

# UNANI SYSTEM OF MEDICINE

The Unani System of Medicine is a comprehensive medical system, which meticulously deals with the various states of health and disease. It provides promotive, preventive, curative and rehabilitative healthcare. The fundamentals, diagnosis and treatment modalities of the system are based on scientific principles and holistic concepts of health and healing. Its holistic approach considers individual in relation to his environment and stresses on health of body, mind and soul. Temperament (*Mizāj*) of a patient is given great importance in diagnosis and treatment of diseases with natural remedies derived mostly from plants. Temperament is also taken into consideration for identifying the most suitable diet and lifestyle for promoting the health of a particular individual. The system is presently practised in India, Bangladesh, Pakistan, Sri Lanka, Nepal, China, Iran, Iraq, Malaysia, Indonesia, Central Asian and Middle Eastern countries, some African and European countries etc. In India, the system has been developed scientifically, nurtured and systematically integrated in the healthcare delivery system over the years.

The Unani System of Medicine considers the entire universe including human being, disease, drugs, environmental factors etc. to be intrinsically defined by four primary Qualities - Hot : Cold and Dry : Wet. These Qualities are reflected in all the basic concepts of Unani System of Medicine such as Elements, Temperament, Humours etc. which are used for describing and correlating human health and disease with promotive and curative factors *e.g.* diet, drugs etc. Unani System of Medicine prescribes a methodology to infer a treatment on the basis of Temperament and to test it experimentally during the course of treatment. This accounts for the clinical reproducibility of the therapeutic effects of Unani treatment.

The Unani System of Medicine diagnoses and treats the patient as a whole looking into their overall physical, mental and spiritual aspects. The therapeutics in Unani System of Medicine is described under the major headings of Regimnal therapy (*'Ilāj bi'l-Tadbīr*), Dietotherapy (*'Ilāj bi'l-Ghidhā'*), Pharmacotherapy (*'Ilāj bi'l-Dawā'*) and Surgery (*'Ilāj bi'l-Yad*). Regimnal therapy along with Dietotherapy is considered the best approach for promotion of health and treatment of disease. Unani System of Medicine has also emphasized the importance of psychiatric treatment (*'Ilāj Nafsānī*) in the management of various diseases. Surgical interventions and procedures are elaborately described and practised in conditions, which are not amenable to drug treatment.

The history of Unani System of Medicine is traced back to ancient Egypt and Babylon. Egyptians had adopted the use of medicinal plants as remedy for ailments. They had also initiated surgery as a method of treatment. The studies of Papyri clearly show the ability of then Egyptians in the field of Medicine. Imhotep (2800 BC) and Amenhotep (1550 BC) were some noted physicians of ancient Egypt. Due to great contributions in the field of Medicine, Babylonians also occupied an important place in the history of Unani Medicine. They had used urine sample as a diagnostic tool. During Asclepian period (1200 BC), the Greeks developed the art of medicine in the light of medical knowledge of Egyptians

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and Babylonians. Hippocrates (460–370 BC) was the dominating figure of the classical period of Greek medical history. By searching the natural causes of disease and recording the existing knowledge, he set the ground for Medicine to develop it as a systematic science. A Roman scholar Galen (129-200 AD) stabilized the foundation of this science on which Arab and Persian scholars and physicians like Rabban Ṭabarī (775-890 AD), al-Rāzī (865-925 AD) and Ibn Sīnā (980-1037 AD) developed Unani System of Medicine to great heights. In India, this system was introduced during the eighth century AD, and soon got rooted in the country as an indigenous system of medicine. Unani physicians in India succeeded in retaining its traditional strength and also benefitting from contemporary scientific development over the years. During the second half of the twentieth century, with the support of Government of India, the system fully appropriated the paradigm of modern scientific parameters and developed institutionalized quality education, state of the art research and an extensive network of hospitals and dispensaries for meeting the healthcare needs of the people.

