

# *Amrād-i-Udhun* (Diseases of the Ear): A Review from Unani Medicine and Contemporary Medical Perspectives

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**Abstract:** Ear diseases constitute a significant cause of morbidity affecting auditory function and quality of life across all age groups. In Unani medicine, disorders of the ear are collectively described as *Amrād-i-Udhun* with detailed explanations available in classical texts regarding their aetiology, clinical features, prevention, and management. The present review aims to systematically describe ear diseases from both Unani and modern medical perspectives, highlighting conceptual correlations and differences. Classical Unani literature recognizes the ear as *Uzu-e-Mudrik-e-Faslat* (a distance-perceiving sensory organ) and describes various ear disorders such as *Tarash* (partial hearing loss), *Waqr* or *Buṭlān-i-Samā'at* (deafness), *Samam* (congenital atresia of the external auditory canal) *Waja'-ul-Udhun* (otalgia), *Tanin-o-Dāwī* (tinnitus), *Suql-e-Samā'at* (reduced hearing), *Dūd al-Udhun* (aural myiasis), *Sayalān al-Udhun* (otorrhoea) and inflammatory and suppurative conditions, *Wasakh al-Udhun* (impacted ear wax), *Qadhā al-Udhun* (foreign body in ear) The etiological factors proposed by Unani scholars include *Sū'e Mizāj* (temperamental imbalance), *Imtilā'* (plethora), *Riyāḥ* (abnormal gases), *Waram* (inflammation), trauma, and parasitic infestations, with recognition of both congenital and acquired causes. From the modern medical viewpoint, ear diseases encompass external, middle, and inner ear disorders, including otitis, hearing loss, tinnitus, and balance disorders, with aetiologies ranging from infections and inflammation to degenerative and environmental factors. Preventive measures emphasized in Unani medicine such as lifestyle regulation, dietary moderation, environmental protection, and local care show notable relevance to contemporary preventive otology. This review underscores the potential of integrating Unani concepts with modern otological understanding to enhance preventive strategies and holistic management of ear diseases.

**Keywords:** *Amrād-i-Udhun*; Ear Diseases; Unani Medicine; Otology; Preventive Measures.

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## I. INTRODUCTION

The human ear is a highly complex and intricately structured organ that primarily facilitates hearing and maintains bodily balance. According to WHO estimates By 2030, there will be 630 million DHL patients, and by 2050, there will be 900 million.<sup>1</sup> According to WHO, Approximately 20% of the world's population, or over 1.5 billion people, suffer from hearing loss at this time, with 430 millions of those individuals having debilitating hearing loss. More than 700 million people are predicted to have a debilitating hearing loss by 2050.<sup>2</sup> Hearing loss represents the most prevalent sensory impairment globally, impacting over 500 million individuals across all age groups.<sup>3,4</sup> The most

frequent cause of reversible hearing loss was ear wax (15.9%). The next most frequent causes of hearing impairment in India are Non Infectious factors including age and presbycusis (10.3%). Other common causes of hearing loss include middle ear infections, such as serous otitis media (3%) and chronic suppurative otitis media (5.2%). Bilateral hereditary and congenital deafness (0.2%) and dry tympanic membrane perforation (0.5%) are the other causes.<sup>5</sup> Global incidence studies have reported an acute otitis media (AOM) rate of approximately 10.9%, with estimates indicating that nearly 80% of children experience at least one episode before the age of three years. Moreover, the global incidence of chronic suppurative otitis media (CSOM), recognized as the most severe form of otitis media, has been reported to be

approximately 4.8%. CSOM is estimated to account for more than half of the worldwide burden of hearing impairment. The prevalence and demographic distribution of otitis media vary markedly between developed and developing regions.<sup>6</sup> The incidence of chronic suppurative otitis media is higher in developing countries, largely due to low socioeconomic conditions, inadequate nutrition, and insufficient health education. The condition affects individuals of both sexes across all age groups. The severity of CSOM is due to its complications, influenced by factors such as age, low socioeconomic status, organism virulence, immunocompromise, and cholesteatoma; in India, prevalence is 46 and 16 persons per thousands in rural and in urban populations respectively.<sup>7</sup>

