

Unani System of Medicine

Introduction

The Unani system of medicine originated in Greece. Hippocrates is known as the father of this system of medicine. The theoretical framework of Unani medicine is based on his teachings. There were other Greek scholars who followed in his footsteps to enrich this system considerably. In the 9th century, the Arabic and Persian physicians imbibed Unani system of medicine.

In India, the Arabs introduced the Unani system of medicine and soon it caught the attention of the masses. The Delhi Sultans, the Khiljis, the Tuglaqs and the Mughal emperors provided state patronage to the scholars. This was a golden period of the Unani medicine as it virtually spread all over the country finding immediate favor with the people at large.

The Unani system suffered a temporary setback during the colonial rule but was revived soon after independence, with the government recognizing it as one of the Indian systems of medicine and taking steps to develop and propagate it.

According to the principles of Unani medicine, disease is a natural process, its symptoms are the reactions of the body to the disease, and the primary function of the Unani physician is to aid the natural forces of the body. Unani medicine is based on the 'Humoral Theory', which presupposes the presence of four Humors - Dam (blood), Balghum (phlegm), Safra (yellow bile) and Sauda (black bile) - in the body. The temperaments (mizaj) of people are expressed by the words sanguine, phlegmatic, choleric and melancholic, according to the amount of each of these four humors prevalent in the human body respectively. The humors themselves are assigned temperaments-blood is hot and moist, phlegm is cold and moist, yellow bile hot and dry, and black bile cold and dry. There is a unique humoral constitution in every person representing his state of health. To maintain a healthy balance, there is a power of self-

preservation or adjustment called Quwwat-e-Mudabbira (medicatrix naturae). A weakening of this power causes imbalance in the humoral composition and causes disease. What the Unani physician actually tries to do is to prescribe a medicine, which helps the body to regain this power and thereby restore the humoral balance. Correct diet and digestion is integral to this system.

The Unani system of medicine emphasizes on diagnosing a disease through Nabz (pulse), Baul (urine), Baraz (stool), etc. Besides, it gives due importance to the surroundings and the ecological conditions on the state of health of humans. The six essential prerequisites (called Asbab-e-Sitta Zarooriya) for the prevention of diseases in the Unani system are air, food and drinks, bodily movement and response, psychic movement and response, sleep and wakefulness, and excretion and retention.

Various types of treatment are employed in Unani system. These include regimental therapy (Ilaj-bit-Tadbeer), dietotherapy (Ilaj-bit-ghiza), pharmacotherapy (Ilaj-bit-Dawa) and surgery (Jarahat). The regimental therapy comprises venesection, cupping, diaphoresis, diuresis, Turkish bath, massage, cauterization, purging, emesis, exercise, leeching, etc. Dietotherapy tries to treat certain ailments by administration of specific diets or by regulating the quantity and quality of food. Pharmacotherapy deals with the use of naturally occurring drugs, mostly herbal, though drugs of animal and mineral origin are also used.

In Unani medicine, single drugs or their combinations in raw forms are preferred over compound formulations. The naturally occurring drugs used in this system are usually free from any side effects while drugs that are toxic in crude form are first processed and purified in many ways before use so as to make them free of any kind of side effects.

Overview of the sector/industry:

The total domestic market for Indian system of medicine (including Homeopathy) is approximately Rs 4,200 crores (~ US \$ 1 billion), out of which, Unani's share is a meager 2.3% i.e. about Rs 100 crores¹.

If one were to describe the Unani sector in India, then classifying it broadly into four different categories will present a clearer perspective. These categories are the following: -

- ?? The Unani Practitioner or Hakim (who may be institutionally or non-institutionally qualified, say taken to this system as a hereditary occupation).
- ?? Manufacturing and supplying units (these include both government and private players).
- ?? The Unani Research Institutes/Councils working largely under the patronage of the government.
- ?? The end user of the Unani product i.e. the consumer or the patient.

