Patna, Chennai; Literary Research Institute of Unani Medicine (LRIUM), New Delhi; Drug Standardisation Research Institute (DSRU), Ghaziabad; Regional Research Centre (RRC), Allahabad; and Clinical Research Units (CRUs), Burhanpur, Meerut, etc. to promote Hindi in official work. At CCRUM Headquarters, the first prize winner in different events were Dr. Qamruddin, Dr. Misbahuddin Azhar, Dr. Fazil Khan, Dr. Jamal Akhtar, Mr. Masuduzzafar, Ms. Veena Sharma, Mr. Asif Khan, Mr. Shakeeb Hasan, Ms. Gayatri Chawla, Mr. Mahesh Dangi, Mr. Riyaz Ahmad, Ms. Neha Suchdeva, Mr. Anwar Khan and Mr. Sompal. Dr. Jamal Akhtar co-ordinated the event with the help of Ms. Akhtar Parveen, Hindi Assistant and Ms. Shabnum Siddiqui, Hindi translator at CCRUM Headquarters, new Delhi.

4.7. APPOINTMENTS

Prof. Rais-ur-Rahman, Adviser (Unani), Ministry of AYUSH, Government of India was entrusted with additional charge of Director General, Central Council for Research in Unani Medicine on 01 February 2015. An M.D. in Unani Medicine from Ayurvedic & Unani Tibbia College, Karolbagh – a prestigious institute of Unani Medicine, he has about 27 years of experience in research, teaching, clinic and administration and has a vision to take Unani System of Medicine to newer heights.

Mr. Himanshu Dwivedi was appointed Research Assistant (Botany) at RRIUM, Bhadrak on 19 April 2014.

Dr. Mohd. Adil was appointed Research Officer (Biochemistry) at RRIUM, Mumbai on 23 June 2014.

Mr. Mohammad Jameel was appointed Assistant Research Officer (Pharmacognosy) at RRIUM, Aligarh on 26 June 2014.

Mr. Aslam Siddiqui was appointed Assistant Research Officer (Pharmacology) at CRIUM, Hyderabad on 30 June 2014.

Dr. Usha Devi was appointed Research Officer (Botany) at RRIUM, Bhadrak on 03 July 2014.

Ms. Salma Sultana was appointed Statistician at RRIUM, New Delhi on 13 January 2015.

Mr. Anirban Rej was appointed Statistician at CCRUM Headquarters, New Delhi on 02 February 2015.

4.8. RETIREMENTS

Prof. Syed Shakir Jamil, Director General, Central Council for Research in Unani Medicine completed his tenure in the Council on 31 January 2015 and rejoined Jamia Hamdard. He had joined the Council on 10 September 2010.

Hakim Latafat Ali Khan, Deputy Director (Unani) at RRIUM, Aligarh retired on superannuation on 31 May 2014. He had joined the Council on 29 July 1983.

Mr. Dilwar Singh Negi, Administrative Officer (Accounts) at CCRUM headquarters retired on superannuation on 30 June 2014. He had joined the Council on 07 May 1980.

Mr. A.N. Maurya, General Duty Assistant (GDA) at CRIUM, Lucknow retired on superannuation on 30 June 2014. He had joined the Council on 01 August 1979.

Hakim Mohd Ayub Khan, Deputy Director (Unani) at RRIUM, Patna retired on superannuation on 31 July 2014. He had joined the Council on 07 August 1981.

Mr. Moti Lal, Washerman-cum-Attendant at CRIUM, Hyderabad retired on 31 August 2014 after serving for about 34 years. He had joined the Council on 04 December 1979.

Hakim M.A. Wajid, Assistant Director (Unani) at RRIUM, Srinagar retired on superannuation on 31 October 2014. He had joined the Council on 29 April 1978.

Mr. Asif Mian, Account Officer at CCRUM headquarters retired on superannuation on 31 October 2014. He had joined the Council on 01 December 1981.

Mrs. Ummul Barkath, Senior Scientific Assistant, Chemistry at CRIUM, Hyderabad retired on superannuation on 31 October 2014. She had joined the Council on 06 September 1979.

Mr. Naveen Chand Sharma, Laboratory Technician at CRIUM, Hyderabad retired on superannuation on 30 November 2014. He had joined the Council on 15 April 1974.

Mr. S. Noor Mohammad, Administrative Officer at RRIUM, Bhadrak retired on superannuation on 30 November 2014. He had joined the Council on 24 September 1980.

Mr. Sheikh Mehboob Siraj, Messenger at RRIUM, Chennai retired on 31 December 2014. He had joined the Council's service on 04 October 1979.

Mrs. Saeeda J. Janawadkar, Social Worker at RRIUM, Mumbai retired on superannuation on 31 December 2014. She had joined the Council's service on 08 June 1981.

Hakim S. Manzar Ahsan, Deputy Director (Unani) at RRIUM, Patna retired on 31 December 2014. He had joined the Council's service on 07 September 1979.

Mr. Abdul Mobin Khan, Administrative Officer at CCRUM headquarters retired on superannuation on 31 January 2015. He had joined the Council on 04 April 1979.

Mr. Hari Chand, Assistant at CCRUM headquarters retired on superannuation on 31 January 2015. He had joined the Council on 01 January 1979.

Mr. Zafar Sultan, Laboratory Technician at RRIUM, Patna retired on 31 January 2015. He had joined the Council on 09 March 1979.

Mr. A.K. Kundu, Administrative Officer at CCRUM headquarters retired on superannuation on 28 February 2015. He had joined the Council on 06 November 1979.

Hakim L. Samiullah, Director at CRIUM, Hyderabad retired on superannuation on 28 February 2015. He had joined the Council on 01 February 1980.

Hakim M.A. Waheed, Deputy Director (Unani) at CRIUM, Hyderabad retired on superannuation on 28 February 2015. He had joined the Council on 03 September 1979.

Mrs. Nayab F. Alvi, Personnel Assistant to Director General at CCRUM headquarters retired on superannuation on 31 March 2015. She had joined the Council on 14 December 1984.

4.9. DEATHS

Mr. R. Mohd. Ameenuddin, Chouwkidar, RRIUM, Chennai expired on 13 May 2014.

Mr. Abdul Hadi, Upper Division Clerk at CRU, Karimganj expired on 19 November 2014.

Mrs. Salma Hyder Ali Raza, Laboratory Technician at RRIUM, Mumbai expired on 11 January 2014.

5. FINANCIAL STATEMENT

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 2015

We have audited the attached Balance Sheet of Central Council for Research in Unani Medicine (Council) as at 31 March 2015, 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 2018-19. 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 & 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 uniform format of Accounts prescribed by the Ministry of Finance, Government of India.
- (iii) In our opinion, proper books of accounts on double entry system of accounting have been maintained by the Council in so far as it appears from our examination of such books.
- (iv) We further report that:

A. Balance Sheet

A.1 Assets

A.1.1 Fixed Assets ₹ 8837.26 lakh

The fixed assets worth ₹ 113.28 lakh purchased during October 2014 to March 2015 was charged full rate of depreciation instead of proportionate

basis. This resulted in understatement of assets and overstatement of expenditure by ₹ 11.07 lakh.

