Benchmarks for Training in Unani medicine

Benchmarks for training in traditional/complementary and alternative medicine

World Health Organization

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Foreword

The oldest existing therapeutic systems used by humanity for health and well-being are called Traditional Medicine or Complementary and Alternative Medicine (TM/CAM).

Increasingly, TM/CAM is being formally used within existing health-care systems. When practised correctly, TM/CAM can help protect and improve citizens' health and well-being. The appropriate use of TM/CAM therapies and products, however, requires consideration of issues of safety, efficacy and quality. This is the basis of consumer protection and is no different, in principle, from what underpins modern medical practice. Upholding basic requirements for the modern practice of TM/CAM therapies can support national health authorities in the establishment of adequate laws, rules, and licensing practices.

These considerations have guided the work of the Regional Government of Lombardy in TM/CAM which was first included in the Regional Health Plan 2002-2004. Clinical and observational studies in the region of Lombardy have provided a crucial step in the evaluation of TM/CAM. With the help of data from these studies, a series of governmental provisions have been used to create a framework for the protection of consumers and providers. The cornerstone of this process was the first Memorandum of Understanding (MOU) for the Quadrennial Cooperation Plan which was signed between the Regional Government of Lombardy and the World Health Organization. The MOU highlighted the need for certain criteria to be met including: the rational use of TM/CAM by consumers; good practice; quality; safety; and the promotion of clinical and observational studies of TM/CAM. When they were published in 2004, the *WHO guidelines for developing consumer information on proper use of traditional, complementary, and alternative medicine* were incorporated into this first MOU.

In the region of Lombardy, citizens currently play an active role in their health-care choices. The awareness of the advantages as well as of the risks of every type of care is therefore critical, also when a citizen actively chooses to use TM/CAM. Consumers have begun to raise new questions related to the safe and effective treatment by all providers of TM/CAM. For this reason, the Regional Government of Lombardy closely follows WHO guidelines on qualified practice of TM/CAM in order to guarantee appropriate use through the creation of laws and regulations on skills, quality control, and safety and efficacy of products, and clear guidelines about practitioner qualifications. The Regional Government of Lombardy has also provided support and cooperated with WHO in developing this series of benchmark documents for selected popularly used TM/CAM therapies including Ayurveda, naturopathy, Nuad Thai, osteopathy, traditional Chinese medicine, Tuina, and Unani medicine.

Modern scientific practice requires a product or a therapeutic technique to be safe and effective, meaning that it has specific indications and evidence for care supported by appropriate research. Practitioners, policy-makers and planners,

both within and outside ministries of health, are responsible for adhering to this, in order to guarantee the safety and the efficacy of medicines and practices for their citizens. Furthermore, safety not only relates to products or practices per se, but also to how they are used by practitioners. Therefore it is important that policy-makers are increasingly able to standardize the training of practitioners for it is another fundamental aspect of protecting both the providers and the consumers.

Since 2002, the Social-Health Plan of the Lombardy Region has supported the principle of freedom of choice among different health-care options based on evidence and scientific data. By referring to the benchmarks in this present series of documents, it is possible to build a strong foundation of health-care options which will support citizens in exercising their right to make informed choices about different styles of care and selected practices and products.

The aim of this series of benchmark documents is to ensure that TM/CAM practices meet minimum levels of adequate knowledge, skills and awareness of indications and contraindications. These documents may also be used to facilitate establishing the regulation and registration of providers of TM/CAM.

Step by step we are establishing the building blocks that will ensure consumer safety in the use of TM/CAM. The Regional Government of Lombardy hopes that the current series will be a useful reference for health authorities worldwide, and that these documents will support countries to establish appropriate legal and regulatory frameworks for the practice of TM/CAM.

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Preface

There has been a dramatic surge in popularity of the various disciplines collectively known as traditional medicine (TM) over the past thirty years. For example, 75% of the population in Mali and 70% in Myanmar depend on TM and TM practitioners for primary care,[1] while use has also greatly increased in many developed countries where it is considered a part of complementary and alternative medicine (CAM). For instance, 70% of the population in Canada[2] and 80% in Germany[3] have used, in their life time, traditional medicine under the title complementary and alternative medicine.

Integration of traditional medicine into national health systems

Traditional medicine has strong historical and cultural roots. Particularly in developing countries, traditional healers or practitioners would often be well-known and respected in the local community. However, more recently, the increasing use of traditional medicines combined with increased international mobility means that the practice of traditional medicines therapies and treatments is, in many cases, no longer limited to the countries of origin. This can make it difficult to identify qualified practitioners of traditional medicine in some countries.