The ear, referred to in Unani medicine as *Uzu-e-Mudrik-e-Faslat* (distance receptor organ).<sup>8</sup> It is capable of perceiving sound frequencies ranging from 20 to 20,000 Hz and plays a crucial role in human communication. Owing to its complex anatomical structure, the ear is susceptible to various disorders, many of which manifest early in life. Ear diseases represent a common cause of morbidity in children, with frequently encountered conditions including impacted cerumen, acute and chronic suppurative otitis media, and hearing impairment.<sup>9</sup> Diseases of the ear are classified based on the anatomical part involved, namely the external, middle, and inner ear. External ear disorders include conditions of the pinna and external auditory canal, which may be congenital, traumatic, inflammatory, or neoplastic, with otitis externa being a common inflammatory condition of bacterial, fungal, or viral origin. Impacted cerumen and foreign bodies are frequently observed, particularly in children. Middle ear diseases predominantly comprise various forms of otitis media, including acute suppurative, serous, recurrent, and chronic suppurative otitis media, which may lead to serious extracranial and intracranial complications. Inner ear disorders are mainly represented by Ménière's disease, characterized by vertigo, sensorineural hearing loss, tinnitus, and aural fullness.<sup>7</sup> Common manifestations of ear diseases include hearing loss, tinnitus, vertigo, giddiness, earache, and delayed or impaired speech, all of which adversely affect an individual's functional performance. Hearing impairment, in particular, may lead to difficulties in speech perception and communication, delayed language development, educational and economic limitations, social isolation, and stigmatization.<sup>10</sup> Children with deafness commonly experience delays in spoken language development, and hearing loss due to ear diseases can markedly impair academic achievement. Although individuals with hearing impairment can participate equally in society when appropriate communication support is available, such opportunities are often limited. In developing countries, many children with hearing loss or deafness do not receive formal education, while affected adults face significantly higher rates of unemployment. Beyond individual consequences, hearing impairment imposes a substantial socioeconomic burden on communities and nations.<sup>11</sup>

Hearing loss predominantly affects the psychosocial and emotional domains, whereas vertigo exerts a greater impact on physical functioning.<sup>12</sup> Tinnitus can significantly

disrupt daily activities, impair intellectual performance, and adversely influence overall quality of life.<sup>13</sup> Several factors have been identified as significantly associated with chronic and recurrent otitis media (COM/ROM), including ethnicity, genetic predisposition, gender, day-care attendance, breastfeeding practices, and allergic conditions.<sup>14</sup>

## II. ANATOMICAL OVERVIEW OF THE HUMAN EAR

### ➤ *The External Ear/Udhun Zahir*

The outer ear, also referred to as the external ear,<sup>15,16,17</sup> is primarily cartilaginous,<sup>16,18</sup> and comprises the external auditory meatus (ear opening) and the external auditory canal, which conducts sound waves to the tympanic membrane (eardrum).<sup>15,16,17,18,19</sup>

### ➤ *Pinna*

The pinna or auricle is also known as *ghazruf al-uzn* or *sadafmu'wwiz* (Ibn Sina), or *sadafnashirah* (Abu Sahl Masihi).<sup>8,16,20</sup> consists of auricular cartilage covered by skin.<sup>8,15,17</sup>

### ➤ *External Auditory Meatus*

The external auditory canal measures approximately 24 mm in length from the outer opening to the tympanic membrane.<sup>7,17,21,22</sup> While individual variations exist, the canal typically follows an elongated S-shaped curvature.<sup>8,17,21</sup>

The ear canal helps maintain optimal temperature and humidity levels required to preserve the elasticity of the tympanic membrane.<sup>19</sup> The skin lining the cartilaginous portion contains sebaceous and ceruminous glands that secrete cerumen (earwax), while the presence of hair follicles offers additional protection by preventing insects and foreign particles from reaching and damaging the tympanic membrane.<sup>15,17,19</sup>

### ➤ *Middle Ear / Udhun Mutawassit*

The middle ear consists of the tympanic membrane and an air-filled cavity that contains the chain of auditory ossicles.<sup>19</sup>

### ➤ *Tympanic Membrane*

The tympanic membrane, commonly referred to as the eardrum and known as *ghishā' tabālī*, separates the external ear from the middle ear.<sup>7,17,20,21</sup> It is a greyish-white membrane positioned obliquely within the ear canal and exhibits a convexity toward the middle ear.<sup>17</sup>

### ➤ *Middle Ear Cavity*

The middle ear cavity is situated within the mastoid portion of the temporal bone and extends from the tympanic membrane to the inner ear. It is functionally continuous with the nasopharynx through the Eustachian tube.<sup>19</sup>

### ➤ *Eustachian Tube*

The Eustachian tube functions to ventilate the middle ear and regulate air pressure. Under normal conditions, it remains closed<sup>19</sup> but opens during activities such as swallowing<sup>8,22</sup> and yawning.<sup>22</sup> It connects the middle ear to

the pharynx,<sup>16,22</sup> and when it opens, it equalizes the air pressure between the middle ear and the external environment.<sup>19</sup>

#### ➤ *Ossicular Chain*

The middle ear conveys sound to the inner ear through the ossicular chain. This chain amplifies sound vibrations by approximately 25 dB while transmitting them from the tympanic membrane to the inner ear.<sup>7,19</sup> The ossicular chain is made up of three tiny bones of the middle ear: the malleus, incus, and stapes.<sup>7,8</sup> The malleus is attached to the upper portion of the tympanic membrane,<sup>21</sup> the incus lies between the malleus and the stapes, and the footplate of the stapes fits into the oval window of the inner ear.<sup>8,19</sup>

