



Swami Vivekananda Advanced Journal for Research and Studies

Online Copy of Document Available on: www.svajrs.com

ISSN:2584-105X

Pg. 75-85



Unani Medicine and Law in India: Emerging Regulatory Challenges and the Way Forward

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Accepted: 20/08/2026**Published: 21/08/2026****DOI: <http://doi.org/10.5281/zenodo.22041933>**

Abstract

Unani medicine constitutes one of the recognised systems of Indian medicine and occupies an important position within India's pluralistic healthcare landscape. Its institutionalisation has been accompanied by the development of a progressively elaborate legal and regulatory framework governing education, professional practice, medicines, manufacturing, quality control, advertising and ethical conduct. The enactment of the National Commission for Indian System of Medicine Act, 2020 marks an important transition in the governance of Indian systems of medicine by replacing the earlier regulatory architecture with a framework centred upon national standards, professional registration, ethical regulation and institutional assessment. At the same time, Unani drugs remain subject to a distinct regulatory regime under Chapter IVA of the Drugs and Cosmetics Act, 1940 and the rules framed thereunder. Despite these developments, the contemporary expansion of Unani medicine raises several unresolved legal questions. These include ensuring uniform quality standards, regulating misleading health claims, protecting patients and consumers, strengthening professional accountability, protecting traditional knowledge against misappropriation, addressing digital and e-commerce marketing, and reconciling traditional therapeutic knowledge with contemporary evidence-based healthcare expectations. The paper critically examines the existing legal framework governing Unani medicine in India and identifies gaps that may undermine effective regulation and public confidence. The paper argues that the future regulation of Unani medicine should not be premised either upon unquestioning acceptance of traditional practices or upon the exclusion of traditional systems from mainstream healthcare. Instead, regulation should adopt a balanced approach founded upon patient safety, scientific integrity, constitutional values, professional accountability, preservation of traditional knowledge and equitable access to healthcare. The paper concludes by proposing reforms aimed at strengthening regulatory coordination, quality assurance, consumer protection, digital regulation and protection of Unani traditional knowledge.

Keywords: *Unani Medicine; Indian Systems of Medicine; Health Law; NCISM; Drugs and Cosmetics Act; Traditional Knowledge; Intellectual Property Rights; Consumer Protection; Medical Ethics; Public Health.*

1. INTRODUCTION

Healthcare in India has historically developed through the coexistence of multiple systems of medicine. Alongside modern biomedicine, systems such as Ayurveda, Siddha, Unani and Sowa-Rigpa continue to constitute important components of the country's healthcare tradition. Unani medicine, in particular, has developed a distinctive institutional presence in India through educational institutions, hospitals, research organisations, pharmaceutical manufacturers and trained practitioners.

The legal recognition of Unani medicine represents an important dimension of India's approach to healthcare pluralism. The State does not merely permit the private practice of traditional medicine; it has progressively created institutions for education, professional registration, ethical regulation, drug standardisation and quality control.

The contemporary regulatory structure, however, is considerably more complex than the historical recognition of Unani medicine might suggest. Unani practitioners operate within a regulatory environment involving professional regulation, institutional recognition, pharmaceutical regulation, consumer protection, advertising restrictions and intellectual-property law. The Drugs and Cosmetics Act, 1940 contains a dedicated Chapter IVA dealing with Ayurvedic, Siddha and Unani drugs (**Drugs and Cosmetics Act, 1940, Chapter IVA**).

It addresses matters including misbranding, adulteration, spurious drugs, licensing, manufacture, sale and regulatory enforcement.

The enactment of the National Commission for Indian System of Medicine Act, 2020 further transformed the regulatory architecture (**National Commission for Indian System of Medicine Act, 2020**). The Act provides for national regulation of education and professional standards and establishes autonomous boards, including the Board of Unani, Siddha and Sowa-Rigpa. It also establishes a Board of Ethics and Registration for Indian System of Medicine responsible, among other matters, for maintaining the National Register of practitioners and regulating professional conduct and medical ethics.

