

**CHILD GROWTH AND DEVELOPMENT: AN INTEGRATIVE STUDY IN THE LIGHT
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ABSTRACT

The comprehension of child growth and development represents a cornerstone of medical science, requiring a synthesis of historical physiological paradigms and modern evidence-based frameworks. This review provides an exhaustive integrative study of pediatric care by juxtaposing the Unani (Greco-Arab) system of medicine with contemporary pediatric standards. In Unani medicine, the period of growth, termed *Sinn-i-Numū*, is characterized by a specific temperamental balance of *Mizāj Hārr Raṭb* (hot and moist), which facilitates rapid physiological expansion, organ maturation, and the preservation of innate moisture (*Ruṭūbat Gharṣiyya*). This manuscript synthesizes literature from authentic classical sources, including Ibn Sina's *Al-Qānūn fi'l Ṭibb*, Zakariya Razi's *Kitāb al-Manṣūrī*, and Rabban Tabari's *Firdaus-ul-Hikmat*, alongside modern benchmarks such as the *Nelson Textbook of Pediatrics* and WHO Child Growth Standards. The analysis covers neonatal regimens (*Tadabīr-i-Navmawlūd*), nutritional strategies including breastfeeding (*Raḍā'at*), and the physiological faculties (*Quwwat*) driving development. Findings indicate that pre-modern Unani guidelines—covering umbilical cord asepsis, oil massage (*Tadhīn*), and swaddling (*Taqmeet*)—align significantly with modern neurodevelopmental and hygienic theories. By contrasting classical sub-stages with modern motor and cognitive benchmarks, this study identifies a conceptual convergence regarding the determinants of healthy maturation. The report concludes that an integrative approach, acknowledging the holistic preventive strategies of Unani medicine alongside modern therapeutic advances, offers a robust framework for enhancing global child health outcomes.

KEYWORDS: Unani Medicine, embryogenesis, Tadabīr-i-Navmawlūd, Modern Pediatrics, Child Development, Neonatology.**INTRODUCTION**

The trajectory of paediatric medicine has evolved from ancient philosophical observations to a rigorous empirical discipline. Central to this evolution is the understanding that children are not merely miniature adults but biological entities with unique physiological requirements, vulnerabilities, and developmental trajectories. In the Unani system of medicine, which draws its roots from the teachings of Hippocrates and

Galen and was refined by medieval scholars like Razi and Ibn Sina, childhood is viewed through the lens of temperamental equilibrium.^[9,6,4,3,1,2] This system emphasizes the maintenance of *Harārat Gharṣiyya* (innate heat) and *Ruṭūbat Gharṣiyya* (innate moisture) as the fundamental drivers of growth.^[9,21]

Modern pediatrics, by contrast, relies on quantifiable metrics such as standardized growth charts,

neuroimaging, and biochemical assays to monitor development.^[36,40,29] While the methodologies differ, the objective remains identical: to ensure a child reaches their full biological potential across physical, cognitive, and social domains.^[36,38,40] This review aims to integrate these two paradigms, exploring how classical Unani regimens for neonatal care and child rearing correlate with modern neonatological findings and developmental psychology.

OBJECTIVES OF THE REVIEW

The primary objective of this review is to provide an exhaustive narrative and critical synthesis of child growth and development principles in Unani medicine and modern pediatrics. Specific objectives include:

1. To delineate the stages of growth and development (*Sinn-i-Numū*) as described in classical Unani texts and compare them with modern pediatric age classifications.
2. To analyze the theoretical underpinnings of growth, focusing on the concepts of *Mizāj* (temperament), *Quwwat* (faculties), and innate moisture.
3. To evaluate neonatal care regimens (*Tadabīr-i-Navmawlūd*), including umbilical cord management, bathing, massage, and swaddling, in light of contemporary hygienic and neurodevelopmental evidence.
4. To examine the Unani guidelines for infant nutrition and lactation (*Raḍā'at*) and correlate them with modern standards, including WHO recommendations.
5. To interpret classical management strategies for common childhood ailments (e.g., teething, digestive issues) using a contemporary medical lens.
6. To identify areas of conceptual convergence and provide a synthesis of emerging insights for integrative pediatric practice.