One of the four main objectives of the WHO traditional medicine strategy 2002-2005 was to support countries to integrate traditional medicine into their own health systems. In 2003, a WHO resolution (WHA56.31) on traditional medicine urged Member States, where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine to support their proper use. Further, Member States were urged to integrate TM/CAM into their national health-care systems, depending on their relevant national situations.

Later in 2003, the results of a global survey on policies for TM/CAM conducted by WHO showed that the implementation of the strategy is making headway. For example, the number of Member States reporting that they have a national policy on traditional medicine rose from five in 1990, to 39 in 2003, and to 48 in 2007. Member States with regulations on herbal medicines rose from 14 in 1986, to 80 in 2003, and to 110 in 2007. Member States with national research institutes of traditional medicine or herbal medicines rose from 12 in 1970, to 56 in 2003, and to 62 in 2007.[4]

[1] Presentation by the Governments of Mali and Myanmar at the Congress on Traditional Medicine, Beijing, People's Republic of China, 7-9 November 2008.
[2] Perspectives on Complementary and Alternative Health Care, a collection of papers prepared for Health Canada, Ottawa, Health Canada, 2001.
[3] Annette Tuffs Heidelberg. Three out of four Germans have used complementary or natural remedies, British Medical Journal 2002, 325:990 (2 November).
[4] WHO medicines strategy 2008-2013 and Report from a WHO global survey on national policy on traditional medicine and regulation of herbal medicines, 2005.

Ideally, countries would blend traditional and conventional ways of providing care in ways that make the most of the best features of each system and allow each to compensate for weaknesses in the other. Therefore, the 2009 WHO resolution (WHA62.13) on traditional medicine further urged Member States to consider, where appropriate, inclusion of traditional medicine in their national health systems. How this takes place would depend on national capacities, priorities, legislation and circumstances. It would have to consider evidence of safety, efficacy and quality.

Resolution WHA62.13 also urged Member States to consider, where appropriate, establishing systems for the qualification, accreditation or licensing of practitioners of traditional medicine. It urged Member States to assist practitioners in upgrading their knowledge and skills in collaboration with relevant providers of conventional care. The present series of benchmarks for basic training for selected types of TM/CAM care is part of the implementation of the WHO resolution. It concerns forms of TM/CAM that enjoy increasing popularity (Ayurveda, naturopathy, Nuad Thai, osteopathy, traditional Chinese medicine, Tuina, and Unani medicine)

These benchmarks reflect what the community of practitioners in each of these disciplines considers to be reasonable practice in training professionals to practice the respective discipline, considering consumer protection and patient safety as core to professional practice. They provide a reference point to which actual practice can be compared and evaluated. The series of seven documents is intended to:

- support countries to establish systems for the qualification, accreditation or licensing of practitioners of traditional medicine;
- assist practitioners in upgrading their knowledge and skills in collaboration with providers of conventional care;
- allow better communication between providers of conventional and traditional care as well as other health professionals, medical students and relevant researchers through appropriate training programmes;
- support integration of traditional medicine into the national health system.

The documents describe models of training for trainees with different backgrounds. They list contraindications identified by the community of practitioners, so as to promote safe practice and minimize the risk of accidents.

Drafting and Consultation Process

The most elaborated material to establish benchmarks comes from the countries where the various forms of traditional medicine under consideration originated. These countries have established formal education or national requirements for licensure or qualified practice. Any relevant benchmarks must refer to these national standards and requirements.

The first stage of drafting of this series of documents was delegated to the national authorities in the countries of origin of each of the respective forms of traditional, complementary or alternative medicine discussed. These drafts were then, in a second stage, distributed to more than 300 reviewers in more than 140 countries. These reviewers included experts and national health authorities,

WHO collaborating centres for traditional medicine, and relevant international and regional professional nongovernmental organizations. The documents were then revised based on the comments and suggestions received. Finally, WHO organized consultations for further final review, prior to editing.

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Introduction

Unani medicine is popular in South Asian countries and its use is growing in other parts of the world. It has now become part of the mainstream system of medicine in Bangladesh, India, Islamic Republic of Iran, Pakistan, and others.

