



Child Health Care Through Unani System of Medicine-An Appraisal

¹Fouzia Bashir*, ²Jamal Akhtar and ¹Shamim

¹Research Associate, ²Research Officer, Central Council for Research in Unani Medicine, Janakpuri, New Delhi.

Received: 10 Jul 2022/ Accepted: 12 Aug 2022 / Published online: 1 Oct 2022

*Corresponding Author Email: fouzia.ccrum@gmail.com

Abstract

Every stage of a person's life is significant, but the first few years are the most crucial since they shape the child into a healthy adolescent and adult. Children are more susceptible to infections and diseases because their immune systems are less developed than those of adults. In order to offer their child a healthy life, parents should be required to take safety precautions seriously. One of the main problems confronting the world's healthcare systems is keeping people healthy. To address this issue, several national and international health organisations have released a number of policies and programmes. To promote human health, a complete strategy is needed; the development of novel treatment modalities or highly developed diagnostic tools alone is not adequate to accomplish this aim. The Unani System of Medicine has a chance to play a significant role in illness prevention because mainstream medicine focuses mostly on curative aspects. As a result, the purpose of this article is to examine various strategies for health promotion and the role of Unani medicine in raising healthy children.

Keywords

Unani, regimen, newborn, Tadbir

INTRODUCTION:

Unani Tibb, often known as unani medicine, is practised all throughout the world. The Arabic term "Tibb" means "medicine," while the name "Unani" is believed to have its origins in the Greek word "Ionan," which means "medicine." Unani Tibb is a place for invention and change rather than just carrying on Greek ideals. Hippocrates developed the essential tenets of this approach. Scholars from the Arab and Persian cultures further improved this method after him. In addition to translating Galen's and Hippocrates' extensive publications, they also produced several important medical discoveries and contributions, particularly in the areas of anatomy, embryology, ophthalmology, pathology, paediatrics, physiology, psychiatry, surgery and pharmacy. Based on scientific principles and experimentation, this

synthesis produced a more complete and universal medical system. (Saad, 2011)

Infant mortality can be reduced by adopting preventive measures like management of pregnancy related complications, hospital delivery, Immunization and giving essential care to newborn, which includes proper examination, cleaning, and umbilical cord care to prevent newborn infections, thermal protection, breast-feeding and immunization. (Park 2017; Dan 2008).

Unani physicians have also given importance to these measures and discussed Newborn, infant and childcare in detail. *Ibn Sina* has discussed the Childcare (preventive and therapeutics aspects) under the four headings in a synchronized manner:

1. Regimen for Newborn and Infants at birth (*Tadbir-i Naumolood*)
2. Regimen for Lactation and Weaning

3. Diseases of children and treatment
 4. Regimen for young ones/ Adolescence
- Here, these are taken one by one in detail:

I. Regimen for newborn and Infants

The umbilical cord of a newborn should be knotted using spot-free, gentle thread. (Baghdadi 2005; Ibn Sina 2010) To stop blood loss and harm to the infant, the umbilical cord is cut four fingers away from the newborn's umbilicus before a cloth piece soaked in olive oil is put over it. Before cutting the umbilical cord, a fine powder containing medicinal ingredients like myrrh, rock moss, and turmeric is sprinkled over the Umbilical Cord. The umbilicus is dusted with oyster shell ash or burnt zinc soaked in alcohol. (Ibn Sina 2010; Arzānī 2010).

Baby should be kept in a room that is dark, warm, and somewhat ventilated. The baby should be dried off with soft linen before being positioned on its back and belly to mould its different parts. With the tips of the fingers, it should be done softly. With a clean, soft piece of cloth, wipe the eyes to remove any secretions. (Khan A 2015; Itrat M 2014)

Orifices are examined thoroughly and cleaned with soft cloth properly. Eyes are cleaned. Slightly salted water is applied on the infant's body followed by bath with tepid water in summer and warm water in winter taking care to prevent passing of water in to the ear. (Majūsī)

Baby should be held with the right hand, the chest placed on the left arm, the back softly supported by the palms of two hands, and the head supported by two legs. (Ibn Sina, Tabri)

Sleeping arrangement should be made in moderate airy, warm, and moderate dark room; the head should be slightly raised. (Ibn Sina) Infant should be protected from mosquitoes etc. (Majūsī)

Massage with Roughan banafsha (Violet oil) or other suitable oil is done regularly. (Majūsī)

With these childcare regimens, child must be immunized through vaccination.

Immunization:

Immunization plays an important role in prevention of diseases. Since the implementation of Expanded programme on immunization by WHO in 1981, coverage level of child population for vaccines and involvement of UNICEF near about 2.7 million deaths from Measles, neonatal tetanus, pertussis and 22 lakh cases of polio are prevented by immunization. Still an estimated 20-35% child mortality of less than 5 years old is associated with Vaccine preventable diseases. (Park)

At birth, BCG, OPV-0 and Hepatitis B Vaccines are recommended by WHO.

DPT vaccine is given at 6th week with additional vaccines at 6, 10 and 14 weeks and measles or MMR

vaccine at 9-12 months. Booster does of DPT and oral polio vaccine from 16-24 months. DT Vaccine is at 5 years of age.

Vit A is given at 9,18,24,30 and 36 months. (Park)

Breast feeding to Newborn and child up to the age of 2 years

The significance of breastfeeding for a child's health has been emphasized by renowned unani doctors Rabban Tabri and Zakariya Razi. Two years is the typical length of time to breastfeed. (Majūsī) Moderate amount of breast milk should be given to the baby. (Baghdadi)

Instruction for lactating mother/ wet nurse:

Mothers are advised to consume a light, moderate diet that includes plenty of poultry and wheat or barley chapaati as well as light exercise. On the other hand, foods that are sweet, sour, and acrid should be avoided, such as garlic, onion, black mustard, spices, asafetida, celery, and anise should be avoided. Other hot, very sour, and caustic diets must to be avoided Tabri, Kabīruddin.

