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Unani management of otomycosis with Marham-e-Kafoori: A case study

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Abstract
Otomycosis is a superficial fungal infection of the external auditory canal commonly caused by *Aspergillus* and *Candida* species. It is more prevalent in hot and humid climates and usually presents with itching, pain, ear blockage, and occasionally otorrhea. Conventional treatment includes ear toileting and topical antifungals, yet recurrence and resistance are frequent concerns. In the Unani system of medicine, *Marham-e-Kafoori*, a camphor-based classical formulation, is described to possess *Dāfi'-i-Ta'affun* (antiseptic), *Musakkin* (analgesic), and *Tabrīd* (cooling) properties, which may offer therapeutic benefits in such cases. We report the case of a 27-year-old male who presented with right ear blockage, pain, itching, and heaviness for 20 days following the use of non-sterile oil in the ear. Otoscopic examination revealed dark and whitish debris with blackish fungal spots obscuring the tympanic membrane, and tuning fork tests suggested conductive hearing loss. The patient was managed with aural toilet followed by the daily insertion of a cotton wick impregnated with *Marham-e-Kafoori* for two weeks. Marked symptomatic relief was achieved within the first week, and complete resolution occurred by the end of the second week with no recurrence during follow-up. This case highlights the potential of *Marham-e-Kafoori* as a safe, cost-effective, and integrative treatment for otomycosis.

Keywords: Marham-e-Kafoori, Otomycosis, Unani medicine, external auditory canal infection, integrative therapy, herbal formulation

Introduction
Otomycosis is a fungal infection of the ear canal that often occurs due to *Aspergillus* Niger, A. fumigatus or *Candida albicans*. It is seen in hot and humid climate of tropical and subtropical countries. Secondary fungal growth is also seen in patients using topical antibiotics for treatment of otitis externa or middle ear suppuration [1]. Otomycosis is typically a benign and superficial infection, often asymptomatic in the early stages and not considered life-threatening. However, in certain situations, the infection may become recurrent due to the ideal environment for fungal growth provided by the EAC. It is important to note that the infection can spread and potentially affect the middle ear in approximately 10% of cases [2, 3]. It usually presents unilaterally, while the bilateral form is more frequently observed in immunocompromised individuals. The infection is present globally, with prevalence ranging from 9% to 30% in patients with the signs and symptoms of EAC infection [4]. Several predisposing factors *viz*. absence of cerumen, humid and warm climate, bacterial otitis externa, corticosteroid therapy, swimming and local trauma due to sharp objects like sticks or hearing aids predisposes otomycosis [5]. The Unani classical literatures have been described the clinical features of otomycosis under waja-ul-uzn (otalgia) and sailan-e-uzn (otorrhoea) [6]. The clinical presentation of Otomycosis is typically characterized by intense itching, discomfort or otalgia, along with a musty-smelling otorrhea and a sensation of ear blockage. On examination, the external auditory canal reveals sodden, erythematous, and edematous meatal skin [7]. Considering the clinical features of otomycosis *Marham-e-Kafoori* a classical Unani formulation may offer therapeutic potential due to its antiseptic properties (*Dāfi'-i-Ta'affun*), analgesic (*Musakkin*) and cooling (*Tabrīd*) [8]. It dissolves swellings, heals wounds, and soothes burning and inflammation [9].

Case presentation
A 27-year-old male patient from a middle-class background presented to the outpatient Department of *Amraz-e-Uzn, Anaf wa Halaq* (E.N.T), State Unani Medical College & HAHRDM Hospital, Prayagraj in August 2025 with complaints of right ear blockage, pain, itching and heaviness, for the past 20 days.

The patient gave a history of instilling non-sterile oil in the affected ear.