Methodology of the Review

This study utilized a narrative and critical review methodology to synthesize information from a diverse array of authentic classical and modern sources. A comprehensive literature search was conducted across multiple databases, including PubMed, Scopus, ScienceDirect, and Google Scholar, as well as the digital repositories of the Central Council for Research in Unani Medicine (CCRUM).^[42,29,27]

The classical literature review focused on foundational Greco-Arab medical texts available in English, Urdu, and Arabic translations. Modern pediatric perspectives were sourced from authoritative textbooks and global health guidelines, including the *Nelson Textbook of Pediatrics* (21st Edition), *Ghai Essential Pediatrics* (10th Edition), and the 2006 WHO Child Growth Standards.^[36,40,29] Data were extracted regarding physiological stages, growth milestones, neonatal care protocols, and nutritional guidelines.

Overview of Existing Literature

The history of pediatrics in Unani medicine is a testament to the systematic categorization of life stages. The earliest contributions began with Hippocrates, who addressed environmental influences on children's health in *Air, Waters, and Places*.^[1] This was followed by Soranus of Ephesus, whose work on gynecology and obstetrics included extensive details on infant hygiene.^[2] Galen further refined these concepts, emphasizing the role of innate heat in maturation.^[3]

The "Golden Age" of Islamic medicine marked the formalization of pediatrics. Rabban Tabari, in *Firdaus-ul-Hikmat*, established individualized health guidelines based on age groups.^[4] Zakariya Razi authored the first dedicated pediatric treatise, *Practica Puerorum*, which addressed the diseases of newborns.^[5] Ibn Sina further synthesized this knowledge in *Al-Qānūn fi'l Ṭibb* and his medical poem, *Al-Urjuzah*, dedicating specific sections to the upbringing and healthcare of children.^[9,10] Other medieval scholars, such as Ali ibn Abbas Majoosi and Ismail Jurjani, contributed refined regimens for infant feeding and the management of childhood morbidities.^[8,11] Modern pediatrics emerged as a distinct specialty characterized by standardized metrics, with works like the *Nelson Textbook of Pediatrics* serving as a contemporary clinical benchmark.^[36]

Thematic Analysis and Critical Discussion

In the Unani paradigm, growth is a dynamic process driven by the *Quwwat Nāmiya* (augmentative faculty).^[11] This faculty is responsible for quantitative change—the expansion of tissues through cell multiplication.²² Unani medicine defines the period of growth, *Sinn-i-Numū*, as spanning from birth until approximately 30 years of age.^[9,21]

Embryogenesis, Development, and Senescence in Unani Medicine: A Conceptual Framework

According to Unani medicine, the origin of the human body is attributed to two fundamental generative substances: *Mani-e-Rijāl* (male semen) and *Mani-e-Nisā* (female semen), often correlated with *Dam-e-Hayḍ* (menstrual blood). These two substances possess distinct qualitative predominance (*Ghalba-e-Kaifiyyāt*). In the male semen, *Rūḥ* (vital spirit) and *Ḥarārat* (heat) are dominant, whereas in the female reproductive contribution, *Ruṭūbat* (moisture) and *Arḍiyyat* (earthy component) are more pronounced. Despite this distinction, both substances are inherently moist in nature.

The initial stage of embryonic formation requires a highly moist environment, represented by the *Nuṭfa* (zygote or early embryonic mass), which is formed through the union of these two generative materials. Within the uterus, continuous metabolic transformation (*Ḥaḍm*) takes place, gradually leading to the predominance of heat. This innate heat initiates the process of condensation and thickening of the *Nuṭfa*.

As development progresses, *Ḥarārat Gharīziyya* (innate heat) plays a central role in transforming the initially fluid and amorphous *Nuṭfa* into a structured entity. At this stage, *Quwwat-e-Muṣawwirah* (the formative faculty) becomes active, organizing and differentiating the embryonic mass into distinct organs, each derived from specific portions of the *Nuṭfa*.^[43] The embryo gradually attains a balanced consistency, neither excessively soft nor overly rigid, reflecting an equilibrium of *Kaiḥiyāt*. With further development, the action of innate heat induces gradual dryness (*Yūbūsat*) within bodily tissues. This increasing dryness is essential for imparting structural integrity and functional capability to the organism. Consequently, the body acquires the strength required for voluntary movements such as walking, sitting, and running. This stage corresponds to youth, characterized by optimal balance between moisture and dryness, and peak functional efficiency.^[43]