These developments demonstrate that Unani medicine is no longer merely a question of preserving cultural or historical heritage. It is increasingly a matter of contemporary health law. The central question therefore is not whether Unani medicine

should be regulated, but how it should be regulated in a manner that simultaneously respects traditional knowledge, protects patients, ensures quality and safety, promotes professional accountability and facilitates legitimate development of the system.

This paper examines this question through a doctrinal analysis of the Indian legal framework.

2. RESEARCH QUESTIONS

The paper addresses the following research questions:

1. What is the existing legal and institutional framework governing Unani medicine in India?
2. To what extent does the existing regulatory framework adequately protect patients and consumers of Unani medicines and healthcare services?
3. What are the principal legal challenges relating to professional practice, drug quality, advertising and consumer protection?
4. Does the existing intellectual-property framework adequately protect traditional Unani knowledge from misappropriation?
5. What regulatory reforms are necessary to reconcile traditional knowledge with contemporary standards of healthcare, safety and accountability?

3. OBJECTIVES OF THE STUDY

The principal objectives of this study are:

1. To examine the evolution of legal recognition of Unani medicine in India;
2. To analyse the regulatory framework governing Unani practitioners and institutions;
3. To examine the legal regulation of Unani drugs;
4. To analyse the relationship between Unani medicine and constitutional healthcare rights;
5. To examine the role of consumer and advertising law;
6. To investigate intellectual-property concerns relating to traditional Unani knowledge;
7. To identify emerging regulatory challenges arising from digital healthcare and e-commerce; and
8. To suggest legal and institutional reforms for effective regulation of Unani medicine.

4. RESEARCH METHODOLOGY

The study adopts a doctrinal and analytical legal research methodology. Primary legal materials, including statutes, subordinate legislation and regulatory instruments, constitute the principal sources of analysis. Particular attention is given to the **National Commission for Indian System of Medicine Act, 2020, the Drugs and Cosmetics Act, 1940 and the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.**

Secondary materials, including government publications, policy documents, academic literature and materials relating to traditional knowledge and intellectual property, are used to supplement the statutory analysis.

The study is primarily qualitative and analytical. It evaluates whether the existing legal framework is capable of addressing contemporary challenges while preserving the legitimate cultural and therapeutic dimensions of Unani medicine.

5. HISTORICAL EVOLUTION AND LEGAL RECOGNITION OF UNANI MEDICINE IN INDIA

Unani medicine has a long history in the Indian subcontinent. Although its intellectual origins lie outside India, the system underwent substantial development within the Indian social, cultural and medical environment. Over time, India became one of the principal centres for the teaching, practice and institutional development of Unani medicine.

The post-independence Indian State adopted a policy of recognising and developing traditional systems of medicine. This approach reflected India's broader commitment to healthcare pluralism and the preservation of indigenous and traditional medical knowledge.

The institutional development of Unani medicine subsequently resulted in the creation of educational institutions, research bodies, hospitals and regulatory institutions. The regulatory approach gradually moved from recognition and preservation towards standardisation and professionalisation.

The contemporary framework represents a further stage in this evolution. The **National Commission for Indian System of Medicine Act, 2020** provides a unified national regulatory architecture for Indian systems of medicine while retaining system-specific

institutional structures. The Act expressly provides for a Board of Unani, Siddha and Sowa-Rigpa.

This development is significant because professional recognition without effective regulatory mechanisms can create risks for both practitioners and patients. The modern legal framework therefore seeks to establish standards relating to education, registration, professional conduct and institutional functioning.

6. CONSTITUTIONAL DIMENSIONS OF UNANI MEDICINE

6.1 Right to Health

The Indian Constitution does not expressly use the phrase "right to health" as a fundamental right. Nevertheless, judicial interpretation of Article 21 has substantially expanded the meaning of the right to life to encompass dimensions of health and human dignity (**Constitution of India, art. 21**).