Examination of the patient

The patient's mizaj (temperament) was assessed using the standard proforma based on classical Unani parameters, and it was determined to be *Balghami* (phlegmatic). Otoscopic examination of the affected ear revealed the following findings:

- The canal appears to be filled with thick debris of a dark and whitish color, which is suggestive of fungal infection (otomycosis).
- The surface looks irregular with blackish spots and whitish material, typical of fungal spores and hyphae.
- The tympanic membrane (eardrum) is not clearly visible due to obstruction by fungal debris.
- No obvious discharge present.
- Tuning fork test shows conductive deafness.

Principle of treatment

The Unani principle of treatment is based on:-

- Izala-e-sabab (remove the cause).
- Keep ear open and dry.
- Cleaning of external auditory canal.
- Therapy by musakkin (analgesic), muhallil (resolvent), mujaffif (siccative) and dafe Ta'ffun advia (antiseptic drugs).

Management of the patients

- **Aural Toilet:** Fungal debris was removed carefully under otoscopic guidance by gentle suction.
- **Local Therapy:** A sterile cotton wick impregnated with *Marham-e-Kafoori* was inserted into the ear canal and replaced daily. This was continued for 2 weeks.
- **Diet & Advice:** Patient was advised to avoid cold, damp, and sweet foods; to keep the ear dry; and to avoid self-cleaning with objects.

Outcome

- **By the first week:** Patient reported marked reduction in itching and pain, with partial clearance of debris.
- **By the end of 2 weeks:** Complete resolution of symptoms was achieved, external auditory canal appeared healthy, and tympanic membrane was normal.
- No recurrence was observed during follow-up after completion of the 2-week therapy.

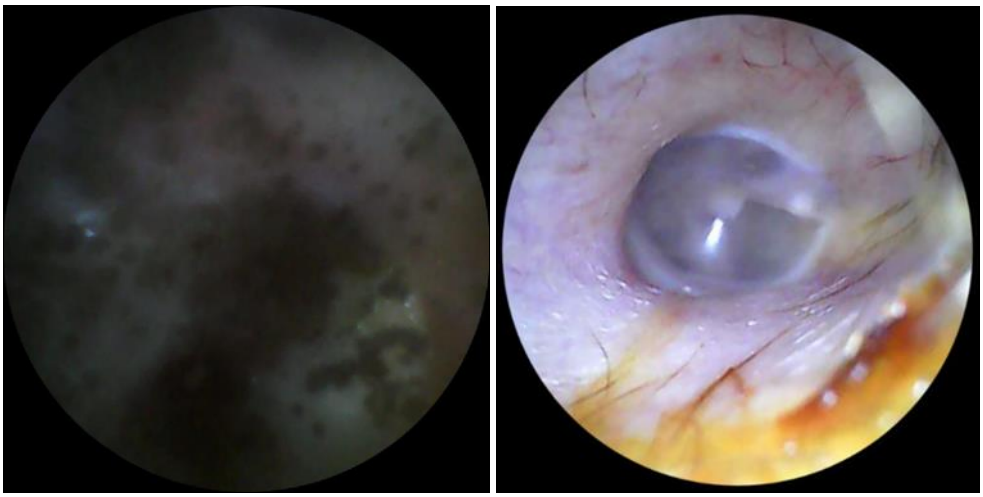

Fig 1: Show Before and After

Conclusion

The present case highlights the efficacy of *Marham-e-Kafoori* in the management of otomycosis. Aural toilet followed by 2 weeks of local application resulted in complete clinical resolution without recurrence. The patient experienced significant relief from itching, pain, and ear blockage, and otoscopic findings confirmed a healthy external auditory canal and intact tympanic membrane. The therapeutic benefits of *Marham-e-Kafoori* may be attributed to its *Dāfi'-i-Ta'affun*, *Musakkin*, and *Tabrīd* properties which support both symptomatic relief and fungal clearance. Being cost-effective, safe, and readily available, it may serve as a practical alternative or adjunct to conventional antifungal therapy, particularly in resource-limited settings.

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Conflict of Interest

Not available

Financial Support

Not available

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