However, the same process that facilitates growth and maturation also initiates gradual degeneration. The continuous activity of *Ḥarārat Gharīziyya* leads to the progressive consumption of *Ruṭūbat Gharīziyya* (innate moisture), which serves as its material substrate. As this moisture diminishes over time, the innate heat weakens correspondingly. Since life is fundamentally sustained by the presence of *Ḥarārat Gharīziyya*, its gradual depletion results in the decline of vital functions.^[44]

If the body were to remain perpetually moist and soft, it would fail to achieve proper structural formation and functional maturity. Thus, a certain degree of dryness is indispensable for development and vitality. Nevertheless, the progressive increase in dryness throughout life ultimately leads to excessive rigidity, loss of flexibility, and decline in physiological functions.^[44]

In advanced age, the near-complete depletion of *Ruṭūbat Gharīziyya* results in the inability of the body to sustain *Ḥarārat Gharīziyya*. Eventually, the innate heat extinguishes itself due to the absence of its sustaining

medium, leading to cessation of all vital faculties and the occurrence of death.^[44]

To counterbalance this continuous process of depletion, the concept of *Badal Mā Yatahallal* (replacement of what is dissolved) becomes essential. The human body is in a constant state of transformation, characterized by processes such as *Taḥallul* (dissolution), *Takharrub* (degeneration), *Tafattaq* (disintegration), and *Kasr wa Shikast* (wear and tear). In response, *Ṭabī'at* (the innate regulatory and healing power) actively works to restore equilibrium by generating compensatory substances.^[44]

Therefore, the intake of *Ghidhā* (food), *Sharāb* (drink), and *Hawā* (air) is indispensable for sustaining life. These factors replenish the lost moisture and support the maintenance of innate heat, thereby preserving physiological balance. Classical Unani scholars, particularly Ibn Sīnā, emphasized the fundamental role of these elements in the continuation of life. Despite these compensatory mechanisms, the processes of dissolution (*Taḥallul*) and putrefaction (*Ta'āffun*) remain inevitable. Human effort can only aim to slow down these degenerative changes and prolong life. Ultimately, death represents the natural culmination of progressive desiccation and exhaustion of vital resources. Unani medicine presents a comprehensive and dynamic understanding of human life, encompassing embryogenesis, growth, maturation, aging, and death. This framework highlights the delicate balance between *Ḥarārat* and *Ruṭūbat* as the cornerstone of vitality, and underscores the inevitability of decline as a natural consequence of their gradual depletion.^[44]

The Physiology of Innate Moisture and Heat

The theoretical bedrock of *Sinn-i-Numū* is the dominance of the *Mizāj Ḥārr Raṭb* (hot and moist temperament).^[21,22] "Heat" represents the metabolic activity required for development, while "moisture" provides the biological fuel and plasticity necessary for tissue expansion.^[22,23] This aligns with modern observations that children have higher metabolic rates and total body water content relative to adults.^[22]

UNANI STAGES OF GROWTH AND MODERN DEVELOPMENT

Unani Stage of Growth	Description	Modern Developmental Equivalent	Temperamental Goal
Sinn-i-Ṭufūlat	Infancy (Birth to 4 yrs)	Neonatal & Toddlerhood	Stabilization of vital organs
Sinn-i-Ṣabā	Babyhood (4 to 7 yrs)	Preschool / Early School	Musculoskeletal coordination
Sinn-i-Tara'ru	Childhood (7 to 14 yrs)	Middle Childhood	Cognitive rigor and discipline
Sinn-i-Murāhiqah/Rahaq	Puberty (14 to 21 yrs)	Adolescence	Reproductive maturation
Sinn-i-Fatā	Youth (21 to 30 yrs)	Early Adulthood	Completion of physical growth

Tadābīr-i-Navmawlūd: The Regimenal Architecture of Neonatology

Neonatal care in Unani medicine, termed *Tadābīr-i-Navmawlūd*, represents a highly structured and preventive framework designed to safeguard the newborn from abrupt environmental transitions and to stabilize its delicate *Mizāj* (temperament).^[8,42] The transition from the protected intrauterine environment—characterized by warmth, moisture, and equilibrium—to the external world exposes the neonate to sudden changes in temperature, humidity, microbial flora, and sensory stimuli. Unani physicians recognized this vulnerable phase and emphasized carefully regulated regimens to preserve *Harārat Gharīziyya* (innate heat) and *Ruṭūbat Gharīziyya* (innate moisture), which are considered essential for survival and development. This regimenal architecture is not merely procedural but deeply rooted in the theoretical principles of *Kaifiyāt* (qualities) and *Ṭabī'at* (medicatrix naturae), aiming to assist the innate healing power in adapting to postnatal life.^[44]

Umbilical Cord Management and Asepsis: Ibn Sīnā provided precise guidelines for umbilical cord management, recommending that the cord be cut at a distance of approximately four finger-widths from the umbilicus using a clean and sharp instrument, followed by secure ligation with a soft woolen thread.^[9] This practice reflects an early understanding of both anatomical safety and infection control.