Articles 38, 39, 41 and 47 further demonstrate the constitutional commitment to public welfare and improvement of public health (**Constitution of India, arts. 38, 39, 41 & 47**). Article 47, in particular, directs the State to regard improvement of public health as among its primary duties.

The recognition of Unani medicine can therefore be examined within the broader constitutional objective of ensuring accessible healthcare.

6.2 Healthcare Pluralism

A pluralistic healthcare system raises important questions of equality and individual autonomy. If the State legally recognises different systems of medicine, patients should be able to make informed choices among legally recognised systems.

However, recognition also entails responsibility. The State must ensure that individuals choosing Unani treatment are not exposed to avoidable risks arising from adulterated medicines, fraudulent practitioners or misleading therapeutic claims.

Consequently, legal recognition should be accompanied by effective regulation.

6.3 Article 14 and Regulatory Equality

Article 14 requires equality before law and equal protection of laws. Regulation of different systems of medicine need not necessarily be identical. Different systems may require system-specific regulatory standards because their educational structures,

pharmacological traditions and therapeutic approaches differ.

Nevertheless, differentiation must have a rational basis. A regulatory framework should not either unjustifiably privilege or disadvantage Unani medicine.

7. THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE ACT, 2020

The National Commission for Indian System of Medicine Act, 2020 represents one of the most significant developments in the contemporary legal regulation of Unani medicine (**National Commission for Indian System of Medicine Act, 2020**).

The Act establishes a national regulatory framework and provides for autonomous boards (**National Commission for Indian System of Medicine Act, 2020**). Among these is the Board of Unani, Siddha and Sowa-Rigpa, which deals with matters relating to these systems (**National Commission for Indian System of Medicine Act, 2020**).

The Act also establishes the Board of Ethics and Registration for Indian System of Medicine (**National Commission for Indian System of Medicine Act, 2020**). Its functions include maintaining a National Register of licensed practitioners, regulating professional conduct, promoting medical ethics and interacting with State Medical Councils.

This regulatory architecture is important for three reasons. First, it strengthens professional accountability.

Second, it creates a mechanism for national registration and recognition of practitioners. Third, it attempts to establish uniformity in educational and professional standards.

The success of the statutory framework, however, depends upon effective implementation at the State and institutional levels.

8. REGULATION OF UNANI PRACTITIONERS AND PROFESSIONAL ETHICS

Professional regulation is central to patient safety.

A system of medicine cannot effectively protect patients merely by regulating medicines. The competence, conduct and ethical behaviour of practitioners are equally important (**National Commission for Indian System of Medicine Act, 2020**).

The NCISM framework recognises this principle by assigning responsibilities relating to registration and professional ethics to the Board of Ethics and Registration for Indian System of Medicine.

A comprehensive professional regulatory system should address:

1. qualifications;
2. registration;
3. continuing professional education;
4. professional misconduct;
5. informed consent;
6. confidentiality;
7. maintenance of medical records;
8. referral obligations;
9. conflicts of interest;
10. advertising;
11. professional negligence; and
12. disciplinary mechanisms.

One important challenge is ensuring that professional regulation remains effective beyond registration. A national register can establish who is legally entitled to practise, but registration alone cannot guarantee continuing competence (**National Commission for Indian System of Medicine Act, 2020**). There is therefore a need for stronger mechanisms of continuing professional development and periodic regulatory review.

9. LEGAL REGULATION OF UNANI DRUGS

The Drugs and Cosmetics Act, 1940 is central to the regulation of Unani drugs in India. The Act contains a dedicated Chapter IVA dealing with Ayurvedic, Siddha and Unani drugs (**Drugs and Cosmetics Act, 1940, Chapter IVA**).

The regulatory framework addresses several categories of concern, including:

1. misbranded drugs;
2. adulterated drugs;
3. spurious drugs;
4. manufacturing standards;
5. licensing;
6. labelling;

7. inspection;
8. analysis;
9. sale and distribution; and
10. penalties.