A versatile genius, Masīḥ al-Mulk Ḥakīm Ajmal Khān (1868-1927 AD), pioneered research in Unani System with modern scientific parameters in the 1920s. This led to the significant discovery of the alkaloids viz., *Ajmaline*, *Ajmalinine*, *Ajmalicine*, *Isoajmaline*, *Neoajmaline*, *Serpentine*, and *Serpentinine* from a native plant *Rauwolfia serpentina*, used extensively in Unani System of Medicine. The Government of India established a Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH) in 1969 to promote systematic scientific research in different Indian systems of medicine namely Ayurveda, Unani Medicine, Siddha, Yoga & Naturopathy and Homoeopathy. In 1978, the Central Council for Research in Unani Medicine (CCRUM) was set up by dividing CCRIMH to give focused attention to research in Unani System. The CCRUM is functioning under the Department of AYUSH, and undertaking multi-dimensional research programme on clinical, pharmacological, fundamental and literary issues of Unani System of Medicine. Besides, the Council also undertakes ethnobotanical and medicinal plants surveys to harness the natural resources for healthcare. The CCRUM has over the past three and a half decade emerged as the leading organization of scientific research into various fundamental and applied aspects of Unani System of Medicine. Presently, 23 centres of the Council and many other institutions are engaged in research on Unani System of Medicine in different parts of the country. Under its clinical research programme, the Council has established scientifically the therapeutic efficacy of various Unani drugs, which were in use for centuries. The Council has taken up clinical trials on 43 drugs for 22 diseases, besides clinical validation of 50 pharmacopoeial drugs for 20 diseases and obtained significant leads in identifying effective treatment of Vitiligo (*Baraṣ*), Eczema (*Nār Fārsī*), Psoriasis (*Dā' al-Ṣadaḡ*), Hepatitis (*Iltihāb-i Kabid*), Filariasis (*Dā' al-Fīl*), Diabetes mellitus (*Dhayābīṭus Sukkarī*), Rheumatoid arthritis (*Waja' al-Mafāṣil*), Sinusitis (*Iltihāb-i Tajāwīf-i Anf*), Bronchial asthma (*Ḍīq al-Nafās*), etc. The Council has published many monographs, research reports, success stories and more than 300 scientific papers in reputed national and international journals. Under the literary research programme, classical books and manuscripts originally written in Arabic and Persian have been collated, edited, translated into Urdu and got published.

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The entire process of drug development i.e. cultivation and collection of medicinal plants, standardization, preclinical toxicity and efficacy studies, and various phases of clinical trials are undertaken with standard protocols and methodologies. Drug standardization is undertaken by the competent institutions/authority including Pharmacopoeial Laboratory for Indian Medicine (PLIM), Pharmacopoeia Commission for Indian Medicine (PCIM), Unani Pharmacopoeia Committee (UPC), CCRUM etc. Till March, 2013 six volumes of *National Formulary of Unani Medicine* containing 1228 standardized Unani formulations have been published. Quality standards of 298 single drugs and 100 compound drugs have also been published in *Unani Pharmacopoeia of India* (six volumes in Part I and two volumes in Part II respectively). There are 459 licensed pharmacies manufacturing Unani drugs, in addition to Government of India enterprise “Indian Medicines Pharmaceutical Corporation Limited (IMPCL)”. Manufacturing and sale of Unani drugs is regulated under Drugs and Cosmetics Act, 1940 with mandatory compliance of Good Manufacturing Practices (GMP).

Education and practice in Unani System of Medicine is monitored and regulated by the Central Council of Indian Medicine (CCIM), a statutory body established under the Indian Medicine Central Council Act, 1970. The CCIM *inter alia* prescribes and regulates minimum educational standards in Ayurveda, Siddha and Unani Tibb, besides advising the Central Government on matters relating to recognition (including withdrawal) of medical qualifications in the second schedule of the Indian Medicine Central Council (IMCC) Act, 1970; maintaining the central register for registration of Unani practitioners, and prescribing standards of professional conduct, etiquette and code of ethics to be observed by the practitioners. The five and half years undergraduate course in Unani System of Medicine leading to the award of degree of Bachelor of Unani Medicine and Surgery (*Kāmil-i Tibb o Jarāhat*) is governed by Indian Medicine Central Council (IMCC) (Amendment) Regulations, 1995. The three year postgraduate courses leading to the award of Doctor of Medicine (*Māhir-i Tibb*) and Master of Surgery (*Māhir-i Jarāhat*) degrees are governed by IMCC (Postgraduate Unani Education) Regulations, 2007. At present, there are 41 recognized colleges in India providing education and training in Unani System of Medicine at undergraduate level, out of them, eight colleges have postgraduate education facilities. The National Institute of Unani Medicine (NIUM) at Bangalore (Karnataka) offers postgraduate education and undertakes research in Unani System of Medicine. All educational institutions are affiliated to different universities. Total seats available for the undergraduate and postgraduate courses in these institutions are 1851 and 135 respectively.