B. Grants-in-aid

(i) Health Account

The Council received a grant of ₹ 72.08 crore (Plan ₹ 31.58 crore and Non-Plan ₹ 40.50 crore) during 2014-15, in addition to unspent balance of previous year ₹ 7.01 crore (Plan ₹ 4.64 crore and Non-Plan ₹ 2.37 crore). The Council had its own receipt of ₹ 2.22 crore (Plan ₹ 0.84 crore and Non-Plan ₹ 1.38 crore). The Council utilized ₹ 78.15 crore (Plan ₹ 33.97 crore and Non-Plan ₹ 44.18 crore) leaving an unutilized balance of ₹ 3.16 crore (Plan ₹ 3.10 crore and Non-Plan ₹ 0.06 crore) during 2014-15.

(ii) Specific Project Account


The Council also received grants of ₹ 1.79 crore for specific projects from various agencies, in addition to unspent balance of previous year ₹ 2.48 crore. The Council had its own receipt of ₹ 0.09 crore. The Council utilized ₹ 1.33 crore leaving an unutilized balance of ₹ 3.03 crore during 2014-15.

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

- (v) Subject to our observations in the preceding paragraphs, we report that the Balance Sheet, Income and Expenditure Account and Receipts and Payments Account dealt with by this report are in agreement with the books of accounts.
- (vi) In our opinion and to the best of our information and according to the explanations given to us, the said financial statements read together with the Accounting policies and notes on Accounts, and subject to the significant matters stated above and other matters mentioned in Annexure to this Audit Report give a true and fair view in conformity with accounting principles generally accepted in India;
 - a. In so far as it relates to the Balance Sheet of the state of affairs of the Central Council for Research in Unani Medicine as at 31 March 2015; and
 - b. In so far as it relates to Income and Expenditure Account of the surplus for the year ended on that date.

For and on the behalf of C&AG of India

Place: New Delhi
Date: 24 September 2015



Director General of Audit
(Central Expenditure)

ANNEXURE I

1. Adequacy of internal audit system

- The internal audit of the Council was conducted upto 2012-2015 by the Ministry of Health and Family Welfare.

2. Adequacy of internal control system

- 34 paras pertaining to the period 2000-2001 to 2011-14 were outstanding.
- Asset register was not maintained in the prescribed format.

3. System of physical verification of fixed assets

- The physical verification of fixed assets had been conducted upto 2013-14.

4. System of physical verification of inventory

- The physical verification of books and publications had been conducted upto 2010-11.
- The physical verification of stationery and consumables, etc. had been conducted upto 2013-14.

5. Regularity in payment of statutory dues

- No payment over six months in respect of statutory dues were outstanding as on 31 March 2015.

5.2. AUDITED STATEMENT OF ACCOUNTS

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Index of the Annual Accounts for the Year 2014-15

S. No.	Name of the accounts	Page No.	Schedules at Page No.
1.	Receipt & Payment account	121-122	125 – 161
2.	Income & Expenditure account	123	162 – 164
3.	Balance Sheet	124	165 – 168
4.	Notes on Accounts	169	–

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Receipt & Payment Account for the year ended 31 March 2015

S. No.	Receipts	Current Year	Previous Year	S. No.	Payments	Current Year	Previous Year
1.	Opening balance			1.	Establishment expenses	59,12,13,290.00	55,30,38,479.00
	(i) Cash in hand	2,16,854.75	2,24,748.75	2.	Administrative Expenses	7,77,96,429.00	7,58,74,787.50
				3.	Other Expenses		
	(ii) Cash-at-bank	7,88,51,787.89	3,82,81,591.50	(i)	Material & Supplies	4,34,32,721.00	13,21,93,438.50
	Total Opening balance	7,90,68,642.64	3,85,06,340.25	(ii)	Advance to Govt. Servants	12,59,000.00	19,12,800.00
2.	G.I.A. received			(iii)	Outstanding advances	2,50,67,270.15	3,01,54,134.00
	(i) From Government of India	73,86,37,000.00	1,01,72,00,000.00	(iv)	Other charges	84,83,678.00	1,57,70,296.00
	(ii) From other sources	-	-	4.	Investments (Out of own funds)	23,50,63,169.30	4,62,09,054.99
3.	Bank interest	1,64,69,284.57	1,48,05,117.77	5.	Fixed assets	2,44,27,449.00	1,93,99,216.00
4.	Interest on refundable advances	8,55,747.00	5,57,697.00	6.	Work in progress	-	18,30,25,860.00
5.	Other receipts	5,13,44,562.91	4,25,89,328.09	7.	Publication (Priced)	34,82,647.00	5,16,909.00
		-	-	8.	Remittance of recoveries	6,33,62,943.00	7,08,64,783.00
6.	By adjustment of Advances pertaining to previous years	40,72,286.00	36,16,594.00	9.	Refund of unspent balance to concerned Deptts./Offices	-	-
7.	Recoveries for remittance	6,04,04,718.00	7,28,05,172.00	10.	Undisbursed amount in Previous Year disbursed	-	3,500.00
8.	Sale of Publications (Priced)	1,93,826.00	5,01,725.00	11.	Amount to be received from concerned a/c, Instts.	1375.00	35,000.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Receipts	Current Year	Previous Year	S. No.	Payments	Current Year	Previous Year
9.	Recovery of subscription & advances	5,30,12,499.00	4,45,93,967.00		Amount to be received from concerned a/c. Instts.	31,066.00	13,75,931.00
10.	Investment received	22,12,71,573.10	9,39,62,012.11	12.	LIC amount disbursed	1,00,000.00	3,00,000.00
11.	Amount receivable received	3,07,97,182.33	89,22,451.41	13.	Other Misc. payments/ transfers	12,20,44,544.00	10,18,55,003.00
12.	Security Deposit receivable received	15,000.00					
13.	Security deposit	2,46,963.00	5,38,000.00	14.	Amount remitted by decentralized Institutes to be contra against their receipts in Hqrs New Delhi	5169.00	1,30,313.00
14.	In transit in Previous Year received	2,36,00,000.00	5,00,60,183.00	15.	Amount payable paid	1,97,46,525.00	4,33,14,425.00
15.	Payable to other a/cs	7072.00	8,171.00	16.	NPS amount transferred to NPS Trustee Bank a/c	12,96,814.00	3,66,50,006.00
16.	Recovery of refundable advances	25,67,307.00	25,95,507.00	17.	Closing Balance		
17.	LIC for disbursement	2,00,000.00	3,00,000.00		Cash-in-hand	2,09,867.60	2,16,854.75
18.	Amount received to be contra against their remittance by the decentralized Institutes	5169.00	1,30,313.00		Cash-at-bank	6,57,44,875.50	7,88,51,787.89
	Total Rs.	1,28,27,68,832.55	1,39,16,92,578.63		Total Rs.	1,28,27,68,832.55	1,39,16,92,578.63

Sd/-
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(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Income & Expenditure Account for the year ending 31 March 2015

S. No.	Expenditure	Current Year	Previous Year	S. No.	Income	Current Year	Previous Year
1.	Establishment expenditure	62,71,05,469.00	57,03,09,489.00	1.	GIA	81,77,57,000.00	1,03,58,00,000.00
2.	Administrative expenditure	7,72,16,545.00 4,29,45,983.00	7,49,67,137.50 13,21,45,558.50	2.	Other income	1,70,02,010.00	1,87,40,583.00
3.	Other charges	84,83,678.00	1,26,91,595.00	3.	Less : Capitalised expenditure	(-),83,77,064.00	(-),19,58,12,079.00
4.	Depreciation	2,52,74,701.69	2,91,04,574.25	4.	Excess of expenditure over Income	-	-
5.	Balance being Excess of Income over Expenditure :	3,53,55,569.31	3,95,10,149.75				
	Total (Rs.)	81,63,81,946.00	85,87,28,504.00		Total (Rs.)	81,63,81,946.00	85,87,28,504.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Balance Sheet as on 31 March 2015