Unani medicine encompasses a wide range of practices. Unani regimental therapy includes venesection, cupping, the promotion of diaphoresis and diuresis, Turkish baths, massage, cauterization, purging, emesis, exercise and leeching. Unani diet therapy deals with certain ailments by treating them with specific diets or by regulating the quantity and quality of food. Unani pharmacotherapy uses naturally occurring medicines, mostly herbal medicines and those of animal and mineral origin. Single medicines or their combination in raw form are preferred over compound formulations. Unani physiotherapy uses specific exercise techniques to help balance the homeostasis of the body.

This document provides benchmarks of what the community of Unani practitioners, experts and regulators consider to be adequate training of Unani practitioners; training programmes for trainees with different backgrounds. It also includes a review of what the community of Unani practitioners and experts considers to be contraindications, so as to promote safe practice of Unani and minimize the risk of accidents. Together, these can serve as a reference for national authorities in establishing systems of training, examination and licensure that support the qualified practice of Unani.

1. Origin and principles of Unani medicine

Unani medicine originated in Greece and is primarily based on the principles propounded by the ancient Greek practitioners Hippocrates and Galen. Over the subsequent centuries, a number of Arab and Persian scholars enriched the system, among them Ibn Sina, who is also known as Avicenna. He was an Arab philosopher and physicist, who wrote *Kitab-al-shifa* (*Book of Healing*) and the *Canon of Medicine*. This system, earlier known as "*Galenics*", later became known as *Unani Tibb*, (*Unani* being the Arabic word for "Greek" and *Tibb* an Arabic word for "medicine").

Unani medicine states that disease is a natural process and that symptoms are the reactions of the body to disease. It employs the humoral theory which presupposes the presence of four *akhlaat* (humours) in the body – *dam* (blood), *balgham* (phlegm), *safra* (yellow bile) and *sauda* (black bile). Each humour has its own temperament: blood is hot and moist; phlegm is cold and moist; yellow bile is hot and dry; and black bile is cold and dry. According to Unani, if the four main humours and the four primary temperaments (hot, cold, dry, moist) are all in a state of mutual equilibrium, the person is considered healthy.

In Unani medicine, six key factors are evaluated in relation to health. These six factors are called "*al-umoor al-tabiyah*". Each has a close relation to, and a direct bearing on, the state of health of an individual. Therefore, it is necessary for a Unani medicine practitioner to take all these factors into consideration in order to arrive at a correct diagnosis and decide how to treat the ailment.

1.1 Concepts of the stages of digestion

According to the Unani system of medicine, there are four stages of digestion.

- Gastric digestion followed by intestinal digestion, when food is turned into chyme and chyle and carried to the liver.
- Hepatic digestion, when chyle is converted into the four humours in varying quantities, blood being the largest. Thus, the blood that leaves the liver is intermixed with the other three humours; phlegm, yellow bile and black bile.
- Vessel digestion, in which every tissue absorbs nutrition by its attractive power and retains it by its retentive power.
- Tissue digestion is the digestive power that, in conjunction with the power of assimilation, converts the nutritive elements into tissue.

The waste material remaining in the humours at this stage is excreted by the expulsive power. Unani practitioners maintain that when any disturbance occurs in the equilibrium of the humours, it causes disease. Therefore the Unani mode of treatment aims to restore the equilibrium of the humours.

1.2 States of the human body (*Haalaat al-jism*)

According to Unani medicine practitioners, the states of the body are grouped under three headings:

- health, in which all the functions of the body operate normally;
- disease, the opposite of health, in which one or more forms or functions of the bodily organs are at fault; and
- neither health nor disease, where there is neither complete health nor actual disease, such as in the case of elderly individuals or those who are convalescing.

Diseases are of two types, namely simple or complex. A simple disease is one that completes its course without complications. A simple disease may manifest itself in three forms:

- imbalance of the humours (dyscrasia);
- structural diseases;
- diseases of disharmony.

Further categories of disease are listed in Abu Sina's *Canon of Medicine*.

1.3 Physical temperament (*Mizaj*)

The interaction of the elements produces various states, which in turn determine the temperament of an individual. It is of paramount importance to keep that temperament in mind while prescribing a course of treatment. Each individual has a unique temperament, which may potentially be real equitable, equitable or inequitable. The state of real equitable never occurs in reality, rather it is a theoretical situation in which the temperaments of the four elements used are equal. An equitable temperament denotes an appropriate and required amount of compatible temperaments. An inequitable temperament results from an inappropriate distribution of temperaments for the requirements of the individual's condition.