If the mother is unable to breastfeed the child, a wet nurse should be chosen based on factors such as age, physique, morality, milk quality, and the amount of time after the mother's delivery. Wet nurses should ideally be between the ages of 25 and 35. They should also be of average build, deserving of commendation, and in excellent moral standing. Breastfeeding a kid when mentally unstable is forbidden by the Prophet Mohammad ^{SAW}. (Saad)

Regimen for lactation and weaning:

According to Ibn Sina, infant should be fed, as far as possible on mother's milk as it provides the nutriment required as per need of the infant. Breast feeding should be given few times a day but large duration is avoided in the early age. (Shah MH)

- Pressing the breast while feeding to avoid excessive exertion of the baby might lead to throat injury.
- When baby sleep after feed, the cradle should not be swung vigorously to avoid churning of milk in the baby's stomach.
- Mild crying is beneficial before breast feeding.
- Unani physicians have also advised to test consistency and quality of milk before feeding. Milk colour should be white with good odour, sweet in taste and uniform in consistency. If the above-mentioned qualities are not found, it may be improved by drugs and recommended diet. Mother must consume good food in terms of quality and quantity to avoid the nutritional deficiency, anemia, and lack of blood. (Zuhr I. Kitāb al-Taysīr)
- Food consisting of *barley water, grapes wheat, millet, soft meat and fish* is given. *Lettuce,*

radish, almonds and hazel nuts are also good. (Ṭabari)

- *Murattib and haar* (moist and hot) *Ghizae Dawai* can be given to lactating mother. (Sina)
- Boiled water is given to child for drinking. (Jamal MA)
- **Weaning:** Weaning should take place gradually rather than abruptly. Light meals such as soups and bread, almond, and sugar cones are served. A dish made with rice, milk, sugar, and well-cooked chicken can also be given. (Park) Food is given after massage and bath. (Baghdadi)

Childcare during other milestones

- Exercise for Infant and child: Exercise is necessary, especially in the transitional period between infancy and childhood but strenuous exercise should be avoided. Exercise duration and intensity should be increased gradually as per need. (Tabri)
- **Teething:** When the canine teeth start to erupt, the gums are massaged using items that help with teething. On the gums, butter is applied. A piece of liquorice (*rub al-soos*) should be given as it helps to lessen gum ulcers and teething pain. Salt and honey may be rubbed on the gums for the same purpose. (Ibn Sina). Lukewarm *Aab Mako* (*Solanum nigrum* Linn.) mixed with *Roughan Gul* may be rubbed on gums. (Jurjānī)
- Massage on scalp, nape of the neck with olive oil or *Roughan Banafsha* (Oil of *Viola odorata* Linn.) is beneficial during dentition. (Anonymous; 2012)
- Very Cold and hot things should be avoided in children. (Qarshi; Itrat M, Zulkifile M)
- If fever is associated with swollen gums and dentition, then *Tabasheer* (*Bambusa arundinacea* Retz.) and *Tukhm Khurfa* (*Portulaca oleracea* Linn.) is given with pomegranate.
- Harmful things should be kept away from the child's approach when the child starts crawling and walking. (Zuhr I. Kitābal-Aghdhiya, Khan A, Itrat M.)

Common Diseases of Children and Treatment:

Preventive aspect:

Proper regime of hygiene and infant care is taken to prevent the infections and diseases. (Park)

In prevention of infant's ailments, the primary concern should be the regimen for mother and wet-nurse. *Istafragh* (evacuation of morbid material) should be done if needed through venesection, cupping, purgation, etc. Proper sleep is must for both mother and the baby. (Ibn Sina)

It is mentioned in Unani medicine that childhood temperament is *Haar* (hot) and *Ratab* (Moist)

therefore hot and moist food stuffs are given to eat. (Arzānī)

Clean and clear water is used for drinking, as water borne diseases are the main contributor in child mortality rate upto 5 years of age. Ibn Rushd has also mentioned that there are two responsible factors for diseases one is *su-i Mizaj* (ill temperament) of the organ and the other one external factors like air, water and food. (Rushd)

Fruits like pomegranate, guava, apple, and quince are beneficial for children. (Rāzī Z. Kitāb al-Murshid.) Drink prepared with Fennel and sugar is often given to child. (Arzānī)

Treatment of Common diseases in Infants and children

Infants and children are more prone to diseases as compared to adults. (Baghdadi).

Following remedies for the treatment of common diseases have been used since ancient times in form of single drug formulation or in combination for oral and external administration. Dose is also administered according to the age and severity of the diseases. (Qarshī ḤM. Jāmi' al-Ḥikmat)

Common problems in infants and children are vomiting, diarrhea, flatulence, irritability, cough and cold, fear, lack of sleep, otorrhea and earache, stomatitis, fever, etc. Majūsī has quoted that Buqrat in his book *Kitab al Fusool* has mentioned some diseases which are common in infants and children are same as described above. (Majūsī)

Skin Eruptions and rashes:

- Oral administration of *Maa al-Shaeer* (Barley water), *Sikanjbeen*, pomegranate juice, cucumber water and Purslane is advised to mother. Meat and sweet dishes are restricted.
- Cupping or venesection on lactating mother is advised. (Majūsī)
- Bathing of infant with water in which *barg Jhao* (leaf of *Tamarix gallica* Linn.) is boiled. (Tabri)
- **Tila** (liniment) prepared with *Mom* (Wax) and *Asfedaaj* (Zinc oxide) is used for local application. (Tabri)
- **Zaroor** (fine powder for sprinkle) of *barg jhao* (leaf of *Tamarix gallica* Linn.), *barg Hina* (leaf of *Lawsonia inermis* Linn.) and *Gul-i Surkh* (*Rosa damascena* Mill.) is sprinkled over the skin rashes. (Tabri)
- Local application of *Roughan Gul* followed by sprinkling of *zaroor* (fine powder) prepared with *Gul-i Surkh* (*Rosa damascena* Mill.) and *Aas* (*Myrtus communis* Linn.) over the affected part in case of rashes on thigh. (Majūsī)

Flatulence:

It occurs due to gaseous collection in the stomach and intestines.

