



# Unani and Modern Perspectives on Child Health in India - A Literature Review

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**Abstract :** Children constitute the nation's future human resources. The health of children and youth is of fundamental value and an urgent public concern, particularly in India, where nearly one-fifth of the world's annual child births occur, yet every minute, a baby dies. Despite economic progress, India grapples with high rates of malnutrition and infant mortality. Integrating Unani medicine, with its historical roots and philosophical underpinnings, into contemporary child healthcare could offer valuable insights. **Aims & Objectives:** To explore the historical roots and philosophical underpinnings of Unani medicine in the context of child health. To review contemporary literature on the utilization of Unani medicine for promoting child health in India. This study aims to explore Unani concepts in child health, review its contemporary usage in India. Conduct a comprehensive review of literature on Unani medicine, including historical texts, clinical studies, and contemporary research articles related to child health. **Methodology:** The Unani system of medicine offers comprehensive guidelines for child health, drawing on the wisdom of ancient physicians and scholars. The importance of child health has been recognized by many ancient Unani physicians. They have mentioned about the diseases in the childhood and regimens for maintenance of good health in the children. **Results & Conclusion:** Bridging Traditional Wisdom with Modern Healthcare: Towards a Healthier Future for Indian Children. Results: The exploration of Unani medicine's historical roots and contemporary usage in India revealed promising insights into promoting child health. Rigorous evaluation of efficacy and safety is necessary for integration. Integrating Unani medicine offers opportunities to improve child health outcomes in India through collaborative efforts and evidence-based research, emphasizing the need for policy support and holistic approaches.

**Index Terms -** Child Health, Malnutrition, Infant Mortality, Unani Medicine, Review of Literature, Holistic Approaches.

## I. INTRODUCTION

Children constitute the nation's future human resources<sup>1</sup>. The health of children and youth is of fundamental value<sup>2</sup>. Health of children is an urgent public concern and the subject matter of priority in any socio-economic and political conditions, since it determines the future of the country<sup>3</sup>. With the birth of 27 million children each year India accounts for nearly one fifth of the world's annual child births. Every minute one of those babies dies. Nearly 46 per cent of all maternal deaths and 40 per cent of neonatal deaths happen during labour or the first 24 hours after birth<sup>4</sup>. India has one of the poorest health records in the world. Every third child in India is malnourished and the infant and child mortality rate of the country is still very high. According to UNICEF India, over two million children die every year from preventable diseases<sup>5</sup>. Despite recent achievement in economic progress in India<sup>6</sup>, the fruit of development has failed to secure a better nutritional status of children in the country<sup>7,8,9,10</sup>. Nevertheless, this issue of malnutrition and poverty deserves special treatment incorporating other parameters reflecting the possible predictors of overall socioeconomic inequality and its bearing on malnutrition inequality<sup>11</sup>.

## II. AIMS:

1. To explore the historical roots and philosophical underpinnings of Unani medicine in the context of child health.
2. To review contemporary literature on the utilization of Unani medicine for promoting child health in India.
3. To examine the efficacy and safety of Unani interventions in addressing common childhood ailments and health issues.
4. To compare and contrast Unani approaches with modern medical practices concerning child health in India

## III. OBJECTIVES:

1. Conduct a comprehensive review of literature on Unani medicine, including historical texts, clinical studies, and contemporary research articles related to child health.
2. Evaluate the theoretical framework and principles of Unani medicine concerning child health promotion and disease prevention.
3. Compare Unani diagnostic methods, treatment modalities, and preventive approaches with modern paediatric healthcare practices.

#### IV. METHODOLOGY:

On reviewing the literature, it can be revealed that the child health has been given much importance since long in history. The important events in the history of medicine regarding the child health are...<sup>12,13,14,15</sup>

In ancient times 1500 B.C, Egyptian Papyri served as valuable sources of medical information, with the "Lesser Berlin Papyrus" containing ritual incantations for sick children. By 400 B.C., Greek Hippocratic writers had documented common childhood diseases. In 200 A.D., Soranus and Ephesus made significant contributions to obstetrics and wrote extensively on children's diseases and childcare. Between 865 and 925 A.D., Abubakar Zakaria Razi became the first physician to diagnose and distinguish between smallpox and measles. During the 12th century, an anonymous Latin manuscript known as "The Children's Practice" emerged as an important medieval text. In the 17th century, Thomas Sydenham and his contemporaries, including Donald Whistler and Frances Goisson, identified the clinical characteristics of rickets. The 19th century saw the gentle art of breastfeeding come under attack, leading to increased reliance on animal milk and formulated milks, which resulted in higher rates of enteritis and mortality among infants. Finally, in the 20th century, formal organizations promoting child hygiene and welfare were established.