S. No.	Liabilities	Schedule No.	Current Year	Previous Year	S. No.	Assets	Schedule No.	Current Year	Previous Year
1.	Capital fund	(S/1)	1,06,46,53,852.02	1,01,40,04,956.02	1.	Fixed assets	(S/3)	88,37,26,874.00	89,47,14,936.00
2.	Current Liabilities	(S/2)	45,49,60,881.97	43,13,01,816.79	2.	Investments (Others)	(S/5C)	36,07,83,725.31	34,69,92,129.11
3.	Earmarked/Endowment fund	S/3(A)	3,02,73,768.05	2,47,65,219.14	4.	Current assets:			
					(i)	Loans & advances	(S/5B)	23,94,23,159.63	14,92,96,284.20
					(ii)	Bank/Cash balance : 3,56,80,975.05 3,02,73,768.05	(S/5A)	6,59,54,743.10	7,90,68,642.64
	Total Rs.		1,54,98,88,502.04	1,47,00,71,991.95		Total Rs.		1,54,98,88,502.04	1,47,00,71,991.95

Sd/-
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Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Receipts for the year ending 31 March 2015

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						
	(i) NON-PLAN						
	(i) Health Scheme						
	(a) Cash in hand (Imprest)	15,200.00	15,200.00				
	(b) Cash-at-bank	96,774.11	4,047.61				
	Total (Non-Plan) S.No. 1	1,11,974.11	19,247.61	40,50,00,000.00	36,45,00,000.00	32,94,381.00	66,50,038.00
2.	PLAN						
	(i) Health Scheme a/c						
	(a) Cash-in-hand (Imprest)	1,97,667.60	1,92,667.60				
	(b) Cash-in-hand (other than Imprest)	3,987.15	16,881.15				
	(c) Cash-at-bank	4,61,98,973.42	11,56,683.92				
	Total (H) PLAN	4,64,00,628.17	13,66,232.67	31,57,57,000.00	64,77,00,000.00	2,08,695.00	6,32,934.00
	(ii) ROTP a/c		-		-		-
	(iii) Herb Garden a/c	33,461.00	29,753.00	-		1352.00	1,201.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General



S. No.		Opening Balance		GIA		Bank Interest	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)	(2)	(3)			
	(iv) Pub. of Text Books a/c	47,391.00	45,550.00			1915.00	1,841.00
	(v) UPS a/c I	40,752.00	39,206.00			1609.00	1,546.00
	(vi) DSOP	1,84,091.05	1,77,068.05			7308.00	7,023.00
	(vii) ALLUM a/c	20,00,000.00	-	-	20,00,000.00	71,856.00	-
	(viii) Digitalization of Manuscript a/c	107.00	-			4.00	107.00
	(ix) WHO a/c	1901.00	1,827.00			77.00	74.00
	(x) International Events conference a/c	6,06,597.00	5,83,042.00			24,506.00	23,555.00
	(xi) DST a/c	62,09,801.09	97,85,318.00	1,48,80,000.00		985.00	947.00
	(xii) CRISM a/c	1,35,21,852.00	1,31,20,207.00			4,14,561.00	4,27,859.00
	(xiii) South African a/c	21,19,266.00	11,31,472.00	30,00,000.00	30,00,000.00	71,059.00	61,085.00
	Total (Plan) S.No. 2 (ii) to (xiii)	2,47,65,219.14	2,62,79,675.72	1,78,80,000.00	65,27,00,000.00	5,95,232.00	11,58,172.00
3.	(i) NPS a/c	9,06,925.81	48,98,448.95			52,437.00	37,47,998.99
	(ii) CPF/GPF a/c	8,13,993.18	11,66,949.24			1,08,08,678.15+1946.00	11,67,202.91
	(iii) GIS a/c	6,95,901.10	4,13,416.87			1,51,876.42	53,025.98
	(iv) Pension fund a/c	53,74,001.13	57,28,601.86			13,56,039.00	20,28,679.89
	Total S.No. 3	77,90,821.22	1,22,07,416.92	-	-	1,23,70,976.57	69,96,907.77
	Grand Total S.No. 1 to 3	7,90,68,642.64	3,85,06,340.25	73,86,37,000.00	1,01,72,00,000.00	1,64,69,284.57	1,48,05,117.77

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.		Miscellaneous Receipts		Interest on Refundable Advances		By Adjustment of Advances Pertaining to Previous Years	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(4)	(5)	(6)	(7)	(8)	(9)
1.	Health Scheme a/c						
	(1) NON-PLAN						
		1,03,39,276.00	85,61,923.00	5,75,553.00	4,46,196.00	6,79,278.00	428.00
							8,75,367.00
	Total (Non-Plan) S.No. 1	1,03,39,276.00	85,61,923.00	5,75,553.00	4,46,196.00	6,79,278.00	8,75,795.00
2.	PLAN						
	Health Scheme a/c						
		22,88,186.00	23,36,691.00	2,80,194.00	1,11,501.00	32,13,008.00	25,73,799.00
	Total (H) PLAN	22,88,186.00	23,36,691.00	2,80,194.00	1,11,501.00	32,13,008.00	25,73,799.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Books a/c						
	(v) UPS a/c I						
	(vi) South African Unani Chair a/c					1,80,000.00	-
	(vii) DSOP						
	(viii) EMR						
	(ix) Digitalization of Manuscript a/c						
	(x) WHO a/c						

Sd/- **(S. Asif Mian)** Consultant (Accounts) Sd/- **(Mohammad Parvez)** Accountant Sd/- **(F.A. Bazaz)** Administrative Officer Sd/- **(Prof. Rais-ur-Rahman)** Director General

S. No.		Miscellaneous Receipts		Interest on Refundable Advances		By Adjustment of Advances Pertaining to Previous Years	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(4)	(5)	(6)	(7)	(8)	(9)
	(xi) NMPB a/c						
	(xii) UPS a/c II						
	(xiii) ICST a/c						
	(xiv) Donation a/c						
	(xv) International Events conference a/c						
	(xvi) DST a/c	1,91,777.91	76,32,601.09				
	(xvii) CRISM a/c						1,67,000.00
	(xviii) CICISM a/c						
	Total (Plan) S.No. 2 (ii) to (xviii)	1,91,777.91	99,69,292.09	1,11,501.00	1,80,000.00	27,40,799.00	27,40,799.00
3.	(i) NPS a/c						
	(ii) CPF/GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c	3,85,00,000.00	2,35,00,000.00				
		25,323.00	57,200.00				
			5,00,913.00				
	Total S.No. 3	3,85,25,323.00	2,40,58,113.00				
	Grand Total S.No. 1 to 3	5,13,44,562.91	4,25,89,328.09	8,55,747.00	5,57,697.00	40,72,286.00	36,16,594.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.		Recoveries of Refundable Advances		Sale of Council's Publications	
		Current Year	Previous Year	Current Year	Previous Year
		(7)		(8)	
1.	Health Scheme a/c				
	(1) NON-PLAN				
	Health Scheme	20,50,876.00	22,12,307.00		
	Total (Non-Plan) S.No. 1	20,50,876.00	22,12,307.00		
2.	PLAN				
	(i) Health Scheme a/c				5,01,725.00
	(b) Cash-at-bank	5,16,431.00	3,83,200.00	1,93,826.00	
	Total (H) PLAN	5,16,431.00	3,83,200.00	1,93,826.00	5,01,725.00
	(ii) ROTP a/c				
	(iii) Herb Garden a/c				
	(iv) Pub. of Text Books a/c				
	(v) UPS a/c				
	(vi) Seminar a/c				
	(vii) DSOP				
	(viii) EMR				
	(ix) Digitalization of Manuscript a/c				
		Sd/- (S. Asif Mian) Consultant (Accounts)		Sd/- (F.A. Bazaz) Administrative Officer	
		Sd/- (Mohammad Parvez) Accountant		Sd/- (Prof. Rais-ur-Rahman) Director General	