The Unani System:

Hakims: These are people, who have gained professional knowledge either institutionally, or otherwise, and impart treatment based on Unani therapy. The practitioners of Unani Medicine are scattered all across the country forming an integral part of the national health care delivery system. As on January 1999, the estimated number of registered Unani practitioners in India was approximately 40748 (source: Indian system of medicine and Homeopathy in India, 1998). Out of these, more than half (i.e. 21205) are non-institutionally qualified. The number of Unani practitioners, on an average increased by 1.7% annually between 1990 and 1998. Majority of this increase was due to an increase in the institutionally qualified practitioners. **Annexure 2 (xiiia)** lists yearwise registered practitioners under Unani medicine since 1980. The infrastructure available in India for Unani medicine is tabulated as annexure 2(xiii b).

¹ Source : Dabur Research Organization Survey

Education in Unani Medicine:

The education and training facilities in Unani Medicine are overseen and supervised by the Central Council of Indian Medicine (CCIM), which is a statutory body set by an Act of Parliament-The Indian Medicine Central Council Act, 1970. This was done to maintain uniformity in the Unani education at an all India level. Presently, there are about 35 recognised colleges of Unani medicine in the country imparting education and training facilities in Unani medicine. A list of colleges of Unani medicine in India is listed in Annexure 2(xiv).

The CCIM has laid down minimum standards of education throughout the country. There is a five and a half years course of study including internship leading to a Bachelor in Unani Medicine and Surgery (BUMS) degree (or Kamil-e-Tib-O-Jarahat). Eligibility criteria for BUMS course are a senior secondary certificate with Physics, Chemistry and Biology as the main subjects. The medium of instruction is largely Urdu, although English is also used and modern advances aptly incorporated in the course of study. For a postgraduate i.e. an M.D course, a further three years of study needs to be done. Postgraduate education and research facilities are available at A.K.Tibbia College, A.M.U. Aligarh, Government Nizamia Tibbia College, Hyderabad, and Hamdard Tibbia College, New Delhi. The government of India in order to increase the awareness of Unani System, set up a separate National Institute of Unani Medicine at Bangalore in 1983 in collaboration with the State Government of Karnataka to work as a model teaching, training and research and development institute in the country. Annexure 2(xii) lists state-wise compounders / pharmacists training courses in Unani medicine in India.

Manufacturing Units:

The manufacturing of Unani drugs is being regulated through the Drugs and Cosmetics act 1940 as amended from time to time. The pharmacopoeial standards are being finalized in respect of single and compound drugs. There is a permanent Unani Pharmacopoeia as well.

The manufacturing units for Unani system of medicine are not well organized. The main institutions involved in the manufacturing process are

Central Government controlled units, State Unani Pharmacies run by state government and some private pharmacies. The major manufacturers of Unani medicines in India is given as annexure 2(iv). The annexure 2(iv) lists major Unani drug suppliers in India. As far as the private manufacturing units are concerned, Hamdard (Wakf) Laboratories has a virtual monopoly with a domestic market share as high as 80%.

Research and Development in Unani System of Medicine:

The concept of research work in Unani was a brainchild of Masih-ul-Mulk Hakim Ajmal Khan, who developed this idea in the early 1920s. But it was Dr. Salimuzzaman Siddiqui who gave shape to this idea.

Systematic research in Unani medicine started off with the establishment of the Central Council of Research in Indian and Homeopathic Medicine (CCRIMH) in 1969, under the auspices of the Government of India. This research work was given a further fillip with the separation of the CCRIMH into four different Councils in 1979; one of them being the Central Council for Research in Unani Medicine (CCRUM) functioning as an autonomous organization under the Ministry of Health and Family Welfare. The main objectives of the Council are appended as annexure 2(vi).

The areas of research of the Council include clinical research, drug research, literary research, survey and cultivation of medicinal plants, and family welfare research program. These research programs are carried out through a network of 31 research institutes/units spread all across the country. A list of institute undertaking research studies is given as annexure 2(xv).