1.4 Prevention of disease

Unani medicine has long recognized the influence of surroundings and ecological conditions on the state of health of human beings. It has a theory on the six essential prerequisites for the prevention of disease and it places great emphasis on the maintenance of a proper ecological balance and on keeping water, food and air free from all pollution. These prerequisites, known as *al-asbab al-sitta al-dharuriya* (six essentials) may be briefly explained as follows:

- *al-hawaa* (**air**). Good, clean air is necessary for health and many diseases are said to occur owing to changes in the air. Abu Sina, the famous Unani medicine practitioner, said that a change of environment can relieve patients of many diseases. Abu Sina also emphasized the need for open, airy houses with proper ventilation and for playgrounds and gardens in

the cities so that everyone could get plenty of fresh air to allow for maintenance of a proper ecological cycle;

- *al-maakool wa al-mashroob* (**food and drink**). Food should be fresh and free from putrefaction and pathogens. Drinking water should also be pure;
- *harakat wa sukoon al-baden* (**physical exercise and repose**). To maintain positive health and fitness, the body requires both exercise and rest. Inflammation and fractures require total rest for an optimum healing. On the other hand, afflictions such as paralysis demand specific types of movement. Several exercises help muscles to grow and ensure increased blood supply and proper functioning of the excretory system. Exercise also keeps the heart and liver in good condition.
- **Mental exertion and repose**. Psychological factors such as happiness, sorrow, and anger are believed to have considerable bearing on the health of the human being. Unani medicine practitioners maintain that certain diseases and disorders, are caused by emotional strain and maladjustment. Therefore, when dealing with such cases, the practitioner should try to take all these factors into account. There is a branch of Unani medicine known as "psychological treatment" that deals with the above-mentioned factors, and many diseases are treated by psychological methods. Sometimes this type of treatment is used alone, while at other times it is used in conjunction with various medicines. Unani medicine practitioners have also recognized the effects of music, pleasant company and beautiful scenery.
- **Sleep and wakefulness**. Normal sleep and wakefulness are essential for health. Sleep is an ideal form of rest; physical as well as mental. Lack of sleep causes dissipation of energies, mental weakness and digestive disturbances.
- **Evacuation and retention**. Waste products of the body, if not completely and properly excreted, produce disease. The natural means of excretion are diuresis, diaphoresis, vomiting, defecation, excretion through the uterus in the form of menses, excretion through the eyes, ears and nose and respiration. Proper and normal functioning of the excretory processes must be ensured in order to maintain what, in Unani medicine, is considered perfect health. Any disturbance in the normal excretory balances, whether it is excess, diminution or blockage, may lead to disease.

1.5 Faculties/Powers (*Quwa*)

According to Unani medicine there are three kinds of powers: psychic (natural) power, power of metabolism and power of reproduction.

- **Psychic and nervous power** is present in the brain and is made up of two other powers: perceptive power, which conveys impressions or sensations, and motive power, which brings about movements as a response to the sensation.

Perceptive power may be external or internal. The external perceptive power recognizes objects outside the body and is served by the five senses. The internal perceptive power operates when perceptions do not come from the outside, but are inferences drawn from external impressions and realizations.

Internal perceptive power uses five other powers:

- composite sense, which collects together all external realizations;
- imagination, which stores all the materials collected by the composite sense;
- conceptualization, which correlates all external realizations and draws conclusions from them;
- memory, which stores the conclusions drawn by conceptualization;
- the modifying faculty, which gives the capacity to explain the same thing in different ways and interprets all internal and external realizations.

- The seat of the **power of metabolism** is the liver, but the process is active in every tissue of the body. The process of metabolism is conducted by two powers:

  - nutritive power is developed in the liver from the food eaten and is conveyed to all parts of the body. It is served by four other powers: attractive, retentive, digestive and expulsive;
  - growing power is responsible for the development and growth of the human organism and is served by three other powers – receptive power, power to retain nutrition and assimilative power.

- **Reproduction** is accomplished by two powers: generative power and formative power.

2. Training of Unani medicine practitioners

Regulating the practice of Unani medicine and preventing practice by unqualified practitioners requires a proper system of training, examination and licensing.

Benchmarks for training have to take into consideration the following:

- content of the training;
- method of the training;
- to whom the training is to be provided and by whom;
- the roles and responsibilities of the future practitioner;
- the level of education required in order to undertake training.

Unani medicine experts and practitioners distinguish three types of Unani medicine training, based on prior training and clinical experience of trainees. The Type I training programme is for those who have completed high school education or equivalent, but who have no prior health-care education or experience. Applicants should have some understanding of science subjects.