- Oral administration of Decoction of *Pudina* (*Mentha arvensis* Linn.) and *Anisoon* (*Pimpinella anisum* Linn.) with warm water and sugar is used. (Baghdadi)

Constipation or urinary retention:

- Mother is advised to eat green vegetables and take laxative diet like Plum, fig, vinegar olive etc. (Majūsi)
- Sheer Tukhm Kharpozah (*Cucumis melo* Linn.) with Julab is given to mother. (Rashid)
- Oral administration of honey to infant or child.
- *Natool* (Irrigation of water from distant) of lukewarm water over the abdomen of infant. *Roughan Zanbaq* (Jasmine oil) or olive oil is rubbed over the abdomen. (Majūsi, Ibn Sina)
- For constipation, *Shafah* (Suppository) prepared with *Turanjabeen* (*Alhagi maurorum* Baker) or *Namak* (salt) and *Khatmi* (*Althaea officinalis* Linn.) is used. (Rashid B, Khan RM, Itrat M)

Ishāl-i Atfāl (Infantile diarrhoea)

Frequent passing of loose stool more than 3 times per day referred as diarrhoea. Diarrhoea is one of the commonest problems and common cause of death in infants and toddlers. It may be caused by infectious and non-infectious factor. Common symptoms are frequent motions with or without vomiting.

In Unani medicine, it is caused by *Zu'f-i Hazm* (Weakness of digestion), putrefaction of ingested milk due to *Safrā'* (Yellow bile) or *Balgham* (Phlegm) or predominance of *Burūdat* (Cold), ingestion, *Sudda-i Jigar* (Hepatic obstruction) and *Sudda-i Māsāriqā'* (Obstruction of mesenteric vessels) and dentitions. (Majūsi)

Clinical features in case of the causative factor being *Safrā'* (Yellow bile) are frequent lemon colored stool with foul smell and whitish colored stool with the presence of *Fuqa'at* (Blots) of milk in case of the causative factor being *Balgham* (Phlegm) / *Burūdat* (Cold). Diarrhoea is also a common problem during dentition. (Zuhr I. Kitābal-Aghdhiya.)

Unani Treatment:

- The lactating mother is advised to eat *Behi* (Quince), *Amrood* (*Psidium guajava*), *Sumaq* (*Rhus coriaria* Linn.) and *Zarishk* (*Berberis aristata* DC) and mother should avoid oily and fatty diets including meat products.
- Beet root, spinach, plum and Safoof Anar dana is given to mother in case of infantile diarrhoea. (Itrat M, Zulkifl M)
- Oral administration of juice of pomegranate or apple with mint. (Baghdādī HI)

- Frequent Oral administration of decoction prepared with *Ushna* (*Usnea longissima*), *Resha Khatmi* (*Althaea officinalis* Linn.), *Gul Surkh* (*Rosa damascena* Mill.), *Belgiri* (*Aegle marmelos* Correa), *Badiyan* (*Foeniculum vulgare* Mill.), *Habbul Aas* (*Myrtus communis* Linn.), *Tukhm Kanocha* (*Phyllanthus maderaspatensis* Linn.) each 1 gm in case of diarrhoea due to dentition. (Jamal MA)
- Oral administration of Tukhm-i Khashkhāsh (Seeds of *Papaver somniferum*, Linn.) and *Za'farān* (*Crocus sativus*, Linn.) along with *Rubb-i Safarjal* (Dried extract of *Cydonia oblonga*, Mill.) / *Sharbat-i Ward*. (Khan A, Itrat M.)
- Oral administration of mixture of *Barg-i Pudīna* (*Mentha arvensis*, Linn.) and *Dana-i Hīl* (*Elettaria cardamomum*) (Khan A, Itrat M.)
- Oral administration of *Sattu* (roasted flour) of *Sanjad* (*Sorbus domestica* Linn) or *Ber* (*Zizyphus jujuba* Lam) or *Tuffah* (*Malus-sylvestris* Mill.) and *Anar Dana* (seed of *Punica granatum* Linn.) is given with *Aab Behi* (Mucilage of *Cydonia oblonga* Mill) in case of diarrhoea due to dentition. (Zuhr I. Kitāb al-Taysir)
- Local Application of paste prepared with *Zeera* (*Carum carvi*, Linn.), *Ward* (*Rosa damascena*, Mill.) and vinegar or boiled *Adas* (*Lens culinaris*, Medic) in vinegar is applied over the abdomen. (Zuhr I. Kitābal-Aghdhiya)
- Compound drugs used in this condition include *Habb-i Rummān*, *Habb Mumsik Rummānī*, *Habb Kafuri*, *Habb-i Qabiz*. (Qarshi A.)

Conjunctivitis (Ramad)

It is common in infants due to infections, in children due to exposure to dust and smokes as well as infections.

Unani treatment

- Local application of *Rasaut* (*Berberis aristata* DC) mixed with milk over the eyelid. (Ibn Sina, Majūsi)
- Decoction of *Fudnaj* (*Mentha piperita* Linn.) is used for washing eyes. Decoction of *Babuna* (*Matricaria chamomilla* Linn.) and *Rehan dashti* (*Ocimum gratissimum* Linn.) is also useful. (Ibn Sina)
- *Shiyaf Mameesa* (compound) with *Babuna* (*Matricaria chamomilla* Linn.) and *Rasaut* (*Berberis aristata* DC) is applied in the eyes. (Anonymous 2013)
- Application of *Murdarsang* (Massicot) on eyelid and *Aab barg Innab al-Salab* (leaf extract of *Solanum nigrum* Linn.) is also beneficial. (Majūsi)

Earache:

Main causes of otorrhoea and earache in children are excessive moistness or gaseous collection, cold, etc. (Ibn Sina)