Clinical Research Program: This program has been undertaken primarily to provide economically cheap and effective remedies for common as well as chronic ailments. Efforts have been made to scientifically establish the therapeutic efficacy of different Unani drugs, which have been in use over centuries. The Council has taken up both disease and drug based trials that include therapeutic studies on 18 diseases, some of them having national priorities. The diseases on which clinical trials have been undertaken are Bars (Vitiligo), Nar-e-Farsi (Eczema), Dausadaf

(Psoriasis), Iltehab-e-Kabid (Infective Hepatitis), Hasat-ul-Kuliya-wa-Masana (Renal and Bladder Calculus), Qarah-e-Medda wa Asna-e-Ashari (Gastric and Duodenal Ulcer), Ishal-e-Muzmin (Chronic Diarrhea), Deedar-e-Ama (Helmenthiasis), Humma-e-Ijamia (Malaria), Zusantaria Mevi (Amoebic Dysentery), Kala Azar (Leishmaniasis), Daul Feel (Filariasis), Ziabetus Sukkari (Diabetes Mellitus), Waja-ul-Mafasil (Rheumatoid Arthritis), Iltehab-e-Jajaweef-e-Anf (Sinusitis), Zeeq-un-Nafas (Bronchial Asthma), and Sailanur Rahem (Leucorrhoea).

Significant progress has been achieved in the successful treatment of some of the above mentioned diseases. In the treatment of Bars, one of the Council units has earned worldwide fame. The Council has also developed an effective oral drug and oil that has been effective in the treatment of Rheumatoid Arthritis (Waja-ul-Mafasil), thereby establishing the efficacy of the two Unani Therapy, viz. Munzij and Mushil therapy in the treatment of this disease on scientific lines. Other diseases where considerable progress has been made include Iltehab-e -Kaabid (Infective Hepatitis), Huma-e-Ijama (Malaria), Nar-e-Farsi (Eczema) and Dau-Sadaf (Psoriasis).

The Council had developed, decoded, studied and published twelve drugs by 1996, in the form of monographs. Seven new drugs developed by the Council have been filed for patentization while eighteen other formulations are in the process of patentization.

For common ailments, the Council has developed a kit of 35 cost-effective Unani medicines prepared from commonly available plants/drugs. The effectiveness of these formulations has been validated on scientific lines.

Research of fundamental aspects of Unani medicine has also been undertaken to scientifically establish the concepts of Humor and Temperaments. There is also the Mobile Clinical Research program that aims at covering the remote areas where health care facilities are either absent or are in a pathetic state. So far, 160 village/urban slums have been covered.

Drug Standardization and Research Program: This includes evolving standards of single and compound Unani drugs that have a proven

efficacy. The Council has so far finalized standards of 212 single drugs and 385 compound formulations. Standards established by the Council for 122 single drugs and 192 formulations have already been incorporated in Unani Pharmacopoeia of India. Annexures 2(vii), 2(viii) and 2(ix) lists the medicines given under the unani pharmacopoeia.

Survey of Medicinal Plants: Under this research work, different forest areas of the country are surveyed for the collection of medicinal plants used in the Unani system of medicine, thereby establishing a herbarium of 32,000 plant medicines. This also comprises cultivation of those drug plants that are rare or imported, but have the potential to be cultivated in India. So far, surveys of eight states of the country have been undertaken, collecting about 47,656 plant specimens. Besides, 6,650 folk claims have also been documented from different tribes for different ailments.

Literary Research: This program of the Council includes editing, compilation, and translation of rare manuscripts of Unani system of medicine. The Council has so far been able to translate 20 important classical manuscripts from Arabic/Persian to Urdu and other languages. Some research books include Kitab-al-Kuliyat by Ibn Rushd, Kitaab-al-Addal and Kitab-al-Mansuri by Zakaria Razi, Kitab-al-Jamali-Mufradat by Ibn Bailai, etc.

Family Welfare Research Program: The Council has undertaken screening of certain Unani drugs described in the classical literature as oral contraceptive agents and evolved a safe and effective drug to increase not only the spacing between two births but also the period of lactation. The Council has also published a book entitled "The Concept of Birth Control in Unani Medicine" compiled on the basis of references available in the Unani Classics.