Section 33EEB specifically regulates the manufacture for sale or distribution of Ayurvedic, Siddha and Unani drugs, while section 33EEC prohibits manufacture and sale of specified categories of non-compliant drugs and requires licensing for commercial manufacture (**Drugs and Cosmetics Act, 1940, Sec. 33EEB–33EEC**).

This framework reflects an important legal principle: traditional status cannot be treated as a substitute for safety and quality regulation.

At the same time, the regulation of traditional medicines presents distinctive challenges because many formulations are based upon historical pharmacopoeial knowledge and combinations of natural substances.

The law must therefore maintain a balance between preservation of traditional formulations and assurance of contemporary standards of quality and safety.

10. QUALITY CONTROL AND STANDARDISATION

Quality control represents one of the most significant regulatory challenges. Traditional medicines frequently involve plant-based, mineral or animal-derived ingredients. Variations in raw materials, geographical origin, harvesting, processing, storage and manufacturing can potentially affect the final product. Standardisation is therefore essential.

The Ministry of Ayush has identified regulation and quality control of Ayurveda, Siddha, Unani and Homoeopathy drugs as an important regulatory function (**Ministry of Ayush, Government of India**) and administers relevant provisions of the Drugs and Cosmetics Act and the Drugs and Magic Remedies Act in relation to these medicines.

The Pharmacopoeia Commission for Indian Medicine and Homoeopathy also plays an important role in establishing pharmacopoeial standards for Indian systems of medicine (**Pharmacopoeia Commission for Indian Medicine & Homoeopathy, Unani Pharmacopoeia of India**). Government material notes that the Unani Pharmacopoeia of India provides standards relevant to quality control of Unani medicines. Nevertheless, the existence of standards

does not automatically guarantee compliance. The principal challenge is effective enforcement. Regulatory authorities must have adequate laboratories, trained inspectors, technical expertise and institutional coordination to ensure that standards are actually followed.

11. MISBRANDING, ADULTERATION AND SPURIOUS UNANI DRUGS

The law distinguishes between legitimate traditional medicines and products that are misbranded, adulterated or spurious.

The Drugs and Cosmetics Act specifically addresses these categories within its regulatory provisions relating to Ayurvedic, Siddha and Unani drugs (**Drugs and Cosmetics Act, 1940, Chapter IVA**). It prohibits the manufacture and sale of specified non-compliant products and provides mechanisms for inspection, analysis and enforcement (**Drugs and Cosmetics Act, 1940**). This is particularly important in the context of commercialisation.

As demand for traditional medicines increases, the possibility of commercial exploitation also increases. Products may be marketed using traditional terminology, cultural symbols or claims of natural safety without adequate disclosure of their composition or limitations.

The regulatory objective should therefore be to prevent deceptive commercial practices without unnecessarily restricting legitimate traditional medicine.

12. ADVERTISING AND MISLEADING THERAPEUTIC CLAIMS

Advertising constitutes another major legal concern. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 regulates advertisements relating to drugs and prohibits certain categories of therapeutic claims (**Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954**). The Act specifically addresses misleading advertisements and advertisements relating to specified diseases and conditions.

The statutory definition of “advertisement” is broad and encompasses notices, circulars, labels, wrappers and oral or other forms of communication (**Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, s. 2(a)**).

The significance of this law has increased considerably in the digital era.

Traditional advertisements in newspapers, television and print media are now accompanied by:

1. social-media advertising;
2. influencer marketing;
3. online pharmacies;
4. direct-to-consumer websites;
5. video testimonials;
6. messaging applications; and
7. e-commerce platforms.

A therapeutic claim made through a social-media video can potentially influence thousands of consumers within hours.

This creates an enforcement challenge because the conventional regulatory framework was developed in an era preceding contemporary digital communication.

The legal framework should therefore be interpreted and supplemented in a manner capable of addressing modern digital advertising (**Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954; Drugs and Magic Remedies (Objectionable Advertisements) Rules, 1955**).

13. UNANI MEDICINE AND CONSUMER PROTECTION

The relationship between Unani medicine and consumer protection deserves greater scholarly attention.