To further prevent infection, classical Unani texts advised the application of dusting powders composed of substances such as *Haldī* (*Curcuma longa*) and *Mur* (myrrh).^[9,81] These substances were selected based on their *Mujaffif* (desiccant), *Dāfi'-i-Ta'affun* (anti-putrefactive), and *Muqawwi* (strengthening) properties, which help in drying the cord stump and preventing microbial invasion.

Modern pharmacological studies corroborate these classical insights, demonstrating that *Curcuma longa* possesses strong antibacterial, antifungal, and anti-inflammatory properties due to active compounds like curcumin, while myrrh exhibits broad-spectrum antimicrobial and wound-healing effects.^[42,32] Thus, what appears as a traditional practice is, in essence, an early form of antiseptic cord care, aligning closely with contemporary principles aimed at preventing neonatal sepsis.

Bathing, Tamliḥ (Salting), and Skin Barrier Protection: Unani scholars such as Rāzī and Majūsī emphasized the importance of bathing the newborn, often incorporating the practice of *Tamliḥ* (gentle salting), wherein the infant's body was washed with mildly saline water.^[6,81] This practice was believed to “harden” and strengthen the skin, making it more resilient to environmental influences. From a Unani perspective, the newborn's body is predominantly moist

and soft due to the dominance of *Ruṭūbat*. Controlled exposure to mild desiccating agents like salt was thought to balance this excess moisture, thereby enhancing tissue firmness and resistance.^[44]

Although modern neonatology discourages the use of salt due to the risk of electrolyte imbalance and skin irritation, the conceptual basis of this practice remains strikingly relevant. Contemporary dermatology emphasizes the importance of maintaining and strengthening the neonatal skin barrier to prevent transepidermal water loss, dehydration, and infection.^[26,30] The neonatal epidermis is structurally immature, and its barrier function develops progressively after birth. Thus, the Unani objective of “skin strengthening” can be interpreted as an early attempt to support epidermal maturation and barrier integrity.

Tadhīn (Oil Massage) and Swaddling (Taqmīt): *Tadhīn*, or therapeutic oil massage, is a cornerstone of neonatal care in Unani medicine. Oils such as olive (*Roghan Zaitoon*) and sesame (*Roghan Kunjud*) are commonly used due to their *Mu'addil Mizāj* (temperament-balancing), *Murattib* (moisturizing), and *Muqawwi A'sāb* (neurotonic) properties.^[28,42] From a classical standpoint, massage serves multiple functions: it enhances circulation, preserves innate moisture, strengthens muscles, and facilitates the harmonious distribution of *Harārat Gharīziyya*. It also provides gentle stimulation to the sensory and nervous systems, aiding in overall physiological integration.

Modern scientific research strongly validates this practice. Clinical studies have demonstrated that neonatal oil massage significantly improves weight gain, enhances vagal tone, promotes better sleep patterns, and supports neurodevelopmental organization.^[28] Additionally, it reduces stress hormones and improves parent-infant bonding, highlighting both physiological and psychological benefits.

Swaddling (*Taqmīt*) is another important regimen, involving the gentle wrapping of the infant to restrict excessive movement while maintaining comfort.^[31,33] Unani scholars believed that swaddling supports the straight alignment of limbs, prevents deformities, and promotes restful sleep by reducing unnecessary agitation.

Modern pediatrics acknowledges that appropriate swaddling can improve sleep quality and reduce startle reflexes, although it must be practiced cautiously to avoid risks such as hip dysplasia or overheating. Thus, the Unani approach, when interpreted and applied judiciously, aligns with evidence-based neonatal care.

Raḍā'at: Nutritional Foundations and the Lactation Period: Nutrition in early life is fundamentally centered on *Raḍā'at* (breastfeeding), which is considered the most natural and complete form of nourishment for the infant.^[9,12] Unani physicians strongly emphasized that

mother's milk is uniquely suited to the infant's temperament, providing balanced nutrition in accordance with its physiological needs.