Registration of Unani practitioners is carried out by the State Councils/Boards of Indian Medicine in the provinces and by Central Council of Indian Medicine (CCIM) at the Central level. As on 01.04.2012 India has 49078 registered Unani practitioners under the Central and State Boards, 259 Unani hospitals and 1147 dispensaries.

In order to prevent misappropriation of traditional knowledge and granting of wrong patents based on traditional knowledge, a Traditional Knowledge Digital Library (TKDL) has been

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set up to maintain *inter alia* a database of Unani formulations in patent compatible format in the United Nations recognized five international languages viz. English, German, Spanish, Japanese and French. This database has been made available to International Patent Offices under non-disclosure agreement for the purpose of examining patent applications before the grant of patent. As on April 2013, the TKDL contains details of 274,020 medicinal formulations from the texts of Indian systems of medicine, of which 154,015 formulations pertain to Unani System of Medicine. The project unit of TKDL also monitors patent applications filed in different patent offices and if required submits third party objections. Till April 2013, 144 patent applications have been cancelled/withdrawn or amended at various patent offices including United State Patent & Trademark Office, European Patent Office, Canadian Patent Office, United Kingdom Patent & Trademark Office, Australian Patent Office and Indian Patent Office.

National Policy on Indian Systems of Medicine and Homoeopathy 2002 stipulates the integration and mainstreaming of Unani and other AYUSH systems in the healthcare delivery system and National Health Programmes. The policy ensures provision of AYUSH healthcare facility including Unani system in primary health network. Under this scheme, Department of AYUSH provides financial assistance for renovation of building, procurement of furniture, equipments as well as recurring expenditure for purchase of medicines, diet, contingency etc. Department of Health & Family Welfare provides financial assistance to the states for contractual deployment of AYUSH doctors including Unani physicians at the co-located facilities. 11615 AYUSH doctors and 4871 AYUSH paramedics including those from Unani System of Medicine have been appointed on contract at Primary and Community Health Centres with the assistance from NRHM Flexipool. In this direction, the operational strategy adopted by the Government of India is to facilitate co-location of AYUSH services under one roof in the health delivery network to provide the option to the people to avail the treatment of their choice. Various integration linked activities including capacity building of AYUSH practitioners in Reproductive and Child Health (RCH), Integrated Management of Neonatal and Childhood Illness (IMNCI), Skilled Birth Attendant (SBA) Training and School Health Programme to bring in comprehensive healthcare facilities are also undertaken under National Rural Health Mission (NRHM), which is being up-scaled as National Health Mission. Unani Medical System co-exists with the modern and other AYUSH systems of medicine to form a unique model of medical pluralism. Further, India is consolidating its efforts through functionally integrating Unani Medicine for Universal Health Coverage.

India has emerged as the world leader in Unani System of Medicine with its widest network of well-developed quality educational institutions, comprehensive healthcare facilities, state of the art research and quality drug manufacturing industries. The development of Unani System of Medicine in India has reached such a stage, where many countries are approaching for cooperation and support in this field.

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Galen performing Cupping [Hijmat]



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Dry Cupping (L) and Wet Cupping (R)



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Leeching on a Frostbite patient



Surgical Instruments



Figure 37: *Crocus sativus* Linn. (Za'frān)  
Uses – Rhinitis, catarrh, cardiac and liver disorders



Figure 38: *Curculigo orchioides* Gaertn. (Mūslī Siyāh)  
Uses – Spermatorrhoea, premature ejaculation



Figure 39: *Cuscuta reflexa* Roxb. (Afīmūn)  
Uses – Mania, melancholia, epilepsy



Figure 40: *Cydonia oblonga* Mill. (Bihī)  
Uses – Coryza, catarrh, cough, palpitation

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Figure 41: *Cyperus rotundus* Linn. (Sa'd Kūfi)  
Uses – Palpitation, paralysis, Bell's palsy



Figure 42: *Ficus carica* Linn. (Tīn)  
Uses – Constipation, cough, bronchial asthma



Figure 43: *Hyssopus officinalis* Linn. (Zūfā)  
Uses – Coryza, catarrh, cough



Figure 44: *Iris ensata* Thunb. (Īrsā)  
Uses – Cough, bronchial asthma, paralysis

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Figure 45: *Lawsonia inermis* Linn. (Hinnā')  
Uses – Scabies, skin and hair disorders