Type II training programme is a conversion programme designed to enable those with prior medical or other health professional training to become qualified to practise Unani medicine in addition to their existing skills. This course will typically require the applicant to have completed at least a bachelor's degree in medical or other health sciences.

The Type III training programme is the supplementary education required for existing practitioners who have learned Unani medicine through a recognized family tradition, but who may have had little or no formal training in Unani medicine. This type of programme is designed to ensure that they are also trained in new medical knowledge, research and other aspects of professional practice relevant to their particular national setting.

2.1 Type I programme

The aim of this training programme is to prepare Unani practitioners with the necessary knowledge and skills to practise Unani medicine. After completing the training, these practitioners may practise as primary-contact health-care providers, either independently or as members of health-care teams at the community level within health care centres or hospitals. The programme consists of no fewer than 4000 student/teacher contact hours, including theory and practical training, or the equivalent, over five years of full-time/part time education. This includes a minimum of 1000 hours of supervised clinical training such as an internship in a hospital or recognized medical centre. Acceptable applicants will typically have completed high school education or equivalent. They should have appropriate training in basic sciences.

The curriculum covers:

Basic science, including:
- anatomy (*tashreeh al-badan*);
- physiology (*afaal al-adhaa*);
- biochemistry (*ilm al-haya*t);
- principles of Unani medicine (*al-umoor al-tabiyah*);
- history of Unani medicine;
- bioinformatics.

Preclinical science, including:
- basic elements of Unani pharmacognosy (*al-adwiah al-kulliyat*);
- Unani pharmacology and pharmacy techniques (*ilm al-adwiah*);
- pathology (*ilm al-amradh*);
- microbiology and parasitology (*ilm al-jarathim wa al-tufailiyat*);
- community medicine (*hifdh al-sehah*);
- toxicology (*ilm al-sumoom*).

Clinical science, including:
- clinical psychology (*ilm al-nafs al-sariri*);
- clinical management – diagnosis and treatment (*moaalijat*);
- obstetrics and gynaecology (*amradh al-nissa wa al-qabalah*);
- paediatrics (*ilm al-atfaal*);
- ophthalmology (*amradh al-ain*);
- ear, nose and throat medicine (*amradh al-uthon, al-anf wa al-halqh*);
- surgery (*ilm al-jirahah*);
- regimental therapies: *fasad, hajamat, dalak, taleeq*, etc. (*ilaj bi al-tadbir*).

Social / cultural aspects of training, including:
- to bring the community healer closer to traditional health and healing processes;
- to integrate new medical and health-care skills into the historical, traditional and alternative therapeutic practices of the region;
- to increase the indigenous health-providing potential of the region by making use of local practitioners;
- to integrate new and traditional systems of medicine for the benefit of the population of the region;
- to ensure a supply of easily accessible therapeutic agents; to move towards self-sufficiency and independence in the provision of health care by using local flora and fauna as herbal agents;
- promotion of the indigenous health-care system and its tradition and philosophy;
- to bring the benefits of modern health science closer to the population of less developed communities in an integrated manner.

2.2 Type II programme

This programme is designed to enable individuals with prior health-care training to add the practice of Unani medicine to their existing skills. The programme consists of a minimum of 1500 hours of theory and practical training with an

additional minimum of 750 hours clinical practicum in a hospital or recognized medical centre. The applicants will typically have completed at least a bachelor's degree in medicine or other health sciences.

The main objective of this programme is to use the trainee's prior training and experience as a foundation for new skills that complement modern allopathic medicine. The trainee's existing strengths may be, for example, an in-depth knowledge of the structure and functioning of the human body and the diagnostic capabilities of ultrasound, X-rays, laboratory tests, etc. The trainee's deficiencies may be a lack of a holistic integrative approach and a limited understanding of the theoretical cause of illnesses and the maintenance of health. This lack of understanding can be addressed only by creating a strong base covering the concepts of creation, nature, temperament and the relationship between the human being and his/her environment. The training is designed to fill the gap.

First stage:

- basic principles of Unani medicine;
- history of Unani medicine;
- materia medica/pharmacognosy (*ilm al-adwiah* part 1);
- clinical methods and therapeutics (*moaalijat*);
- regimen therapies – *fasad, hajamat, dalak, taleeq*, etc. (*ilaj bi al-tadbir*).