- *Shayf-i abyaz* (wick) dipped in *aab Gul Nilofar* (*Nymphaea alba* Linn.) there after wool soaked in this water is kept in ear orifice or *Roughan Gul* is used as ear drops. (Majūsī)
- Wool dipped into wine containing *Shibb* (Alum) or *zafraan* (*Crocus sativus* Linn.) is kept in the ear. (Ibn Sina, Majūsī) or wine containing *Shibb* (Alum) or *Zafran* (*Crocus sativus* Linn.) is used as eardrop. (Tabri)
- Drugs like *Berberis aristata*, Thyme, *Zataria multiflora*, myrrh, Seed of colocynth and Juniper are useful in earache. Any of these drugs heated with oil and then oil is used as eardrop. (Ibn Sina)

Utaas:

It is a condition in which inflammation occurs in brain which causes pain that radiates to eye and throat and there is excessive thirst and sneezing. (Ibn Sina)

- *Mubarrid* (cold) and *Mutattif* (Demulscent) diet is advised to mother. (Baghdādī)
- Local Application of *Barid* (refrigerant) extracts and drugs over head of the child like *Extract of Innab us Salab* (*Solanum nigrum* Linn.), *Khurfa* (*Portulaca oleracea* Linn.) and *Kaddu* (*Cucurbita moschata* Poir.) with *Roughan Gul* and small amount of vinegar. (Rāzī Z. Kitāb al-Murshid.)

Stomatitis in children

Stomatitis is common in infants (because mucous membrane and tongue of infants are very delicate get easily affected) and children (due to predominance of one of four humours). White and red types are not so serious but black type aphthae is worst. (Ibn Sina). *Qula Abyaz* (white type stomatitis) is common in children (Khan). Excess salivation is usually associated with stomatis. It is caused by indigestion. (Tabri)

Treatment:

- In case of infantile Stomatitis, mothers are advised to take digestible diet and avoid less digestive diet. (Khan, Tabri). *Adasiya* (Diet prepared with lentil), *Hasarmiya* (Diet prepared unripe grapes), green vegetables like *Kahu* (lettuce), *Kasni* (chicory), *Kasoos* (dodder), *Khurfa* (Purslane), vinegar, etc. (Majūsī)
- *Istifragh* (evacuation) of morbid humour in lactating mother is done with *Matbookh Aftimoon* (decoction of *Cuscuta epithimum* Linn.) and drugs are advised to mother for treatment infantile Stomatitis. (Khan)
- Oral administration of *Maa al-Asl* (Honey water) (Tabri)

- *Zaroor* (powder for sprinkle) prepared with *Gul Surkh* (*Rosa damascene*, Mill.) and *Gul Banafsha* (*Viola odorata*, Linn.) is sprinkled in mouth. (Tabri)
- *Tila* (liniment) prepared with *Asal us sus* (*Glycyrrhiza glabra*, Linn.), *safaida* (zinc oxide) *Roughan Gul* and *mom* (wax) is applied in the mouth. (Razi)
- *Zaroor* (powder for sprinkle) prepared with *Dāna-i Hīl* (*Elettaria cardamomum* Maton.), *Tabāshīr* (*Bambusa bambus* Druce.) and *Kath safed* (*Acacia catechu*, Willd.) is sprinkled in mouth. It is useful in all types of Stomatitis. (Jurjani)
- *Mazmaza* (Mouthwash) is done with mixture of *Arq* (distillate) of *Kasni* (*Cichorium intybus* Linn.), *Mako* (*Solanum nigrum* Linn.) and *Gulab* (*Rosa damascena* Mill.). (Tabri)
- Oral administration of honey and Local application of honey in the infant's mouth. (Khan)
- *Tila* (liniment) prepared with *Aab Gilo Sabz* (fresh juice of *Tinospora cordifolia*) and *Aab Kishneez Sabz* (fresh juice of *Coriandrum sativum* Linn.) melted wax and *Roughan Gul* is applied in the mouth of child in case of *Qula Aswad*. (Majūsī)

Umm al-Sibyan (Infantile Epilepsy/seizures):

Epilepsy is a common neurological disorder causing seizures. (Anonymous 2012). Epilepsy is about twice as common in children as in adults (about 700 per 100,000 in children under the age of 16 years compared to 330 per 100,000 in adults). The incidence of status epilepticus in developed countries is between 17 and 23/100,000 with a higher incidence in younger children. (Park K.) Epilepsy of infants or children is described with the name of *Umm al-Sibyan* or *Sara Atfali* (Tabri).

Main cause of epilepsy is the partial obstruction in the brain ventricles. (Kabīruddin M.) It occurs due to predominance of *balgham* (phlegm), excess of secretions or *su-i mizaj barid* (cold dyscracia), *su-i mizaj Ratab* dimaghi (ill temperament of brain) and vapours i.e., secretions and vapours causes obstruction in ventricles resulting in epileptic fits in children. Sometimes it may occur due to excess of *Safra* (bile) associated with fever. (Baghdadi)

Treatment:

- *Lateef wa Musakhkhin Aghzia* (Soft and hot diet) is recommended to lactating mother. (Majūsī)
- Infant and child should be kept at moderate temperature and in calm places. (Rushd)
- *Istifragh* (evacuation) is done with the *Mushil Balgham* (phlegmogogue) drugs like *Maa al-Asl*

(honey water) and Gulqand. (Zuhr I. Kitāb al-Taysir)