S. No.		Recoveries of Refundable Advances		Sale of Council's Publications	
		Current Year	Previous Year	Current Year	Previous Year
		(7)		(8)	
	(x) WHO a/c				
	(xi) NMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICST a/c				
	(xiv) Donation a/c				
	(xv) International Events conference a/c				
	(xvi) DST a/c				
	(xvii) CRISM a/c				
	(xviii) CICISM a/c				
	Total (Plan) S.No. 2		3,83,200.00		
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	25,67,307.00	25,95,507.00	1,93,826.00	5,01,725.00
		(S. Asif Mian) Sd/- Consultant (Accounts)		(Prof. Rais-ur-Rahman) Sd/- Director General	
		(Mohammad Parvez) Sd/- Accountant		(F.A. Bazaz) Sd/- Administrative Officer	

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
			(9)	(10)	(11)		
1.	Health Scheme a/c						
	(1) NON-PLAN						
	Health Scheme	4,60,40,145.00	5,03,74,627.00				61,395.00
		3,76,893.00	3,89,571.00				
	Total (Non-Plan) S.No. 1	4,64,17,038.00	5,07,64,198.00	-	-	-	61,395.00
2.	PLAN			-			
	(i) Health Scheme a/c	95,89,807.00	1,93,01,869.00				
	(b) Cash-at-bank						
	Total (H) PLAN	95,89,807.00	1,93,01,869.00			-	-
	(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						

Sd/-
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Consultant (Accounts)

Sd/-
(Mohammad Parvez)
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(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

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
			(9)		(10)		(11)
	(vii) EMR						
	(ix) Digitalization of Manuscript a/c						
	(x) WHO a/c						
	(xi) NMPB a/c						
	(xii) UPS a/c II						
	(xiii) ICST a/c						
	(xiv) Donation a/c						
	(xv) International Events conference a/c						
	(xvi) DST a/c						
	(xvii) CRISM a/c						
	(xviii) CICISM a/c						
	Total (Plan) S.No. 2	-	1,93,01,869.00	-	-	-	-
3.	(i) NPS a/c			20,11,032.00	32,53,562.00		(-) 14,701.00 (-) 3,186.00 1,02,79,685.00 (-) 1,02,091.00

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(Prof. Rais-ur-Rahman)
Director General

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
		(9)		(10)		(11)	
	(ii) CPF/GPF a/c						3,44,46,222.00
				5,01,74,247.00	(-) 500.00 3,73,61,339.00 31,89,336.00		29,29,643.00
	(iii) GIS a/c			8,27,220.00	7,90,230.00		(+) 140.00 8,84,640.00 (-) 20.00 (-) 100.00
	(iv) Pension fund a/c	12,000.00 23,88,561.00 19,97,312.00	12,000.00 19,94,457.00 7,32,648.00				
	Total S.No. 3	43,97,873.00	27,39,105.00	5,30,12,499.00	4,45,93,967.00	-	
	Grand Total S.No. 1 to 3	6,04,04,718.00	7,28,05,172.00	5,30,12,499.00	4,45,93,967.00	-	4,84,20,232.00

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(F.A. Bazaz)
Administrative Officer

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(Prof. Rais-ur-Rahman)
Director General

S. No.		Receivable amount received		Security deposit lying with the Council	
		Current Year	Previous Year	Current Year	Previous Year
		(12)	(13)		
1.	Health Scheme a/c				
	(1) NON-PLAN				
	Health Scheme	7806.00			
	Total (Non-Plan) S.No. 1	7806.00			-
2.	PLAN				
	(i) Health Scheme a/c	2,26,451.00 11,41,639.00		2,46,963.00 (CCRUM)	4,38,000.00 (CCBC) 1,00,000.00 (CCRUM)
	Total (H) PLAN	13,68,090.00	-	2,46,963.00	5,38,000.00
	(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				
	(ix) Digitalization of Manuscript a/c				
		Sd/- (S. Asif Mian) Consultant (Accounts)		Sd/- (F.A. Bazaz) Administrative Officer	
		Sd/- (Mohammad Parvez) Accountant		Sd/- (Prof. Rais-ur-Rahman) Director General	

S. No.		Receivable amount received		Security deposit lying with the Council	
		Current Year	Previous Year	Current Year	Previous Year
		(12)	(13)		
	(x) WHO a/c				
	(xi) NMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICST a/c				
	(xiv) Donation a/c				
	(xv) International Events conference a/c				
	(xvi) DST a/c				
	(xvii) CRISM a/c				
	(xviii) CICISM a/c				
	Total (Plan) S.No. 2	-	2,507.00	-	5,38,000.00
3.	(i) NPS a/c		1,000.00 31,18,658.94		
	(ii) CPF/GPF a/c	2,19,20,591.01	22,96,139.46		
	(iii) GIS a/c	9,91,863.32	3,500.00 +38,918.44		
	(iv) Pension fund a/c	65,08,832.00	34,61,727.57		
	Total S.No. 3	2,94,21,286.33	89,19,944.41	-	-
	Grand Total S.No. 1 to 3	3,07,97,182.33	89,22,451.41	2,46,963.00	5,38,000.00

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(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.		In Transit Amount Received		Security Deposit of the Council with others Received		Payable Amount	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(14)		(15)		(16)
1.	Health Scheme a/c						
	(1) NON-PLAN						
	(i) Health Scheme	2,36,00,000.00	65,00,000.00			100.00	2,261.00
							35.00
	Total (Non-Plan) S.No. 1	2,36,00,000.00	65,00,000.00		-	100.00	2,296.00
2.	PLAN						
	(i) Health Scheme a/c		4,15,00,000.00	15000.00			
			3,34,181.00				
	T.D.S						
	Total (H) PLAN		4,18,34,181.00	15,000.00	-		-
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.		In Transit Amount Received		Security Deposit of the Council with others Received		Payable Amount	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(14)		(15)		(16)
	(ix) Digitalization of Manuscript a/c						
	(x) WHO a/c						
	(xi) NMPB a/c						
	(xii) UPS a/c II						
	(xiii) ICST 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	-	4,18,34,181.00	-	-	-	-
3.	(i) NPS a/c		64,639.00				
	(ii) CPF/GPF a/c		16,51,023.00			6972.00	5,875.00
	(iii) GIS a/c		10,340.00				
	(iv) Pension fund a/c						
	Total S.No. 3	-	17,26,002.00	-	-	6,972.00	5,875.00
	Grand Total S.No. 1 to 3	2,36,00,000.00	5,00,60,183.00	15,000.00	-	7072.00	8,171.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.		Investment Received		LIC Amount for Disbursement	
		Current Year	Previous Year	Current Year	Previous Year
			(17)		(18)
1.	Health Scheme a/c				
	(1) NON-PLAN				
	(i) Health Scheme				
	Total (Non-Plan) S.No. 1				
2.	PLAN				
	(i) Health Scheme a/c				
	Total (H) PLAN				
	(ii) ROTP a/c				
	(iii) Herb Garden a/c				
	(iv) Pub. of Text Book a/c				
	(v) UPS a/c I				
	(vi) Seminar a/c				
	(vii) DSOP				
	(viii) EMR a/c				
	(ix) Digitalization of Manuscript a/c				
	(x) WHO a/c				
	Sd/- (S. Asif Mian) Consultant (Accounts)	Sd/- (Mohammad Parvez) Accountant	Sd/- (F.A. Bazaz) Administrative Officer	Sd/- (Prof. Rais-ur-Rahman) Director General	