Figure 46: *Lavandula stoechas* Linn. (Uşūkhūdūs)  
Uses – Chronic catarrh, sinusitis,  
chronic headache



Figure 47: *Malva sylvestris* Linn. (Khubāzī)  
Uses – Coryza, catarrh, cough, sore throat



Figure 48: *Matricaria chamomilla* Linn. (Bābūna)  
Uses – Arthralgia, amenorrhea

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Figure 49: *Mucuna pruriens* Bak. (Konch)  
Uses – Premature ejaculation, spermatorrhoea



Figure 50: *Nigella sativa* Linn. (Habba al-Sawda')  
Uses – Flatulence, dyspepsia,  
amenorrhoea



Figure 51: *Physalis alkekengi* Linn. (Kāknaj)  
Uses – Burning micturition, renal calculi, jaundice



Figure 52: *Phoenix dactylifera* Linn. (Tamr)  
Uses – General and sexual debility

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*Figure 53: Piper nigrum* Linn. (Filfil Siyāh)  
Uses – Loss of appetite, flatulence, dyspepsia



*Figure 54: Portulaca oleracea* Linn. (Khurfa)  
Uses – Headache, meningitis, burning micturition



*Figure 55: Psoralea corylifolia*, Linn. (Bābchī)  
Uses – Vitiligo, melasma, scabies, ring worm



*Figure 56: Rauwolfia serpentina* Benth. (Asravī)  
Uses – Hypertension, melancholia, mania



Figure 61: *Sisymbrium irio* Linn. (Khāksī)  
Uses – Fever, cough, measles, chicken pox

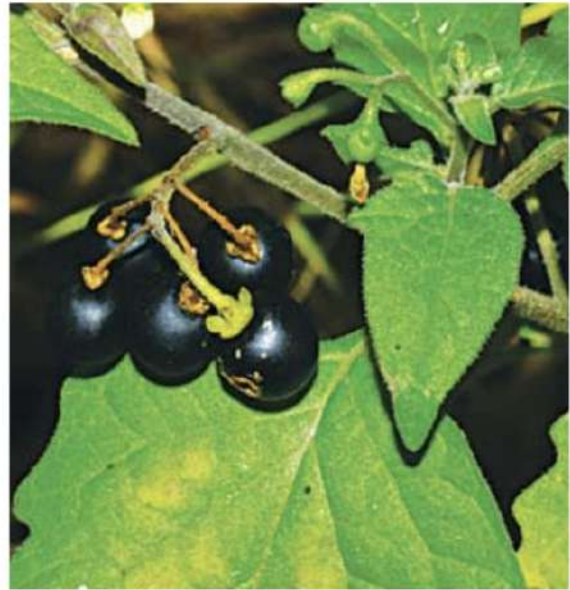


Figure 62: *Solanum nigrum* Linn. ('Inab al-Tha'lab)  
Uses – Hepatitis, gastritis, ascitis



Figure 63: *Sphaeranthus indicus* Linn. (Gul-i Mundī)  
Uses – Scabies, ring worm, boils



Figure 64: *Strychnos nux-vomica* Linn. (Adhārāqī)  
Uses – Paralysis, Bell's palsy

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Figure 65: *Tribulus terrestris* Linn. (Khār Khasak)  
Uses – Renal calculi, dysuria, retention of urine



Figure 66: *Viola odorata* Linn. (Banafsha)  
Uses – Coryza, catarrh, cough



Figure 67: *Wrightia tinctoria* Br. (Lisān al-'Aṣāfir)  
Uses – Spermatorrhoea, premature ejaculation



Figure 68: *Zingiber officinale* Roxb. (Zanjabīl)  
Uses – Cough, bronchial asthma,  
gastro-intestinal disorders

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*Before Treatment*



*After Treatment*



*Before Treatment*



*After Treatment*



*Before Treatment*



*After Treatment*

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[Efficacy of Unani Drgs in Vtiligo](#)



*Before treatment*



*After treatment*

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## Efficacy of Unani Drugs in Psoriasis



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## Collecting Folk Claims





*HIPPOCRATES* (460-370 BC)-the father of Unani System of Medicine-Left  
and  
*DIOSCORIDES* (40-90 AD)-author of Kitab al-Hasha, ish, the first materia  
medica-R



*GALEN* (129-200 AD)- a great commentator of Hippocratic works

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