- Drugs like Jundbedastar (*castoreum*), Ood saleb (*Orchis officinalis* Linn.), Sudab (*Ruta graveolens* Linn.) are given orally after dissolving the drugs in mothers' milk in case of infants. Other drugs useful in epilepsy are Jauz Buwa, Khardal, Satar (*Satureja hortensis* Linn.), Daar chini, Zehar Mohra. (Zuhr I. Kitābal-Aghdhiya)
- Dalak (massage) with Roughan Gul or maska (butter) with Aab Neem Garam (lukewarm water) over the body during fits. (Majūsī)
- Oral administration of kalonji (*Nigella sativa* Linn.) with vinegar and honey. (Qarshi)
- Shamoom (Aromatic substances for inhalation) of Sudab (*Ruta graveolens* Linn.) is also beneficial
- Jundbedastar (*castoreum*), Zeera (*Cuminum cyminum* Linn.), Satar (*Satureja hortensis* Linn.) is taken in equal part are powdered and used in a dose of 250mg with suitable syrup. (Jurjani)
- Mild exercise is advised which may be followed by meal. Murattib Aghzia (moist diet) is to be avoided by mother.
- Proper sleep is recommended. Avoid Stress, constipation and indigestion.
- Compound drugs:

Majoon ood Saleb, Majoon Zabeeb

Vomiting:

- Sour diet is advised and Ghaleez ghiza (heavy diet) should be avoided by mother. (Majūsī)
- Sharbat Anar or Sharbat Seb is used. Dry mint is beneficial in Qai Balghami (Phlegmatic vomiting).
- Oral Administration of decoction of Nana (*Mentha arvensis* Linn.) with Aab Anar (pomegranate juice) and Arq Gulab (Rose distillate). (Majūsī, Jurjani)
- Zimad (paste) prepared with Aqaqia (*Acacia arabica* Willd.), Sandal (*Santalum album* Linn.), Amla (*Phyllanthus emblica* Linn) and ood (*Orchis officinalis* Linn.) is applied over the abdomen. (Majūsī, Baghdadi)

Cough and Cold:

It occurs due to *sue-i mizaj*, exposure to cold or eating of cold things by mother. Exposure of child to dust and smokes, seasonal changes and infections are most common causes.

- Oral administration of Luaab Panba dana (*Gossypium herbaceum* Linn.). It is used as linctus for infants. (Tabri)
- **Matbookh** (Decoction) prepared with Unnab (*Zizyphus jujuba* Linn.), Banafsha (*Viola odorata* Linn.), Asl al-Soos (*Glycyrrhiza glabra* Linn.),

Gauzaban (*Onosma bracteatum* Linn.) is given orally. (Arzānī)

- Turanjbeen (*Alhagi maurorum* Bake.) and honey are also beneficial. (Tabri)
- Sharbat Khashkhash or Majun prepared with Alsi (*Linum usitatissimum* Linn.) or Zeera (*Cuminum cyminum* Linn.) with honey is recommended in case of cold and cough and bronchitis. (Baghdadi, Majūsī)
- **Lauq** (Linctus) prepared with katira (*Astragalus gummifer*), Badam (*Prunus amygdalus* Batsch), Luaab behidana (mucilage of *Cydonia oblonga*) and sugar is also beneficial. (Majūsī)
- Luaab Katan (*Linum usitatissimum* Linn) with honey is used as linctus.
- Mom (Wax) and Roughan Badam (Almond oil) is rubbed over the chest. (Arzānī)

Compounds like Sharbat Zufa, Habb -i Sual, Halwa Jauz, Dayaquza, Maa al-Asl (honey water) and Laooq Sibyan are beneficial for cough and cold in child. (Majūsī).

Lack of sleep and too much cry:

It commonly occurs due to painful conditions, yaboosat (dry temperament) due to maternal cause, hunger etc.

- Measures which produce Tarteeb (Moistness) in mother's temperament are adopted like murattib diet, vegetables like Khas (*Vetiveria zizanioides* Linn.) and Khashkhash (*Papaver somniferum* Linn.) are recommended.
- Sheera Kahu (*Lactuca sativa* Linn.), Tukhm Khashkhash (seeds of *Papaver somniferum* Linn.) crushed is given with sugar and Kaak (bread). (Majūsī)
- This useful sedative formulation can be given to child: Baqla (*Vicia faba* Linn.), Khashkhash (*Papaver somniferum* Linn.), Katira (*Astragalus gummifer*) 3.5gm each, Afiyun (latex of *Papaver somniferum* Linn.) and Zafran (*Crocus sativus* Linn.) 1gm each is given in a dose of 250mg (Baghdadi) or given in reduced dose to weak child. (Majūsī)
- Oral administration of Roughan (Oil) of Kaddu (*Cucurbita moschata* Poir.) or Banafsha (*Viola odorata* Linn.) is also beneficial. (Majūsī)
- Treatment of underlying cause. (Tabri)

Anal prolapse:

Sitz bath with water in which astringent drugs like Qishoor Anar (rind of pomegranate), Aas (*Myrtus communis* Linn.), Baloot (*Quercus incana* Bartr.), Jauz (*Juglans regia* Linn.) are boiled is recommended. (Tabri, Ibn Sina)

Zarror (powder for sprinkle) of Ash of Sheeh (*Juglans regia* Linn.) is sprinkles on Anus. (Majūsī)

Khauf/ al Faza fi al-Naum (Fear and Nightmare)

It occurs due to predominance of *phlegm*, *imtalā-i meda* (overeating), flatulence or when a child observed horrible thing or listened some story. (Majūsī, Arzānī)

- Phlegmogogue diet should be avoided by mother and child both.
- Taqilil ghiza (reduced diet) is given; sleep just after meal should be avoided. (Ibn Sina, Arzānī)
- *Taqleel-i ghiza* (reduced diet) and *Mulattifaat* (very fine and soft diet) is given to mother. *Sikanjbeen*, *Raziyana* (*Apium graveolens* Linn), *Karafs* (*Apium graveolens* Linn) are given frequently to mother. (Majūsī)
- *Natool* (irrigation of medicated water over body) with lukewarm decoction of *Khashkhash* (*Papaver somniferum* Linn.) over the head of child. (Baghdadi)
- Oral administration of Biryān (roasted) *Khurfā* (*Portulaca oleracea* Linn.) or *Kishneez* (*Coriandrum sativum* Linn.) with *Misri* (Sugar crystal) (Arzānī)
- Oral administration of Honey is beneficial.
- Oral administration of *Mastagi* (*Pistacia lentiscus* Linn.) with sugar crystal. (Arzānī)

Zaat al-Riya (Pneumonia)

Pneumonia is a common disease in children characterized by inflammation of lungs.