S. No.		Investment Received		LIC Amount for Disbursement	
		Current Year	Previous Year	Current Year	Previous Year
		(17)		(18)	
	(xi) NMPB a/c				
	(xii) UPS a/c II				
	(xiii) ICST a/c				
	(xiv) Donation a/c				
	(xv) International Events conference a/c				
	(xvi) DST a/c				
	(xvii) CRISM a/c				
	(xviii) CICISM a/c				
	Total (Plan) S.No. 2	-	-	-	-
3.	(i) NPS a/c		3,02,11,390.90		
	(ii) CPF/GPF a/c	16,87,02,031.10	2,65,31,795.59		
	(iii) GIS a/c	75,00,000.00	7,87,786.81	2,00,000.00	3,00,000.00
	(iv) Pension fund a/c	4,50,69,542.00	3,64,31,038.81		
	Total S.No. 3	22,12,71,573.10	9,39,62,012.11	2,00,000.00	3,00,000.00
	Grand Total S.No. 1 to 3	22,12,71,573.10	9,39,62,012.11	2,00,000.00	3,00,000.00
		Sd/- (S. Asif Mian) Consultant (Accounts)		Sd/- (F.A. Bazaz) Administrative Officer	
		Sd/- (Mohammad Parvez) Accountant		Sd/- (Prof. Rais-ur-Rahman) Director General	

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
		(19)		(20)	
1.	Health Scheme a/c				
	(1) NON-PLAN				
	(i) Health Scheme	2169.00		49,20,81,451.11	44,05,32,000.61
		3000.00			
	Total (Non-Plan) S.No. 1	5169.00		49,20,81,451.11	44,05,32,000.61
2.	PLAN				
	(i) Health Scheme a/c		1,30,313.00	38,00,77,828.17	
	Total (H) PLAN		1,30,313.00	38,00,77,828.17	71,74,10,445.67
	(ii) ROTP a/c		-		-
	(iii) Herb Garden a/c		-	34,813.00	33,461.00
	(iv) Pub. of Text Book a/c		-	49,306.00	47,391.00
	(v) UPS a/c I		-	42,361.00	40,752.00
	(vi) DSOP		-	1,91,399.05	1,84,091.05
	(vii) AIUM a/c		-	20,71,856.00	20,00,000.00
	(viii) Digitalization of Manuscript a/c		-	111.00	107.00
		Sd/-		Sd/-	
		(S. Asif Mian)		(F.A. Bazaz)	
		Consultant (Accounts)		Administrative Officer	
		Sd/-		Sd/-	
		(Mohammad Parvez)		(Prof. Rais-ur-Rahman)	
		Accountant		Director General	

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
		(19)		(20)	
	(ix) WHO a/c			1978.00	1,901.00
	(x) International Events conference a/c			6,31,103.00	6,06,597.00
	(xi) DST a/c			2,12,82,564.00	1,74,18,866.09
	(xii) CRISM a/c			1,39,36,413.00	1,35,48,066.00
	(xiii) South Asian a/c			53,70,325.00	43,59,557.00
	Total (Plan) S.No. 2 (ii) to (xiii)			4,36,12,229.05	75,56,51,234.81
3.	(i) NPS a/c			29,70,394.81	4,52,95,698.78
	(ii) CPF/GPF a/c			25,24,28,458.44	7,33,69,160.20
	(iii) GIS a/c			1,03,66,860.84	23,97,218.10
	(iv) Pension fund a/c			10,12,31,610.13	7,44,47,266.13
	Total S.No. 3			36,69,97,324.22	19,55,09,343.21
	Grand Total S.No. 1 to 3	5169.00	1,30,313.00	1,28,27,68,832.55	1,39,16,92,578.63

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Payments for the year ending 31 March 2015

S. No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies Expenses	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)		(2)		(3)	
1.	Non-Plan						
	(i) Health scheme a/c	41,90,23,500.00	38,10,39,871.00	25,40,199.00	35,41,195.50	10,944.00	3,97,298.00
	Total (Non-Plan) S.No. 1	41,90,23,500.00	38,10,39,871.00	25,40,199.00	35,41,195.50	10,944.00	3,97,298.00
2.	Plan						
	(i) Health scheme a/c	16,94,83,608.00	16,93,65,450.00	7,46,76,346.00	7,14,25,942.00	4,29,35,039.00	13,17,48,260.50
	Health scheme a/c						
	Health scheme a/c						
	Total (H) Plan	16,94,83,608.00	16,93,65,450.00	7,46,76,346.00	7,14,25,942.00	4,29,35,039.00	13,17,48,260.50
	(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)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

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(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies Expenses	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)	(2)	(3)			
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						
	(ix) Digitization 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	7,03,461.00	7,79,136.00	3,62,674.00	6,75,167.00	4,86,738.00	47,880.00
	(xvii) CRISM a/c		26,214.00		-		-
	(xviii) CICISM a/c				-		-
	(xix) South African a/c	20,02,721.00	18,27,808.00	2,17,210.00	2,32,483.00		-
	Total (Plan) S.No.	27,06,182.00	17,19,98,608.00	5,79,884.00	7,23,33,592.00	4,86,738.00	13,17,96,140.50

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

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(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Establishment Expenses		Administrative Expenses		Material & Supplies Expenses	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(1)		(2)		(3)	
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	59,12,13,290.00	55,30,38,479.00	7,77,96,429.00	7,58,74,787.50	4,34,32,721.00	13,21,93,438.50

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
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		4,809.00				
	Total (Non-Plan) S.No. 1		4,809.00		-		-
2.	Plan						
	(i) Health scheme a/c	1,50,88,243.00	1,27,66,226.00	34,82,647.00	5,16,909.00	12,59,000.00	19,12,800.00
	Health scheme a/c						
	Total(H) Plan	1,50,88,243.00	1,27,66,226.00	34,82,647.00	5,16,909.00	12,59,000.00	19,12,800.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						
	(ix) Digitization of Manuscript a/c						
	(x) WHO a/c						

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
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)	
	(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	93,39,206.00	66,28,181.00				
	(xvii) CRISM a/c						
	(xviii) CICISM a/c						
	(xix) South African a/c						
	Total (Plan)	93,39,206.00	1,93,94,407.00				
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	2,44,27,449.00	1,93,99,216.00	34,82,647.00	5,16,909.00	12,59,000.00	19,12,800.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
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	6,86,311.00	3,73,115.00		-		
		1,35,000.00	2,26,580.00		-		
	Total (Non-Plan) S.No. 1	8,21,311.00	5,99,695.00		-		
2.	Plan						
	(i) Health scheme a/c	1,71,52,205.15	2,89,90,075.00	84,83,678.00	1,26,91,595.00		18,30,25,860.00
		70,93,754.00	3,84,364.00				
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	2,42,45,959.15	2,93,74,439.00	84,83,678.00	1,26,91,595.00	-	18,30,25,860.00
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
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)	
	(vii) DSOP a/c						
	(viii) EMR a/c						
	(ix) Digitization 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				30,78,701.00		
	(xvii) CRISM a/c				-		
	(xviii) CICISM a/c				-		
	(xix) South African a/c		1,80,000.00		-		
	Total S.No. 2	-	2,95,54,439.00	-	1,57,70,296.00	-	18,30,25,860.00