A patient purchasing a medicine or healthcare service is not merely a passive recipient. The patient is also a consumer entitled to protection against unfair or deceptive practices (**Consumer Protection Act, 2019**).

Consumer protection concerns may arise where:

1. a product is falsely described;
2. ingredients are inadequately disclosed;
3. exaggerated therapeutic claims are made;
4. risks are concealed;
5. expired products are sold;
6. counterfeit products enter the market; or
7. practitioners make guarantees of cure.

The central principle should be informed consumer choice.

A consumer cannot make an informed choice unless information regarding ingredients, dosage, contraindications, manufacturer, expiry and relevant warnings is adequately communicated.

14. INTELLECTUAL PROPERTY AND TRADITIONAL UNANI KNOWLEDGE

One of the most complex legal questions concerns ownership and protection of traditional knowledge.

Unani medicine incorporates a vast body of knowledge concerning medicinal substances, formulations, therapeutic practices and methods of preparation. Much of this knowledge has been transmitted across generations.

Conventional intellectual-property law is not always ideally suited to such knowledge because patents generally require novelty and inventive step, while traditional knowledge may have existed for centuries.

The danger is twofold.

First, traditional knowledge may be commercially appropriated without recognition of the communities or knowledge holders associated with it.

Second, an external entity may attempt to obtain intellectual-property rights over knowledge that is already part of the traditional knowledge base.

India has responded to this concern partly through the **Traditional Knowledge Digital Library (TKDL)**. The Indian Patent Office's guidelines specifically recognise the problem of patents relating to traditional knowledge associated with systems including Ayurveda, Unani and Siddha and identify the use of TKDL as an important mechanism for preventing inappropriate patent grants.

However, defensive protection alone may not provide a complete solution. The future legal framework should also consider questions of:

1. benefit sharing;
2. community participation;
3. attribution;
4. commercial exploitation;
5. access to biological resources;
6. protection of confidential traditional knowledge; and
7. equitable distribution of benefits arising from commercialisation.

15. UNANI MEDICINE AND THE BIOLOGICAL DIVERSITY FRAMEWORK

The protection of traditional medical knowledge cannot be completely separated from biological resources.

Many medicinal formulations rely upon plants and other biological materials. Consequently, access to biological resources may raise questions relating to conservation, sustainable use and benefit sharing (**Biological Diversity Act, 2002, as amended**).

The legal framework concerning biological diversity therefore intersects with traditional knowledge protection.

An effective regulatory model should ensure that commercial utilisation of biological resources associated with traditional Unani knowledge does not result in the exclusion of communities that have historically preserved and transmitted that knowledge.

16. DIGITALISATION AND E-COMMERCE

Digitalisation has fundamentally altered the manner in which medicines are marketed and consumed (**Central Consumer Protection Authority, Guidelines for Prevention and Regulation of Dark Patterns, 2023**).

Unani products are increasingly capable of reaching consumers through online marketplaces and direct-to-consumer platforms.

This development provides significant benefits, including wider access, convenience and market expansion. However, it also creates new regulatory risks.

Online consumers may encounter:

1. counterfeit products;
2. unauthorised sellers;
3. misleading therapeutic claims;
4. inadequate product information;
5. manipulated testimonials;
6. undisclosed commercial endorsements; and
7. products originating outside conventional regulatory channels.

The regulatory framework must therefore move beyond the physical inspection of manufacturers and pharmacies.

Digital traceability, seller verification, platform accountability and rapid mechanisms for removing unlawful advertisements should become integral components of the regulatory framework.

17. EMERGING CHALLENGE OF EVIDENCE, RESEARCH AND INNOVATION

Another important issue is the relationship between traditional therapeutic knowledge and modern scientific research.

The demand for evidence-based healthcare has increased globally. This does not necessarily mean that traditional systems must be evaluated exclusively according to the methodology of modern biomedicine.

Nevertheless, patient safety requires reliable evidence regarding:

1. toxicity;
2. drug interactions;
3. dosage;
4. contraindications;
5. adverse effects;
6. quality;
7. efficacy; and
8. long-term safety.