Ibn Sīnā recommended a breastfeeding duration of approximately two years, recognizing its importance not only for physical growth but also for the development of immunity and temperament.^[9,29] This recommendation remarkably aligns with modern guidelines from global health authorities such as the WHO, which advocate exclusive breastfeeding for six months followed by continued breastfeeding up to two years or beyond. Breast milk, in Unani understanding, is derived from transformed maternal blood (*Dam*), refined through the process of *Haḍm* (digestion), making it inherently compatible with the infant's constitution. It is considered a source of both nutrition and subtle vitality (*Rūḥānī Quwwat*).

The Physiology of Milk Selection and Quality: Unani scholars provided detailed criteria for assessing the quality of breast milk. Ideal milk was described as moderately thick, white in color, pleasant in odor, and balanced in temperament.^[15,12] Any deviation in these characteristics was believed to reflect an imbalance in the mother's humors (*Akhlāṭ*), which could directly affect the infant's health. The maternal diet was considered a critical determinant of milk quality. Foods with excessive heat, coldness, dryness, or moisture were believed to alter the humoral composition of milk, thereby influencing the infant's digestion, temperament, and susceptibility to disease.

Modern biomedical research substantiates these classical observations. Studies show that maternal nutrition significantly affects the composition of breast milk, including its lipid profile, fatty acid composition, vitamins, and immunological components such as antibodies and cytokines.^[35,39] Furthermore, bioactive factors in breast milk play a crucial role in shaping the infant's gut microbiome and immune system. Thus, the Unani emphasis on maternal diet and milk quality reflects a sophisticated understanding of maternal-infant physiological interdependence, which continues to be validated by contemporary science.

Tadābīr-i-Navmawlūd represents a comprehensive, preventive, and physiologically grounded system of neonatal care. It integrates principles of temperament, innate heat, and moisture with practical interventions aimed at ensuring smooth adaptation to extrauterine life. When examined through the lens of modern science, many of these classical practices reveal a remarkable alignment with contemporary neonatal physiology, immunology, and developmental biology.

Milestones and Neurodevelopment: An Integrated View: Modern pediatrics evaluates infant development through well-defined milestone charts, which serve as objective indicators of neurological maturation and

functional integration. These include the ability to sit independently around six months and to walk by approximately twelve months, reflecting progressive maturation of motor coordination, muscle strength, and central nervous system development.^[36,40] Such milestones are considered essential markers of normal neurodevelopment and are widely used in clinical assessment.

In contrast, Unani medicine presents a more holistic and integrative model of development, wherein physical maturation is closely intertwined with sensory, emotional, and psychological growth. Rather than focusing solely on observable motor milestones, Unani scholars conceptualized development as a sequential unfolding of *Quwā* (faculties), governed by the dynamic balance of *Mizāj*, *Harārat Gharīziyya*, and *Ruḥbat Gharīziyya*.^[9,10]

According to this framework, early infancy is characterized by predominance of moisture and softness, which facilitates rapid growth and plasticity. As innate heat acts upon this moisture, gradual strengthening (*Taqīb ilā al-Quwwat*) occurs, enabling the development of motor abilities such as head control, sitting, crawling, and eventually walking. This progression is not merely mechanical but reflects the maturation of neuromuscular coordination under the guidance of *Ṭabī'at* (the innate regulatory force).

Ibn Sīnā emphasized that neurodevelopment is significantly influenced by environmental and sensory inputs during early life. He advocated the use of lullabies, rhythmic sounds, and gentle rocking of the cradle as essential practices for nurturing the infant's sensory and emotional faculties.^[1,37] These interventions were believed to soothe the infant, regulate temperament, and promote harmonious development of the brain and nervous system.

From a Unani perspective, auditory stimuli such as lullabies (*Tarannum*) stimulate the *Quwwat-e-Sāmi'a* (auditory faculty), while rhythmic rocking activates the *Quwwat-e-Hissiyya* (sensory faculty) and contributes to emotional stability. These practices also help in preserving *I'tidāl-e-Mizāj* (temperamental balance), which is considered fundamental for both physical and psychological well-being.^[44]

Modern neuroscience provides strong validation for these classical insights. Early auditory stimulation has been shown to enhance synaptic connectivity, language acquisition, and cognitive development by activating neural circuits in the auditory cortex.^[41,37] Similarly, vestibular stimulation—achieved through gentle rocking—plays a crucial role in the maturation of balance, spatial orientation, and motor coordination. It also contributes to autonomic regulation, improving sleep patterns and emotional regulation in infants.