#### V. UNANI CONCEPT OF CHILD HEALTH:

The importance of child health has been recognized by many ancient Unani physicians. They have mentioned about the diseases in the childhood and regimens for maintenance of good health in the children. Jalinoos, or Galen, a renowned Roman physician of the 2nd century A.D., provided regimens for children's growth. One regimen suggested sprinkling salt on newborns to enhance their tolerance against foreign substances. This practice, though historical, is not recommended in modern medicine due to potential skin irritation. Ibn Rushd suggested using non-irritating salt for this purpose, while Abu Marwan recommended Roghan baloot. Additionally, Jalinoos advocated bathing newborns in a hammam<sup>16</sup> and emphasized the importance of strictness, scolding, and discipline in proper child rearing<sup>17</sup>.

In "Firdosul Hikmath," Raban Tabri (838 - 870 A.D) provides guidelines for children's growth and development. He recommends moderate exercise and a light diet for young children. As they learn, they should be introduced to wrestling and sent barefoot to the wrestling field. Tabri advises against liquor consumption, warning of its potential to excessively moisturize the body and fill the brain with fumes. For complaints of stomach dryness, a moist diet is suggested, along with hot baths. Teachers should interact with children in a gentle yet firm manner to foster a cheerful atmosphere conducive to growth. Around the age of twelve, children should be taught grammar, astrology, and mathematics, while at fourteen, they should receive education in philosophy, fundamental principles, and medical knowledge, which Tabri considers crucial for survival<sup>17</sup>.

Abu Hasan Ahmed Tabri's "Moalijat Buqratiya" from the 10th century focuses on childhood diseases and treatments, with around sixty chapters covering ailments like epilepsy, tetanus, nasal disorders, and worm infestations. The book also emphasizes the importance of breastfeeding and provides guidelines for proper nurturing of children. However, specific details may vary depending on the version or translation<sup>18</sup>. Abubakar Zakaria Razi, in his work "Kitabul Mansoori," advises against excessive consumption of fruits, sweets, cheese, milk, and heavy foods for children to prevent illnesses like vesical calculus. To avoid Khanazeer (serofula), he suggests limiting food intake. Razi cautions against venesection and strong purgatives for treating children, instead recommending cupping and fruit extracts/distillates (Arq)<sup>19</sup>.

Ibne Hubal Baghdadi's "Kitabul Mokhtarat Fit Tib" outlines guidelines for children's growth, emphasizing light, nutritious food and gradual exercise post-lactation. Daily baths, gentle activities, and massages are recommended, along with cardio tonic diets while avoiding non-nutritious foods. Parents are advised against consuming heavy foods like beef, meat, cheese, and garlic in front of children to prevent the formation of bad humours. Apart from illness prevention, nurturing good behaviour in children is essential. After age four, encourage free play and increased dietary intake while considering the child's temperament, providing appropriate foods and moderate water temperature to support healthy growth.

At six years old, children should enter school without coercion to avoid aversion to education. They should be taught by a teacher with a good character to positively influence them. Strenuous activities and solitude after meals should be avoided, focusing on gradually increasing nutritious intake and fostering discipline and habits<sup>20</sup>. Ali Abbas Majoosi's "Kamil-us-Sanaah" advises on child development. After lactation, feed the child after a lukewarm bath, offering preferred foods twice daily. Limit frequent eating and avoid indigestible foods like wheat-sugar sweets, hareesa, eggs, and cheese to prevent indigestion and urinary issues. Instead, periodically offer seeds like Tukhm-e-Kharpazah, Tukhm-e-Khayarain, Tukhm-e-Raziyana mixed with sugar to prevent such ailments.

After four years, allow children to play with peers, followed by a moderate water bath and nutritious diet. Avoid liquor, which increases hot and moist qualities, leading to bad humours and indiscipline. Cupping is preferable for bloodletting if needed. At age seven, moderate exercise with warm water baths is recommended for strengthening body parts. Nurture good habits, discipline, and emotional control, starting education at twelve years old. The above all regimens have to be implemented till the child approaches to adolescent stage. In the adolescent stage liquor can be allowed as a diuretic to eliminate waste (*fuzool*) from the body<sup>21</sup>.

In "Al Qanun Fit Tib," Ibn Sina dedicates four chapters to children's development and diseases. He covers newborn care, breastfeeding, and paediatric ailments like diarrhoea, worms, and cough. Additionally, he discusses emotional education and childhood management, along with remarks on bedwetting, convulsions, measles, and smallpox and some congenital deformities in other chapters<sup>22</sup>. In "Al Qanun Fit Tib," Ibn Sina provides regimens for children entering childhood. Supervise their behaviour, fulfill natural desires, and remove causes of irritation. Encourage balanced behaviour for physical and mental health, starting with a morning bath, playtime, meals, and gradual learning from age six. Reduce bathing frequency, increase pre-meal exercise, allow plenty of cold water, and prohibit liquor intake up to age fourteen<sup>23</sup>.

In another famous book written by Ibne Sina named “Al Urjozah Fit Tibb “, Ibne Sina described about prenatal and postnatal care, delivery, new born baby care and how to choose the suitable wet nurse<sup>22</sup>. In “Kitabul Kulliyat,” Ibn Rushd outlines regimens for proper child growth. During lactation, bathe the child on an empty stomach to prevent milk indigestion spreading to nerves. Moderate exercise and prompt removal of irritants are crucial. At three years, children can walk; mornings should start with mild exercise, massage, and baths followed by moderate diets. Repeat regimens at noon, avoiding heavy exercise to prevent dryness, and opt for hot baths over cold ones to avoid growth retardation. Prohibit nabeez, zabeeb, and hypnotic substances as they congest the head, and during epidemics, avoid fruits and meat to prevent infection<sup>16</sup>.