According to The United Nations Children's Fund (UNICEF) pediatric pneumonia kills 3 million children worldwide each year. These deaths occur almost exclusively in children with underlying conditions, such as chronic lung disease of prematurity, congenital heart disease, and immunosuppression. Although most fatalities occur in developing countries, pneumonia remains a significant cause of morbidity in industrialized nations.

Pneumonia accounts for 13% of all infectious illnesses in infants younger than 2 years of age.

Khawja rizwan has mentioned with reference to Razi's book *Kitab al-Fakhir* that it is caused by predominance of blood or bilous humour or as a complication to other diseases. (Arzani) Common symptoms of pneumonia are cough, tachypnea, high grade fever, difficulty in feeding, vomiting, irritability, hypoxia, (Arzani) excessive thirst, drowsiness, and redness of face. Pulse is *mauji* (wave like) (Arzani)

Unani Treatment:

- Oral administration of decoction prepared with *Unnab* (*Zizyphus jujuba* Linn.), *Mako* (*Solanum nigrum* Linn.), *Gul Banafsha* (*Viola odorata* Linn.), *Amaltaas* (*Citrullus colocynthis* Linn.), *Sheer khisht* (*Fraxinus ornus* Linn.) (Arzani)

- Razi with reference to Jalinoos has mentioned that *Tukhm Katan* (*Linum usitatissimum* Linn.) with honey is useful. It acts as anti-tussive. (Arzani)
- *Luaab Alsi* (mucilage of *Linum usitatissimum* Linn.), *Khatmi* (*Althea officinalis* Linn.) and *Roughan Badam* (almond oil) is given with mother's milk.
- *Zimad* (paste) prepared with *Roughan Banafsha* (*Viola odorata* Linn.), *Mom safed* (Wax white), *Tukhm Khatmi* (*Althea officinalis* Linn.), *Hulba* (*Trigonella foenum-graecum* Linn.) and *Luaab Katan* (*Linum usitatissimum* Linn.) is rubbed over the chest. (Kabiruddin)
- *Qairooti Arad Karasna* is rubbed over the chest.
- Other useful drugs are *Joshandah barae Dabba Aftal*, *Habb-e Dabba Aftal*, *Habb-i Akitmakit*, *Matbookh Mushil* are useful compounds. (Azmi)
- Avoid exposure to cold, use of cold things.

Deedan-i Ama (Helminthiasis)

Thread worms are most common in children. They generally appear near the anus. Round worms are not very common whereas tape worms are rare in children. (Ibn Sina)

Worm infestation is more common during autumn season.

Common symptoms of helminthiasis in children are pain in abdomen, irritability, restlessness and salivation during sleep, anorexia, weakness, nausea and vomiting, spasm, itching around the anus there may be fever and spasm. Round worm infestation can cause cough. Worms may pass out in vomiting in severe cases (Razi)

Diagnosis is made through history and stool examination. (Razi)

The presence of larvae in stool confirms the diagnosis.

Unani treatment:

- Diet: *Baqila*, gram with vinegar, Drink clean and clear water, eat fruit after thorough washing. Avoid *Murattib Ghiza*. Maintaining personal hygiene is recommended. (Razi)
- Oral administration of *Sheeh* (*Artemisia maritima* Linn.), and *Khurma* (Dry fruit of *Phoenix dactylifera* Linn.) (Majūsī)
- Oral administration of small amount of *Aab Dirmana Turki* (*Artemisia maritima* Linn.) with milk or Sugar is used in case of round worms.
- *Zimad* (paste) prepared with *Afsanteen* (*Artemisia absinthium* Linn.), *Baobarang* (*Embelia ribes* Burm.), ox- bile and *Shehm Hazal* (pulp of *Citrullus colocynthis* Linn.) is applied over the abdomen.

- In case of thread worms local application of roghan *Badam talkh* (oil of *Prunus amara*) around the anus.
- Local use of *shayaf Siyah raal* (Compound drug) is also beneficial in case of threadworm. (Majūsi) or *shayaf* prepared with Salt and Borax Anti helminthic drugs are *Afsanteen* (*Artemisia absynthium* Linn), *Sarkhas* (*Aspidium filix mas*), *Dirmanā* (*Artemisia maritima* Linn.), *Turmus* (*Lupinus albus* Linn.), *Qanbeel* (*Mallotus philippensis* Muell.) etc. (Majūsi)

Hasba/ Measles:

Measles is a contagious, acute febrile viral illness. (Azmi)

The disease is more common between 9 months to 3 years of age, more prevalent in winter and spring. (Khan) It spreads through droplets of infected persons. (Dan 2008) It is common in children. (Sharah Asbab)

According to Nooh al-Qamri, it is caused by changes in blood with predominance of bile.

Clinical features:

There are 3 stages of measles: Pre eruptive (prodromal), Eruptive and post eruptive. (Principle and Practice of Infectious diseases). The entire illness lasts about 10 days. (Park)

Pre eruptive or catarrhal stage last for 3 to 4 days before the onset of rash. It is characterized by a runny nose, irritability, sneezing, hoarseness of voice, cough, photophobia, backache, and fever. (Azmi 2001; Dan 2008; Arzani 2010) Koplik's spot appears on inner side cheek or soft palate opposite 1 or 2 days before onset of rash. Maculopapular rashes appear commonly from face to neck, trunk and extremities over the next 3-4 days. (Al-Qamari)

Fever also rises and disappears on 3rd day after onset of rash. (Harrison). Rashes are hard and pus is not formed in the rashes. (Azmi)

Unani management:

- Diet: Lateef Aghzia like Barley water, lentil cooked with vinegar, Starch, Almond, chicken white meat, fruits like pomegranate, Apple, etc are advised and mughalliz (less digestive) and cold things should be avoided in pre-eruptive stage. (Majūsi, Al-Qamari)
- Oral Administration of *Arq Badiyan* (extract of fennel), *Arq Karafs* (extract of *Apium graveolens* Linn.) or *Arq Innab al-Salab* (leaf juice of *Solanum nigrum* Linn.) (Al-Qamari)
- Oral administration of Sharbat Unnab and sharbat Khashkhash (Azmi)
- Oral Administration of decoction prepared with *Adas muqashshar* (crushed lentil) 10gm, *Raziyana* (fennel) 10.5gm, *Katira* (*Astragalus*

gummifer Linn.) 7gm with water-630ml. (Al-Qamari)

- After eruption of Rashes, *Mubarridat* (refrigerent drugs) are given like *Sharbat Anar*, *Qurs Tabasheer* (Al-Qamari) and saunf (fenugreek).
- Barg bed sada (*Salix alba*), Rose petals are sprinkled on patient's bed.
- Zaroor (fine powder for sprinkle) prepared with *Murdar sang* (Lead oxide) is sprinkled on the rashes. (Al-Qamari)
- Barley water, Watermelon water, *Aab Kaddu* (cucurbita water), *Aab Khayar* (cucumber water), *Isapghol* (*plantago ovata* Forsk.) etc are recommended for removal of Waste Safra (Bilious humour). (Arzāni)
- For eye care, *Sumaq* (*Rhus coriaria* Linn.) mixed in *Arq Gulab* (Rose distillate) then distillate is used as eye drop after adding small amount of camphor. (Arzāni)
- *Shamoom* (inhalation) of Aromatic drugs like *Sandal* (*Sandal wood*), Camphor, etc. (Majūsi)
- Massage or rubbing of oil is advised on scar.
- Regimenal therapy: During pre-eruptive stage- Removal of morbid blood in small quantity (Qamri) through hijama (Cupping) or leeching.

Compound drugs: *Sharbat Shaqaiq*, *Sharbat Nilofar*, *Sharbat Kidr* in a dose as advised by physician. (Kabiruddin)

Prevention:

Cold food and drinks as well as measures that increase production of bile are avoided during epidemic. (Azmi)

Purgation is avoided (Majūsi)

Contact with patients is avoided. (Azmi)

Chicken pox:

It is known as Abla Kop, Abla Poch and Abla Pok or Pokak (Azmi)

It is included in epidemic diseases and has been described as a type of small pox.

It is caused by morbid blood (*Sharah*) and included in *Safravi* (Bilious) disease (Azmi).

It occurs in dry and spring season. (Azmi)

Sign and Symptoms:

Eruptions are small and vesicular and found scattered all over the body but not more than 100 in numbers. There is itching in the eruptions. Fever commences after eruptions. There is no delirium but lack of sleep is found. Eruptions started subsiding after 3 days and dry up in next 4 days. Course of this disease is less than small pox. (Azmi)

Unani Treatment:

It is a self-limiting disease. (Khan)

- Antipyretic drugs are given for fever. (Azmi)

- Zaroor (fine powder for sprinkle) of *Gul Surkh* is sprinkled over the eruption.
- *Dhooni* (fumigation) with the drugs like *barg Aas* (*Myrtus communis* Linn.) and *Sandal safed* (*Santalum album* Linn.) in Summer
- *Dhooni* (fumigation) is done by burning the wood of *Angoor* (*Vitis vinifera* Linn.)
- Rumman (*Punica granatum* Linn.) and Turfa (*Tamarix gallica* Linn.) during winters.

Prevention:

- Cold food and drinks as well as measures, which increase the putrefaction of humours, are to be avoided during epidemic. (Azmi)
- Purgation is avoided. (Majūsī).
- Contact with patient is avoided. (Azmi)
- **Compound drugs:** Sharbat Shaiqa, Sharbat Nilofar, Sharbat Kidr in a dose as advised by physician. (Kabiruddin)

Prevention of Seasonal Diseases in children:

Some diseases are more common during season. To prevent these diseases Unani physicians have mentioned some preventive measures that should be followed:

Mausam kharma / Saif (summer season):

During summer season, acute fevers, meningitis, earache, conjunctivitis, measles are common and prevalent diseases. (Kabiruddin)

Preventive measures:

Mubarrid (cold), *daf e safra* (Antibilious) and *Lateef* (soft) diet is recommended like Aash Jau (Barley water), plum, watermelon, cucumber, grapes, citrous fruits, pineapple, sugarcane, tomato, mint, ginger, tamarind.

Lentil cooked with vinegar, Hareera prepared with Starch, almond and sugar is useful in case of weakness if there is general weakness.

Mausam Khareef (Autumn Season):

Autumn brings many diseases due to humid hot temperament of the season, use of excessive amount of fruits and retention of the thick part and predominance of black bile.

Scabies, ringworm, irregular and quartan fevers, splenic diseases, rheumatism, strangury, and dysuria is common. Sometime apoplexy and lung diseases and helminthiasis incidence increases during this season due to weakness of digestive system and expulsive faculty.

- Avoid use of *Musakhkhinat* (heat producing) agents.
- Avoid drinking and bathing very cold water. (Ibn Sina, Ibn Rushd, Razi)

Mausam Sarma (winter season)

During winter, digestion improves, and bilious diseases also subside but phlegmatic diseases are common during winter.

Common diseases are cold and catarrh, cough, pneumonia, throat diseases, backache, chronic headache, nerve diseases.

Consumption of *musakhkhin* (hot temperament diet) is recommended.

Protection from excessive cold by wearing warm and woolen clothes.

Avoid eating and drinking cold agents.

Avoid bathing with cold water. (Azmi)

Spring Season:

It is considered as the best season for children. It is suitable for the pneuma and blood. During spring season, chronic diseases flare up because of movement in the stagnant humours. Diseases common during spring are diarrhoea, epistaxis, melancholia, swellings, pustules, diphtheria and abscesses of various kinds. Cough and joints pain is also common.