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Consultant (Accounts)

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Administrative Officer

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(Prof. Rais-ur-Rahman)
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)
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	2,50,67,270.15	3,01,54,134.00	84,83,678.00	1,57,70,296.00	-	18,30,25,860.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Excess Paid to be Received / Adjusted		Remittance of Recoveries		Un-disbursed Amount Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(10)		(11)		(12)
1.	Non-Plan						
	(i) Health scheme a/c			4,92,05,005.00 376,893.00	4,84,38,781.00 3,89,571.00		1,000.00
	Total (Non-Plan) S.No. 1	-		4,95,81,898.00	4,88,28,352.00	-	1,000.00
2.	Plan						
	(i) Health scheme a/c	1375.00	35,000.00	93,83,172.00	1,92,95,326.00		2,500.00
	Health scheme a/c						2,500.00
	Total(H) Plan	1375.00	35,000.00	93,83,172.00	1,92,95,326.00	-	
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. Of Text Books a/c						
	(v) UPS a/c I						
	(vi) Seminar a/c						
	(vii) DSOP a/c						

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Excess Paid to be Received / Adjusted		Remittance of Recoveries		Un-disbursed Amount Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(10)	(11)	(12)			
	(viii) EMR a/c						
	(ix) Digitization 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		35,000.00		1,92,95,326.00		2,500.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Excess Paid to be Received / Adjusted		Remittance of Recoveries		Un-disbursed Amount Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(10)	(11)	(12)	(13)	(14)	(15)
3.	(i) NPS a/c						
	(ii) GPF a/c						
	(iii) GIS a/c						
	(iv) Pension fund a/c			23,88,561.00	19,94,457.00		
				12,000.00	14,000.00		
				19,97,312.00	7,32,648.00		
	Total S.No. 3			43,97,873.00	27,41,105.00	-	-
	Total S.No. 1 to 3	1375.00	35,000.00	6,33,62,943.00	7,08,64,783.00	-	3,500.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Receivable		Investments A/c		Received from LIC Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(13)		(14)		(15)
1.	Non-Plan						
	(i) Health scheme a/c	15,543.00	7,806.00				
	Total (Non-Plan) S.No. 1	15,543.00	7,806.00		-		-
2.	Plan						
	(i) Health scheme a/c	15,523.00	35.00				
	Health scheme a/c		11,41,639.00				
	Health scheme a/c (From DST a/c), RRUM, Srinagar		2,26,451.00				
	Total(H) Plan	15,523.00	13,68,125.00	-	-		-
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. of Text Book a/c						
	(v) UPS a/c						
	(vi) Seminar a/c						

Sd/-
(S. Asif Mian)
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(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

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(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Receivable		Investments A/c		Received from LIC Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(13)		(14)		(15)	
	(vi) 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						
	(xvii) CRISM a/c						
	(xviii) CICISM a/c						
	(xix) South African a/c				-		
	Total S.No. 2		13,68,125.00				

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Receivable		Investments A/c		Received from LIC Disbursed	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(13)		(14)		(15)	
3.	(i) NPS a/c				77,38,766.97		
	(ii) GPF a/c			2,00,3,19,874.56	2,69,76,956.02		
	(iii) GIS a/c			86,22,294.74		1,00,000.00	3,00,000.00
	(iv) Pension fund a/c			2,61,21,000.00	1,14,93,332.00		
	Total S.No. 3			23,50,63,169.30	4,62,09,054.99	1,00,000.00	3,00,000.00
	Grand total S.No. 1 to 3	31,066.00	13,75,931.00	23,50,63,169.30	4,62,09,054.99	1,00,000.00	3,00,000.00

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Payable Paid/Adjusted		Other Misc. Payments/Transfer		NPS Subscription & Contribution Transferred to NPS Trustee Bank A/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(16)		(17)		(18)
1.	Non-Plan						
	(i) Health scheme a/c	1,94,64,299.00	60,00,000.00				
	Total (Non-Plan) S.No. 1	1,94,64,299.00	60,00,000.00	-	-	-	-
2.	Plan						
	(i) Health scheme a/c		3,68,26,318.00		40,247.00		
	Health scheme a/c		4,02,000.00				
	Health scheme a/c	50,000.00 (CCRUM)	10,000.00 (CCBC)				
			70,000.00 (CCRUM) + 2,507.00				
	Total(H) Plan	50,000.00	3,73,10,825.00	-	40,247.00		
	(ii) ROTP a/c						
	(iii) Herb Garden a/c						
	(iv) Pub. of Text Book a/c						
	(v) UPS a/c						

Sd/-
(S. Asif Mian)
Consultant (Accounts)

Sd/-
(Mohammad Parvez)
Accountant

Sd/-
(F.A. Bazaz)
Administrative Officer

Sd/-
(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Payable Paid/Adjusted		Other Misc. Payments/Transfer		NPS Subscription & Contribution Transferred to NPS Trustee Bank A/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)	(17)	(18)	(19)	(20)	(21)
	(vi) Seminar a/c						
	(vii) DSOP a/c						
	(viii) EMR a/c						
	(ix) Digitization 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	2,26,451.00					
	(xvii) CRISM a/c						
	(xviii) CICISM a/c						
	(xix) South African a/c		-				
	Total S.No. 2(ii) to (xix)	2,26,451.00	3,73,10,825.00	-	40,247.00	-	-

Sd/-
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(F.A. Bazaz)
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(Prof. Rais-ur-Rahman)
Director General

S. No.	Name of the Scheme	Amount Payable Paid/Adjusted		Other Misc. Payments/Transfer		NPS Subscription & Contribution Transferred to NPS Trustee Bank A/c	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(16)		(17)		(18)	
3.	(i) NPS a/c					12,96,814.00	3,66,50,006.00
	(ii) GPF a/c	5775.00	3,600.00	28,05,380.00	49,11,360.00		
	GPF a/c			3,09,05,175.00	2,51,64,000.00		
	GPF a/c			1,68,74,927.00	1,54,74,251.00		
	GPF a/c				25,000.00		
	(iii) GIS a/c			7,50,000.00 5,36,806.00	7,36,000.00 6,65,317.00		
	(iv) Pension fund a/c			7,01,72,256.00	5,48,38,828.00		
	Total S.No. 3	5,775.00	3,600.00	12,20,44,544.00	10,18,14,756.00	12,96,814.00	3,66,50,006.00
	Grand Total S.No. 3	1,97,46,525.00	4,33,14,425.00	12,20,44,544.00	10,18,55,003.00	12,96,814.00	3,66,50,006.00