The legal framework should encourage high-quality research without treating traditional knowledge as inherently scientifically invalid.

A balanced approach would promote interdisciplinary research involving Unani scholars, pharmacologists, medical researchers, legal scholars and public-health experts.

18. REGULATORY FRAGMENTATION

A major weakness of the regulatory landscape is the involvement of multiple institutions.

Professional education, practitioner registration, pharmaceutical licensing, drug testing, advertising and consumer protection may involve different authorities.

Fragmentation can result in:

1. overlapping jurisdiction;
2. inconsistent enforcement;
3. regulatory delays;
4. gaps in accountability; and

5. difficulty for consumers in identifying the appropriate complaint mechanism.

The solution is not necessarily to create another regulatory authority. Instead, stronger coordination among existing institutions should be prioritised.

A national digital regulatory coordination mechanism could potentially enable information sharing between professional regulators, drug controllers, consumer authorities and other relevant agencies.

19. COMPARATIVE REGULATORY PERSPECTIVE

Internationally, traditional and complementary medicine is increasingly being addressed through regulatory frameworks that emphasise safety, quality, professional competence and informed choice.

The Indian experience is distinctive because traditional medicine occupies a substantial institutional and constitutional space within the healthcare system.

India therefore has the opportunity to develop a regulatory model that does not simply replicate either Western pharmaceutical regulation or cultural-preservation models. The preferred approach should be one of regulated pluralism.

Under such an approach:

1. traditional systems receive legitimate recognition;
2. practitioners are professionally regulated;
3. medicines meet appropriate safety and quality standards;
4. consumers receive accurate information;
5. traditional knowledge is protected against misappropriation; and
6. research and innovation are encouraged.

20. MAJOR REGULATORY CHALLENGES

The analysis identifies the following major challenges:

1. **Quality and safety:** Ensuring consistent quality of raw materials and finished formulations remains critical.
2. **Enforcement:** The effectiveness of legislation depends upon adequate inspection, testing and prosecution mechanisms.

3. **Professional accountability:** Registration must be accompanied by effective ethical and disciplinary mechanisms.

4. **Misleading advertisements:** Digital platforms make monitoring therapeutic claims increasingly difficult.

5. **Consumer protection:** Patients may lack adequate information regarding ingredients, risks and limitations.

6. **Traditional knowledge protection:** Defensive protection against wrongful patents does not necessarily guarantee equitable benefit sharing.

7. **Digital commerce:** Online sale creates new possibilities for counterfeit products and unauthorised therapeutic claims.

8. **Evidence and research:** There is a continuing need to strengthen rigorous research while respecting the epistemological foundations of Unani medicine.

9. **Regulatory fragmentation:** Multiple authorities may make enforcement and accountability difficult.

21. THE WAY FORWARD

21.1 Strengthening Regulatory Coordination

A coordinated national mechanism should facilitate communication between the NCISM, State regulators, drug-control authorities, consumer authorities and other relevant institutions.

21.2 Strengthening Digital Regulation

Regulators should develop specialised mechanisms for monitoring online advertising and e-commerce involving Unani medicines.

21.3 Establishing Stronger Traceability

Digital traceability mechanisms could enable consumers and regulators to verify:

1. manufacturer;
2. licence;
3. batch number;
4. ingredients;
5. expiry date; and
6. authenticity.

21.4 Strengthening Pharmacovigilance

A robust adverse-event reporting mechanism should be developed and made easily accessible to practitioners and patients.

21.5 Improving Professional Ethics

Continuing professional education should form an important component of professional regulation.

21.6 Strengthening Consumer Awareness

Consumers should be educated regarding the distinction between recognised Unani medicines and unverified products marketed using traditional terminology.

21.7 Protecting Traditional Knowledge

The legal framework should move beyond defensive protection and consider benefit-sharing and community participation in commercial exploitation of traditional knowledge.

21.8 Encouraging Interdisciplinary Research

Universities and research institutions should promote collaboration between Unani medicine, pharmaceutical sciences, public health and law.