Istifragh through *fasd* (venesection)

Take food and drinks in small quantities.

Strenuous exercise and mental stress should be avoided. (Tabri)

Regimen for young ones /Adolescence:

Good habits to be encouraged and supervision of child regarding his behaviour like outburst of anger, fear, anxiety, and sleep. Try to fulfil the natural desires of child and cause of irritability to be removed so that a child may be protected from any mental illness. Proper balanced behaviour is thus conducive to both physical and mental health of child.

Child should be wake up early morning and given bath twice a day.

Proper and balanced diet to be given.

Exercises are advised because exercise increases the innate heat, strengthens the organs harden the joints and ligaments, reduced waste material and stimulated attractive power to absorb nutrients.

Pure and clean water, cold and sweet things are recommended.

Smoking should be avoided.

Alcohol should be avoided as it produces bile and shows adverse effects in children.

These regimens are followed up to the age of 14years. At the same time, day-to-day changes should be taken into consideration as per need of the growing child. (Ibn Sina, Tabri).

CONCLUSION:

Starting at conception children need to be treated with the utmost care in regard to their nutrition, sleeping habits, physical activity, conduct, and surroundings, as they are more susceptible to anomalies than elders. Children who follow their advice may be protected from different diseases and

ailments and may have improved growth and development. For minor illnesses, herbal medications suggested by ancient Unani scholars may be employed because they have no visible adverse effects.

REFERENCES:

- Al-Qamari N., (2008). Ghina Muna, Arabic, CCRUM, New Delhi., pp.401, 527.
- Anonymous. Standard Unani Medical Terminology. New Delhi: Central Council for Research in Unani Medicine; 2012. pp. 6–8, 9, 16, 30, 141, 147, 149, 154.
- Anonymous. Unani System of Medicine-The Science of Health and Healing. New Delhi: Department of AYUSH, Ministry of Health and Family Welfare; 2013.
- Arzānī A. Mufarriḥ al-Qulūb. New Delhi: Central Council for Research in Unani Medicine; 2010. pp. 91–5. 656-62.
- Azmi HKAS: Amrazul Atfal. Qaumi Council Barai Faroogh Urdu Zaban, New Delhi, 3rd Edition 2001.
- Baghdādī HI. Kitāb al-Mukhtārāt Fi'l Ṭibb. Vol. 1. New Delhi: Central Council for Research in Unani Medicine; 2005. pp. 21–108-24. 143-6, 189-203, 251-65.
- Dan L. Harrison's Principle of Internal Medicine. Mc Graw Hill Companies Inc, USA. 2008. (17th edn Vol II)
- Hafeez I, Alam SS: Moalajat Amraze Atfal. Alok Press, Bhopal, First Edition 2009.
- Itrat M, Zulkifl M. A temperamental approach in promotion of health. *Med J Islamic World Acad Sci*. 2014. 22:102–6.
- Jamal MA, Itrat M, Khan AJ, Siddiqui MA. Role of Unani medicine in promoting child health. *Int Pharm Sci*. 2013; 3:9–16.
- Jurjānī I. Dhakhīra Khawārizm Shāhī. 3rd ed. New Delhi: Idāra Kitāb us Shifā; 2010. pp. 26–200.
- Kabīruddin M. Tarjama-o-Sharḥ Kulliyāt-i-Qānūn. New Delhi: Idāra Kitāb us Shifā; 2015. pp. 20–25. 100-24, 137-222, 238-9.
- Khan A, Antenatal care (Tadabeer-e-Haamla) in Unani medicine. *Res Rev*. 2015; 2:1–5.
- Majūsi IA. Kāmil al-Ṣanā'a al-Ṭibbiyya (the Complete Art of Medicine) New Delhi: Idāra Kitāb us Shifā; 2010. pp. 78–80.
- Park K. Textbook of Preventive and Social Medicine. 24th ed. Jabalpur: Banarsidas Bhanot Publications; 2017. pp. 45–9.
- Qarshi A. Mūjaz al-Qānūn. New Delhi: Qaumi Council Bara e Farogh Urdu Zaban; 1998. pp. 385–8.
- Qarshī Ḥ.M. Jāmi' al-Ḥikmat. New Delhi: Idara Kitab us Shifa; 2011. pp. 1134–8.
- Rashid B, Khan RM, Itrat M. Dimensions of geriatric care in Unani medicine: A review. *Journal of Ayush*. 2017; 6: 6–11.
- Rāzī Z. Kitāb al-Mansoori. New Delhi: Central Council for Research in Unani Medicine; 1991. pp. 151–85.
- Rāzī Z. Kitāb al-Murshid. New Delhi: Taraqqī Urdu Bureau; 2000. pp. 34–56.
- Rushd I. Kitāb-al-kulliyat. New Delhi: Central Council for Research in Unani Medicine; 1987. pp. 30–4. 342-70.
- Saad B, Said O. Greco-Arab and Islamic Herbal Medicine. New Jersey: John Wiley & Sons; 2011.
- Shah MH. The General Principles of Avicenna's Canon of Medicine. New Delhi: Idara Kitab ush Shifa; 2007. pp. 17–141, 154, 279-98, 300-55.
- Sina I. Al-Qānūn Fi'l Tibb (the Canon of Medicine) Vol. 1, New Delhi: Idāra Kitābush Shifā; 2010. pp. 13–4. 89-203.
- Ṭabarī R. Firdaus-al-Hikmat (Paradise of Wisdom) New Delhi: Central Council for Research in Unani Medicine; 2010. pp. 99–118. 426-39, 449-56.
- Zuhr I. Kitāb al-Taysīr. New Delhi: Central council for Research in Unani Medicine; 1986. pp. 13–18, 243-44.
- Zuhr I. Kitābal-Aghdhiya. New Delhi: Central Council for Research in Unani Medicine; 2009. pp. 128–31, 145-8.