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Director General

S. No.	Name of the Scheme	Amount Remitted by Decentralised Institutes Now Contra Against Recovery to Headquarters, New Delhi as Already Taken Receipt in Previous Year		Closing Balance		Total Payments	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
			(19)	(20)	(21)		
1.	Non-Plan						
	(i) Health scheme a/c	3000.00		6,20,757.11	1,11,974.11	49,20,81,451.11	44,05,32,000.61
	Total (Non-Plan) S.No. 1	3,000.00		6,20,757.11	1,11,974.11	49,20,81,451.11	44,05,32,000.61
2.	Plan						
	(i) Health scheme a/c	2,169.00	1,30,313.00	3,09,71,069.02	4,64,00,628.17	38,00,77,828.17	71,74,10,445.67
	Health scheme a/c						
	Health scheme a/c						
	Total(H) Plan	2,169.00	1,30,313.00	3,09,71,069.02	4,64,00,628.17	38,00,77,828.17	71,74,10,445.67
	(ii) Herb Garden a/c			34,813.00	33,461.00	34813.00	33,461.00
	(iii) Pub. of Text Book a/c			49,306.00	47,391.00	49,306.00	47,391.00
	(iv) UPS a/c			42,361.00	40,752.00	42,361.00	40,752.00

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Director General

S. No.	Name of the Scheme	Amount Remitted by Decentralised Institutes Now Contra Against Recovery to Headquarters, New Delhi as Already Taken Receipt in Previous Year		Closing Balance		Total Payments	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
	(v) DSOP a/c			1,91,399.05	1,84,091.05	1,91,399.05	1,84,091.05
	(vi) AIUM a/c			20,71,856.00	20,00,000.00	20,71,856.00	20,00,000.00
	(vii) Digitization of Manuscript a/c			111.00	107.00	111.00	107.00
	(viii) WHO a/c			1978.00	1,901.00	1978.00	1,901.00
	(ix) International Events conference a/c			6,31,103.00	6,06,597.00	6,31,103.00	6,06,597.00
	(x) DST a/c			1,01,64,034.00	62,09,801.09	2,12,82,564.00	1,74,18,866.09
	(xi) CRISM a/c			1,39,36,413.00	1,35,21,852.00	1,39,36,413.00	1,35,48,066.00
	(xii) South African a/c			31,50,394.00	21,19,266.00	53,70,325.00	43,59,557.00
	Total S.No. 2 (ii to xii)	-	-	3,02,73,768.05	2,47,65,219.14	4,36,12,229.05	3,82,40,789.14
3.	(i) NPS a/c			16,73,580.81	9,06,925.81	29,70,394.81	4,52,95,698.78
	(ii) GPF a/c			15,17,326.88	8,13,993.18	25,24,284,584.44	7,33,69,160.20

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S. No.	Name of the Scheme	Amount Remitted by Decentralised Institutes Now Contra Against Recovery to Headquarters, New Delhi as Already Taken Receipt in Previous Year		Closing Balance		Total Payments	
		Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
		(19)		(20)		(21)	
	(iii) GIS a/c			3,57,760.10	6,95,901.10	1,03,66,860.84	23,97,218.10
	(iv) Pension fund a/c			5,40,481.13	53,74,001.13	10,12,31,610.13	7,44,47,266.13
	Total S.No. 3		-	40,89,148.92	77,90,821.22	36,69,97,324.22	19,55,09,343.21
	Grand Total S.No. 1 to 3	5169.00	1,30,313.00	6,59,54,743.10	7,90,68,642.64	1,28,27,68,832.55	1,39,16,92,578.63

	Current year	Previous year
Cash	2,09,867.60	2,16,854.75
Bank	6,57,44,875.50	7,88,51,787.89
Total	6,59,54,743.10	7,90,68,642.64

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(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Income for the year ending 31 March 2015

S. No.	Grant-in-aid	Miscellaneous Receipts	Capital Expenditure
1.	Health a/c (Plan)	2,80,194.00 + 2,08,695.00 + 22,88,186.00	1,50,88,243.00 + 34,82,647.00 (-) 1,93,826.00
	Total (Plan)	27,77,075.00	1,83,77,064.00
2.	Health a/c (N.P.)	32,94,381.00 + 1,03,39,276.00 + 5,75,553.00 + 9525.00 + 2700.00 + 3500.00	-
	Total (Non Plan)	1,42,24,935.00	-
	Grand Total	1,70,02,010.00	1,83,77,064.00

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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Expenditure for the year ending 31 March 2015

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	86,73,828.00 (+)82,29,041.00 +1316.00 (-)1,72,772.00 + 224.00 (+)6,14,201.00 (-)36,481.31 (+)29,62,921.00 (-)7,21,439.00 (+)48,570.00 (-)1051.00 (+)56,35,254.00 (-)53876.00	16,94,83,608.00	7,46,76,346.00	4,29,35,039.00	84,83,678.00		2,06,01,395.69
	Total (Plan)	2,51,79,735.69	16,94,83,608.00	7,46,76,346.00	4,29,35,039.00	84,83,678.00		2,06,01,395.69
2.	Health a/c (Non Plan)	63,920.00 + 16.00 (+)444.00 + 2601.00 (+)24805.00	41,90,23,500 3,85,98,361.00	25,40,199.00	10,944.00	-	5,59,60,145.00	
	Total (Non Plan)	91,786.00	45,76,21,861.00	25,40,199.00	10,944.00		5,59,60,145.00	

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(Prof. Rais-ur-Rahman)
Director General

S. No.	Depreciation	Establishment Expenses	Administrative Expenses	Material & Supplies	Other Charges	Excess of Income over Expenditure	Excess of Expenditure over Income
3.	F.W. a/c 2030.00 + 149.00+1001.00						3180.00
	Total F.W.	3180.00	-	-	-	-	3180.00
	Grand Total	2,52,74,701.69	62,71,05,469.00	4,29,45,983.00	84,83,678.00	5,59,60,145.00	2,06,04,575.69
	Less : Excess of Expenditure over Income					(-12,06,04,575.69)	
	Net Excess of Income over Expenditure					3,53,55,569.31	-

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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Assets of Balance Sheet as on 31 March 2015

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	88,37,00,091.00	7,62,23,061.84	3,15,91,826.13	19,35,35,888.80	-	
2.	F.W. a/c	26,783.00	1,81,782.06		2047.94	-	
3.	NPS a/c			16,73,580.81	4,99,625.00	1,43,26,999.99	
4.	CPF/GPF a/c			15,17,326.88	33,852.98	31,17,89,640.58	
	CPF/GPF a/c				74,07,878.00		
	CPF/GPF a/c				3,21,67,985.51		
	CPF/GPF a/c				100.00		
	GIS a/c			3,57,760.10	180.00	1,61,22,294.74	
	GIS a/c				25,98,999.40		
	GIS a/c				200.00		
5.	Pension fund a/c			5,40,481.13	31,76,402.00	1,85,44,790.00	
	Pension fund a/c						
	Pension fund a/c						
	Total	88,37,26,874.00	7,64,04,843.90	3,56,80,975.05	23,94,23,159.63	36,07,83,725.31	

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CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule of Liabilities of Balance Sheet as on 31 March 2015

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	1,14,08,65,172.92	-	4,41,85,694.85	
2.	FW. a/c	1,93,523.00		17,090.00	
3.	NPS a/c			70,77,401.00	
	NPS a/c			94,22,804.80	
4.	CPF/GPF a/c			23,66,05,602.49	
	CPF/GPF a/c			81371.00	
	CPF/GPF a/c			74,07,878.00	
	CPF/GPF a/c			10,88,21,932.46	
5.	GIS a/c			23,12,479.40	
	GIS a/c			1,66,65,928.84	
	GIS a/c			1,00,000.00 + 1026.00	
6.	Pension fund a/c			2,22,61,673.13	
	Total	1,14,10,58,695.92			
	Excess of Income over Expenditure :	-			
	Less: Excess of Expenditure over Income :	(-17,64,04,843.90)			
	Total	1,06,46,53,852.02	-	45,49,60,881.97	