Efforts are on to gather the scattered literature on Unani medicine and make available the recent advances at one place so that it is easier for people to avail of this facility.

Funding: The total budget allocation for Indian System of Medicine and Homeopathy has increased very sharply over the years. This can be seen from the fact that the First Plan allocation for ISM&H was a meager Rs.

0.40 crores which shot up to Rs 4.00 crores in the Second Plan. The total allocation in the Ninth Plan is Rs 266.35 crores with the figure for 1999-2000 alone being Rs 59.13 crores. Out of this, the budget allocated for the four Central Research Councils (CCRAS, CCRUM, CCRH & CCRYN) is Rs 95.94 crores, with CCRUM getting a substantial share of Rs 32.5 crores. This increasing trend in budget allocation emphasizes the importance of indigenous system of medicine and its growing popularity among the masses.

Hospitals and Dispensaries: These form an integral part of the national health care system in India. The number of hospitals and dispensaries of Unani medicine has continuously increased over time, which reinforces the popularity of the said system. Presently, 11 States have Unani hospitals. The total number of hospitals functioning in different States of the country is 164. Out of these, 149 are run by Government agencies and 15 by other organizations. The total bed strength in all the hospitals is 2545. As far as the Unani Dispensaries are concerned, sixteen states in the country have Unani dispensaries. The total number of Unani dispensaries is 948. Out of these, 776 are run by Government agencies, 169 by local bodies and three by other organizations. Annexure 2(xi) lists the number of Unani hospitals and dispensaries in India.

Standardization and Quality Control of Unani Drugs:

Setting pharmacopoeial standards for both single and compound drugs is a necessary thing. The Ministry of Health and Family Welfare has taken up the task of developing pharmacopoeial standards through pharmacopoeial Committees. Pharmacopoeial standards are important and are mandatory for the implementation of the drug testing provisions under the Drugs and Cosmetics Act. These standards are also essential to check samples of drugs available in the market for their safety and efficacy. The Unani Pharmacopoeial Committee is working for preparing official formularies/Pharmacopoeias to evolve uniform standards in the preparation of Unani drugs and to prescribe working standards for single as well as compound drugs.

The Unani Pharmacopoeial Committee (UPC) was first constituted in March 1964. The Committee was last reconstituted in January 1998 for a period of three years. The UPC is chaired by renowned Unani physicians and has 13 members including the Chairman. The UPC has approved the following work of formularies and Pharmacopoeia: -

- ?? National Formulary of Unani Medicine (NFUM) Part I, consists of 441 formulations.
- ?? NFUM Part II consists of 202 formulations.
- ?? Unani Pharmacopoeia of India (UPI) Part I comprises 45 approved single drugs.
- ?? NFUM Part III consists of 103 formulations that have been approved.
- ?? UPI Part II consists of 98 single drugs that are approved.
- ?? UPI Part I consists of 102 compound drugs that are approved.
- ?? Remaining 339 formulations out of 441 and 334 single drugs out of 491 was allocated to 32 different laboratories, CCRUM and PLIM for standardization.

The Government has notified the Good Manufacturing Practices (GMP) Rules for Unani medicines to standardize the quality of the drugs manufactured and gain credibility in the export market. The GMP Rules for the Unani drugs indicating the essential infrastructure, manpower and other requirements came into force on June 23, 2000. The existing manufacturing units however have been given a time of two years to improve their infrastructure and other requirements.

While all qualifying units would be issued a GMP certificate with immediate effect, the registered Hakims and other teaching institutions which prepare and disburse medicines with their own network of patients based on earned credibility have been exempted from the purview of the GMP. The GMP would work as a benchmark for foreign governments to test Unani products. The licensing authority for Unani drugs in most states such as Maharashtra, Himachal Pradesh, Haryana and Uttar Pradesh is the Drug Controller, while in places such as Delhi, it is still the Department of ISM.