21.9 Developing a Specialised Dispute-Resolution Mechanism

Accessible mechanisms for resolving complaints concerning practitioners, medicines and misleading claims could improve consumer confidence.

21.10 Periodic Review of Legislation

Traditional medicine regulation should be periodically reviewed to ensure that legislation keeps pace with technological, commercial and scientific developments.

22. PROPOSED REGULATORY MODEL

The paper proposes a model based on five interconnected principles:

1. **Recognition:** The legal system should continue to recognise Unani medicine as a legitimate component of India's pluralistic healthcare framework.

2. **Regulation:** Recognition should be accompanied by rigorous professional and pharmaceutical regulation.

3. **Protection:** Patients, consumers and traditional knowledge holders must receive meaningful legal protection.

4. **Innovation:** The legal framework should facilitate legitimate research and innovation.

5. **Accountability:** Practitioners, manufacturers, advertisers, distributors and digital platforms should be subject to proportionate accountability.

This can be conceptualised as a "Regulated Pluralism Model" for traditional medicine.

23. FINDINGS

The study makes the following principal findings:

First, India possesses a relatively developed statutory framework for regulating Unani medicine.

Second, the NCISM framework has strengthened professional and institutional regulation by introducing national-level structures for education, registration and ethics (**National Commission for Indian System of Medicine Act, 2020**).

Third, the Drugs and Cosmetics Act provides a dedicated regulatory framework for Unani drugs, including provisions concerning manufacturing, licensing, misbranding, adulteration and spurious drugs (**Drugs and Cosmetics Act, 1940, Chapter IVA**).

Fourth, advertising remains a significant area of concern, particularly because the existing framework must now operate within an increasingly digital environment. The Drugs and Magic Remedies Act expressly prohibits certain therapeutic and misleading advertisements.

Fifth, traditional knowledge protection requires greater attention. The TKDL provides an important defensive mechanism, but a broader framework addressing benefit sharing and community interests is desirable.

Sixth, effective implementation remains as important as legislative design. Regulatory capacity, inter-agency coordination and technological adaptation will determine whether statutory safeguards translate into actual patient protection.

24. CONCLUSION

Unani medicine occupies a distinctive position within India's healthcare and legal landscape. Its recognition reflects India's commitment to healthcare pluralism and preservation of traditional medical knowledge. At the same time, legal recognition carries corresponding responsibilities.

The contemporary consumer of Unani medicine is entitled to expect that medicines will meet appropriate quality and safety standards, practitioners will satisfy professional requirements, therapeutic claims will not be deceptive and traditional knowledge will not be exploited unfairly (**Drugs and Cosmetics Act, 1940; National Commission for Indian System of Medicine Act, 2020; Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954**).

The enactment of the National Commission for Indian System of Medicine Act, 2020 provides an important foundation for professional and institutional regulation. Similarly, the Drugs and Cosmetics Act, 1940 provides a specific statutory framework governing Unani drugs (**National Commission for Indian System of Medicine Act, 2020; Drugs and Cosmetics Act, 1940, Chapter IVA**).

However, legislation alone cannot resolve the emerging challenges. The rapid growth of digital commerce, social-media advertising, commercialisation of traditional knowledge and increasing consumer demand for alternative healthcare require continuous regulatory adaptation.

The future of Unani medicine should therefore not be understood as a choice between tradition and modernity. The more appropriate legal approach is one that preserves legitimate traditional knowledge while insisting upon safety, accountability, transparency and informed choice.

A regulatory model based upon regulated pluralism can provide this balance. It can protect the heritage and autonomy of Unani medicine while ensuring that the rights and interests of patients, consumers, practitioners and traditional knowledge holders are adequately protected.

Ultimately, the objective of regulation should not be to subordinate Unani medicine to another system of healthcare, nor to exempt it from contemporary legal scrutiny. It should be to create a framework in which tradition, scientific inquiry, constitutional values, patient safety and legal accountability coexist.

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