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Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Consolidated Schedule of Fixed Assets as on 31 March 2015

				Gross Block			Less: Sale of Council's Publications (Priced)			Depreciation			Net Block		
S. No.	Name of the Assets	Opening Balance as on 01.04.14	Addition	Deductions	Wrongly shown transferred to contingent advance	Total	Opening Balance as on 01.04.14	Addition	Total	Opening Balance as on 01.04.14	On Addition	On Deductions	Total	As on 31.03.2015	As on 31.03.2014
1.	Machinery & Equipments	9,04,05,951.32	99,26,993.00	(-11,58,823.00)	-	9,91,74,121.32				4,46,82,119.32	83,47,627.00	(-1,73,823.00)	5,28,55,923.32	4,63,18,198.00	4,57,23,832.00
2.	Furniture & Fixture	8,54,64,030.82	11,37,723.00	(-15,38,764)	-	8,60,62,989.82				2,99,91,175.82	56,61,060.00	(-153,876.00)	3,55,98,359.82	5,04,64,630.00	5,54,72,855.00
3.	Computers	1,99,73,513.00	22,08,878.00	(-12,02,399.00)	-	2,09,79,992.00				1,72,43,075.00	29,63,589.00	(-7,21,439.00)	1,94,85,225.00	14,94,767.00	27,30,438.00
4.	Land	27,85,336.00	-	-	-	27,85,336.00								27,85,336.00	27,85,336.00
5.	Works in progress	68,44,99,023.00	-	-	(-10,06,687.00)	68,34,92,336.00								68,34,92,336.00	68,44,99,023.00
6.	Books & Journals	3,03,35,924.00	18,14,649.00	(-1515.00)	-	3,21,50,058.00							-	3,21,50,058.00	3,03,35,924.00
7.	Vehicles	89,77,792.00	-	(-1,83,236.31)	-	87,94,455.69				48,82,905.00	6,14,217.00	(-136,481.31)	54,60,640.69	33,33,815.00	40,94,787.00
8.	Building	13,43,46,873.00	-	-	-	13,43,46,873.00				7,65,21,352.00	86,73,828.00	-	8,51,95,180.00	4,91,51,693.00	5,78,25,521.00
9.	Council's Publications (Priced)	1,30,07,058.50	34,82,647.00	-	-	1,64,89,705.50	17,59,838.50	1,93,826.00	19,53,664.50					1,45,36,041.00	1,12,47,220.00
	Total	1,06,97,95,401.64	1,85,70,890.00	(-30,83,737.31)	(-10,06,687.00)	1,08,42,75,867.33	17,59,838.50	1,93,826.00	19,53,664.50	17,33,20,627.14	2,62,60,321.00	(-19,85,619.31)	19,85,95,328.83	88,37,26,874.00	89,47,14,936.00

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Director General



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Schedule Forming Part of Balance Sheet as on 31 March 2015

(Schedule -3(A) Earmarked/Endowment Funds

	Herb Garden A/c	Publication of Textbooks	UPS A/c I	DSOP A/c	Digitisation of Manuscript A/c	ALIUM A/c	WHO A/c	International Events/Conference A/c	DSTA/c	CRISMA/c	South African A/c	Total	
												Current Year (12)	Previous Year (13)
(a) Opening balance	33,461.00	47,391.00	40,752.00	1,84,091.05	107.00	20,00,000.00	1,901.00	6,06,597.00	62,09,801.09	1,35,21,852.00	21,19,266.00	2,47,65,219.14	2,49,13,443.05
Total (a)	33,461.00	47,391.00	40,752.00	1,84,091.05	107.00	20,00,000.00	1,901.00	6,06,597.00	62,09,801.09	1,35,21,852.00	21,19,266.00	2,47,65,219.14	2,49,13,443.05
(b) Additions:													
Grant-in-aid									1,48,80,000.00		30,00,000.00	1,78,80,000.00	50,00,000.00
Other additions a/c of:													
Bank interest	1352.00	1915.00	1609.00	7308.00	4.00	71,856.00	77.00	24,506.00	985.00	4,14,561.00	71,059.00	5,95,322.00	5,25,238
From Health a/c													2,26,451.00
By adjustments of advances pertaining to previous years											1,80,000.00	180,000.00	1,67,000.00
Receivable received													
Misc receipts													2507.00
Total (b)	1352.00	1915.00	1609.00	7308.00	4.00	71,856.00	77.00	24,506.00	1,50,72,762.91	4,14,561.00	32,51,059.00	1,88,47,009.91	1,35,53,797.14
Total (a+b)	34,813.00	49,306.00	42,361.00	1,91,399.05	111.00	20,71,856.00	1978.00	6,31,103.00	2,12,82,564.00	1,39,36,413.00	53,70,325.00	4,36,12,229.05	3,84,67,240.14
(c) Utilization/expenditure													
i) Capital expenditure													
Fixed assets									93,39,206.00			93,39,206.00	66,28,181.00
Others													
ii) Revenue expenditure													
Salaries/wages allowances									7,03,461.00		20,02,721.00	27,06,182.00	26,06,944.00
Other administrative expenditure									3,62,674.00		2,17,210.00	5,79,884.00	40,12,565.00
Material & supplies									4,86,738.00			4,86,738.00	2,74,331.00
Outstanding advance													1,80,000.00
Amount payable paid									2,26,451.00			2,26,451.00	
Unspent balance refunded													
Temporary transfer to Health a/c to be received													
Total (c)	-	-	-	-	-	-	-	-	1,11,18,530.00	-	22,19,931.00	1,33,38,461.00	1,37,02,021.00
Net balance (a+b) (-c)	34,813.00	49,306.00	42,361.00	1,91,399.05	111.00	20,71,856.00	1978.00	6,31,103.00	1,01,64,034.00	1,39,36,413.00	31,50,394.00	3,02,73,768.05	2,47,65,219.14

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(Prof. Rais-ur-Rahman)
Director General

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

NOTES ON ACCOUNTS:

1. Annual accounts of the Council for the year 2014–15 have been prepared on the new format as prescribed by CGA and approved by the CAG of India since 2002–03.
2. The Central Council for Research in Unani Medicine is fully financed through grant-in-aid, therefore income tax is not applicable on the organization.
3. The said accounts have been prepared on accrual basis.
4. Schedule has been attached where necessary.
5. Depreciation has been charged on assets on diminishing balance method.
6. The construction work are done by the CPWD & NPCC.
7. There is no valuation of inventories since it is not a profit earning organization but a Research Organization under the Ministry of AYUSH.
8. A schedule of investment prepared every year and given to audit which is duly reconciled with actual documents' figure mentioning there the rate of interest, duration, amount and name of institutions, etc.
9. Retirement benefits are treated as per GOI Rules.
10. 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 2014-15 were approved by the competent authority i.e. Standing Finance Committee on 14 July 2015.

Sd/-
Administrative Officer
 CCRUM, New Delhi

APPENDIX-I

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
- 2. Central Research Institute of Unani Medicine**
Opp. ESI Hospital, A.G. Colony Road, Erragadda
Hyderabad – 500 838
Tilangana
Phone: +91-40-23811551, +91-40-23811495
Fax: +91-40-23811495
E-mail: criumhyderabad@rediffmail.com
- 3. Central Research Institute of Unani Medicine**
C-39, Maakaila Bhavan, Sector-C
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