Furthermore, contemporary developmental psychology emphasizes the importance of early sensory experiences in shaping neural plasticity during critical periods of brain development. The concept of “experience-dependent synaptogenesis” aligns closely with the Unani understanding that external stimuli guide the refinement of innate faculties.

Thus, the Unani approach to neurodevelopment extends beyond mere attainment of milestones, encompassing a broader vision of integrated growth that includes physical strength, sensory acuity, emotional balance, and cognitive potential. When viewed alongside modern scientific evidence, it becomes evident that classical Unani practices such as lullabies and rocking are not only culturally rooted traditions but also scientifically sound interventions that support optimal neurodevelopment.

Emerging Insights and Conceptual Synthesis

The integration of Unani principles and modern pediatrics offers a physiological framework for understanding childhood resilience through the concept of *Ruṭūbat Gharīziyya* (innate moisture).^[22,14] This can be synthesized with the modern "Developmental Origins of Health and Disease" (DOHaD) hypothesis. The Unani goal of preserving innate moisture is conceptually equivalent to protecting cellular integrity during critical developmental windows.^[22,23]

The Unani temperamental model (*Minaḡ*) also offers a potential tool for personalized pediatrics, prefiguring modern precision medicine by tailoring lifestyle recommendations to a child's unique biological predisposition.^[21,22]

Limitations of Existing Literature

First, much of the classical knowledge is preserved in medieval texts whose terminology does not always have a direct correlation with modern biochemistry.^[9,22] Second, many Unani regimens have not yet been subjected to large-scale, multi-center randomized controlled trials (RCTs).^[42] Third, the geographical specificity of herbal remedies mentioned in classical texts (e.g., from Persia) may limit their immediate global applicability without further standardization.^[8,9]

Future Research Directions

Future research should focus on:

- Clinical Trials on *Tadabīr-i-Navmawlūd*:** RCTs on the efficacy of Unani herbal dusting powder for umbilical cord care.
- Mechanistic Studies on *Tadhīn*:** Investigating how sesame oil influences neonatal cortisol levels and growth markers.
- Lactation Studies:** Researching the impact of Unani dietotherapy on the milk microbiome.
- Temperamental Mapping:** Exploring correlations between *Mizāḡ* and genomic markers in children.

CONCLUSION

This integrative analysis highlights that optimal child growth and development are best understood through a synthesis of classical medical wisdom and contemporary scientific knowledge. The Unani system of medicine offers a comprehensive and philosophically grounded framework for health preservation, wherein childhood is regarded as a stage of heightened *Harārat Gharīziyya* (innate metabolic vigor) and abundant *Ruṭūbat Gharīziyya* (innate moisture), both of which are essential for growth, plasticity, and functional maturation.

Classical scholars such as Ibn Sīnā and Zakariyyā Rāzī articulated highly sophisticated principles of neonatal care, nutrition, and developmental regulation. Their recommendations—ranging from *Tadabīr-i-Navmawlūd* (neonatal regimens) to *Radā'at* (breastfeeding) and sensory stimulation—demonstrate a nuanced understanding of physiological adaptation, disease prevention, and developmental support. Notably, many of these principles exhibit strong concordance with modern pediatric practices, particularly in areas such as infection control, breastfeeding, early sensory stimulation, and neurodevelopmental support.

The Unani emphasis on *Mizāḡ* (temperament) and equilibrium of *Kaifiyāt* provides an individualized and preventive approach to child health, focusing not only on physical growth but also on emotional, sensory, and cognitive development. In contrast, modern pediatrics contributes precise diagnostic tools, standardized growth metrics, and evidence-based therapeutic interventions. The integration of these two paradigms enables a more holistic and patient-centered model of care.

Such a combined approach has the potential to enhance clinical outcomes by addressing both the qualitative and quantitative dimensions of health. It allows clinicians to move beyond a purely reductionist model and adopt a broader perspective that considers the dynamic interplay of physiological, environmental, and temperamental factors in child development.

In conclusion, bridging Unani principles with modern pediatric science not only validates the enduring relevance of classical knowledge but also opens new avenues for integrative research and clinical practice. This synthesis ultimately supports a more comprehensive, balanced, and sustainable approach to promoting child health and well-being.

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