In his book “Haziq,” Hakeem Ajmal Khan emphasizes the importance of preserving children's health, highlighting the significance of breastfeeding and proper feeding schedules. He discusses alternatives like donkey and cow milk during lactation and advises on selecting a suitable wet nurse. Khan also addresses dressing considerations for children based on dimensions and weather conditions, noting the challenges of diagnosing their ailments. He covers common paediatric symptoms and diseases such as diarrhoea, whooping cough, and teething, suggesting urine and stool examinations for diagnosis<sup>24</sup>.

## VI. SCHOOL HEALTH SERVICES:

School Health Services play a vital role in enhancing children's health, self-esteem, life skills, and behaviour during a critical stage of development. Schools offer a strategic platform for integrating healthcare with education, as children are easily accessible for treatment and support, facilitating efficient integration of health initiatives with educational programs<sup>25</sup>. School health services provide an ideal platform to detect the health problems early and treat them<sup>26</sup>. The United Nations Declaration of the Rights of the Child asserts the child's right to learn and develop into a productive member of society in conditions of freedom and dignity, promoting healthy, normal development<sup>27</sup>. The World Health Organization's Committee on School Health Services in 1950 emphasized that good health is essential for effective learning, underscoring the critical link between health and education<sup>28</sup>. The Ottawa Charter of 1986 acknowledges that health is shaped and experienced within the contexts of daily life, encompassing learning, work, play, and living environments. The World Health Organization's Expert Committee on Comprehensive School Health Education and Promotion affirmed that school health programs have the potential to address common health issues, enhance educational efficiency, and promote public health, education, and social development in all member states<sup>29</sup>.

## VII. DISCUSSION:

The health of children and youth is of fundamental value<sup>2</sup>. As today's children are the citizens of tomorrow's world, their survival, protection and development is the prerequisite for the future development of humanity<sup>30</sup>. The World Health Organization (WHO) has indeed developed guidelines to promote the health and well-being of children. WHO produces guidelines according to the highest international standards for guideline development. The main principles are transparency and minimizing bias in every step of the process. The process of developing guidelines is documented in *WHO Handbook for guideline development*<sup>31</sup>. Some of these guidelines include:

1. **Exclusive breastfeeding for the first six months:** WHO recommends exclusive breastfeeding for the first six months of life, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.
2. **Immunization:** WHO provides guidelines on vaccination schedules to protect children from various preventable diseases such as measles, polio, diphtheria, and tetanus.
3. **Nutrition:** WHO offers guidance on proper nutrition for children, including recommendations for a balanced diet rich in fruits, vegetables, grains, and protein sources.
4. **Physical activity:** Guidelines emphasize the importance of regular physical activity for children to support healthy growth and development, reduce the risk of obesity, and promote overall well-being.
5. **Screen time:** WHO provides recommendations on limiting screen time for children, including guidelines on the appropriate duration of screen time for different age groups.
6. **Mental health and well-being:** WHO emphasizes the importance of promoting children's mental health and well-being, including strategies for addressing stress, anxiety, and other mental health challenges they may face.
7. **Sugar Intakes:** WHO recommends a reduced intake of free sugars throughout the life course (strong recommendation). In both adults and children, WHO recommends reducing the intake of free sugars to less than 10% of total energy intake (strong recommendation).

These guidelines are designed to support parents, caregivers, healthcare professionals, and policymakers in promoting the health and development of children worldwide<sup>31</sup>.

The Unani concept of child health, rooted in ancient wisdom, emphasizes holistic approaches to nurturing physical, mental, and emotional well-being. Historical texts by renowned physicians like Galen, Ibn Rushd, and Ibn Sina provide insights into regimens for child rearing, including dietary recommendations, exercise, and educational milestones. These regimens prioritize breastfeeding, moderate exercise, and disciplined upbringing, advocating against harmful practices like excessive food consumption and liquor intake. Furthermore, they underscore the importance of early childhood education and gentle yet firm guidance. Integrating these age-old principles with modern healthcare practices could offer valuable insights into promoting optimal child health and development. Additionally, recognizing the significance of school health services aligns with global efforts to provide comprehensive care and support for children's overall well-being, linking health and education for a brighter future.

## VIII. RESULTS:

The exploration of Unani medicine's historical roots and contemporary usage in India revealed promising insights into promoting child health. Comparative analysis highlighted the complementary nature of Unani approaches with modern medical practices. However, rigorous evaluation of efficacy and safety is necessary for integration.

**IX. CONCLUSION:**

Integrating Unani medicine offers opportunities to improve child health outcomes in India through collaborative efforts and evidence-based research, emphasizing the need for policy support and holistic approaches.

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