Second stage :

- Unani pharmacy *(ilm al-adwiah* part 2);
- paediatrics (*ilm al-atfaal*);
- ophthalmology and ear, nose and throat medicine (*amradh al-ain, al-uthon, al-anf, al-halqh*);
- obstetrics and gynaecology (*amradh al-nissa wa al-qabalah*);
- Unani clinical diagnostics (*al-tashkhees al-sariri*).

The training is followed by 750 hours of practical training in a hospital or recognized medical centre.

2.3 Type III programme

This training programme is designed for those who have practised Unani medicine, but may have little or no formal training in Unani medicine. The programme consists of a minimum of 1500 hours of theory and practical training with an additional 750 hours of internship in a hospital or recognized medical centre. Applicants should have learned Unani medicine and will have experience in traditional practice. The course covers:

- applied anatomy and physiology;
- pharmacy (*ilm al-adwiah and dawa sazi*);
- *moaalijat/amraz ras, sadar, qalb*;
- *moaalijat nafs, kabid, atfal, nisa, jinsiya*, etc;
- surgery (*ilaj bil yad*);
- latest advances in regimental therapies;
- hygiene (personal and community);
- record-keeping.

3. Safety issues

Unani practitioners identify the following safety issues:

- **Possible adverse effects of herbal ingredients**. Examples of adverse effects of herbal ingredients that have been documented in humans or animals include: allergic, cardiac, hepatic, hormonal, irritant, central-nervous-system and purgative effects, and a range of toxicities.
- **The interaction between herbal and conventional medicines**. There is limited information available regarding interactions between herbal products and conventional medicines. However, awareness of this issue is increasing and the potential for herbal and conventional medicines interactions should always be considered. Therefore it is important that the patient should give the Unani medicine practitioner full details of all medicines being taken concurrently. Proper precautions and monitoring are required and, if necessary, treatment should be adapted to accommodate for potential herb/conventional drug interaction.

Unani medicine practitioners should practice based on Unani theory and should warn patients when metals, minerals or poisonous substances are included in the prescription or prescribed medicinal formulation. Information regarding the safe use of these substances, signs of potential adverse effects and recommendations for emergency response to these adverse events should be provided. The information collected from the pharmacovigilance system should be learned by Unani practitioners. The dispensers should verify the prescriptions every time, and refer back to the prescribers immediately whenever it is needed.

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Annex 1: Glossary

The terms used in this document are defined as follows:

***Adhaa* (fully grown organs)**
These are the various organs of the human body.

***Afaal* (organ functions)**
These include the movements and functions of the various organs of the body.

***Akhlaat* (humours)**
These are the fluids that the human body obtains from food, and they include various hormones and enzymes. These fluids may be either primary or secondary. The primary fluids are called the four humours: *dam* (blood), *balgham* (phlegm), *safra* (yellow bile) and *sauda* (black bile). There are also four secondary fluids, which are responsible for maintaining the moist state of different organs of the body and also for providing nutrition to the body.

***Arkan* (elements)**
The human body contains four elements: air, fire, water and earth, which symbolize the four states of matter. The four elements have their own temperaments.

***Arwah* (spirits)**
These are transporters of the different powers, as defined by Unani medicine practitioners. They are considered to be the life-force, and are given importance in the diagnosis and treatment of disease.

***Ebdal* (substitution)**
This is replacement of one plant species by another in special circumstances. The new species is often of a completely different genus, but with similar properties and effects. Substitution is an established and accepted practice in Unani medicine.

***Haalaat al-jism* (states of the human body)**
According to Unani medicine practitioners, the states of the body are grouped under three headings: health; disease; and neither health nor disease – as in the case of elderly people or those who are convalescing.

***Maradh-mufrad* (simple disease)**
A simple disease is one that completes its course without complications.

***Mizaj* (physical temperament)**
The homeostasis of the elements and humours, which determines an individual's constitution and his/her responses to environmental factors. It is of paramount importance to keep the patient's temperament in mind while prescribing the course of treatment.

***Quwa* (faculties/powers)**
These are of three kinds: psychic (natural) power, power of metabolism and power of reproduction. The seats of these powers are in the brain, liver and sexual organs, respectively. They are believed to act on every tissue of the body.

***Tabib* (Unani medicine practitioner)**
A person who practises Unani medicine.

***Unani* tibb (medicine)**
The medical system founded by the Greeks and Romans, later developed by the scholars and health care practitioners of the Arab, Persian and Indian subcontinental traditions.

Annex 2: WHO Consultation on Phytotherapy, Milan, Italy, 20–23 November 2006: list of participants

Participants

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