In Unani literature, the auditory ossicles are described as *mitraqi* (malleus), *sindani* (incus), and *rikabi* (stapes), with a fourth bone referred to as *adasi* (orbiculare).<sup>16,20</sup>

#### ➤ *The Internal Ear / Udhun Bāṭin*

The internal ear, also known as the labyrinth, is a vital structure responsible for hearing and balance.<sup>7</sup> It is located within the petrous portion of the temporal bone.<sup>21</sup> From a functional perspective, the inner ear is composed of two main components<sup>20</sup>: the cochlea, referred to as *qawq'ah* or *halzūn* in Unani terminology,<sup>23</sup> and the vestibular apparatus, which includes the utricle and saccule of the vestibule along with three semicircular canals. The cochlea houses the auditory sensory organ, the organ of Corti, whereas the vestibular system contains five balance receptors—two maculae (utricular and saccular maculae) and three cristae ampullares, one located in each semicircular canal.<sup>23</sup>

#### ➤ *Cochlea*

The cochlea is the auditory component of the inner ear and is also referred to as *qawq'ah* or *halzūn*.<sup>8,16,22,21</sup> It is a spiral-shaped structure<sup>19</sup> that resembles the shell of a common snail.<sup>16,21</sup> Forming the anterior part of the labyrinth, the cochlea contains a conical central core called the modiolus, around which the cochlear canal winds for approximately two and three-quarter turns.<sup>21</sup>

In classical Unani literature, disorders of the ear are comprehensively described under the term *Amrāz-e-Gosh*. These include *Tarash* (impaired hearing), *Waqr* and *Samam* (deafness), *Waja'-ul-Uzn* (earache), *Tanīn-oDāwī* (tinnitus), *Siql-e-Samā'at* (reduced hearing), *Hikkat-ul-Uzn* (itching of the ear), *Sansanāhat* (ringing in the ears), *Kān ke Phore* (ear abscess), among others.<sup>24</sup> Unani scholars have attributed ear disorders to several etiological factors, including *Riyāh* (gaseous disturbances), *Imtilā'* (morbid accumulation), *Sū'-e-Mizāj* (derangement of temperament), *Zarb* (trauma), *Zakhm* (injury or wound), *Dīdān* (worm infestation), and *Waram* (inflammation).<sup>25</sup> Unani scholars further stated that diseases of the ear may be either congenital or acquired.<sup>25</sup> They also clearly documented that certain ear disorders are more commonly observed in children. In addition, classical Unani texts describe various preventive

measures (*Tadābīr*) for the prevention of ear diseases (*Amrāz-e-Gosh*).<sup>24,25</sup>

### III. COMMON DISORDERS OF THE EAR

#### ➤ *Earache/Waja'al-Udhun*<sup>26,27,28</sup>

Pain may originate within the ear itself or be referred from neighboring regions such as the throat or nasal cavity. Referred otalgia occurs via shared neural pathways involving the 5th, 7th, 9th, and 10th cranial nerves, as well as the cervical nerves C2 and C3.<sup>17,29,30</sup>

According to Unani classical texts, ear pain may arise from multiple etiological factors, including exposure to cold and coryza, dental caries.<sup>27,31,32</sup> entry of water into the ear, infestation by maggots, and the presence of ulcers or pustules within the ear canal<sup>26,31,33,34</sup> Other contributing causes include improper ear cleaning using sharp objects, associated joint pain<sup>27,31</sup>, *sū'-i-mizāj* (derangement of temperament),<sup>35,36</sup> *waram* (inflammation or swelling)<sup>37,38</sup>, *rīh-i-bārid* (cold air exposure),<sup>39,40,41</sup> *sudda* (obstruction),<sup>38,42</sup> imbalance of *akhlāṭ* (humours)<sup>42</sup>, *burūdat* (cold predominance), cold bathing,<sup>43</sup> and *tafarruq-i-itīṣāl* (discontinuity of tissue).<sup>44</sup> Impacted ear wax is also recognized as a cause. Clinically, the condition is characterized by erythema of the ear accompanied by a burning sensation and sharp, piercing pain.<sup>28</sup>

#### ➤ *Deafness/Hearing Impairment*

A child born with congenital loss of hearing (*Quwwat-e-Sāmi'ah*) is unable to develop speech, as speech acquisition depends on the ability to hear. Since verbal expression occurs after auditory perception, intact hearing is essential for the development of speech.<sup>26,45</sup> *Hearing loss* is impairment of hearing, and its severity ranging from mild to severe or profound. The term *deafness* is generally reserved for cases where hearing is completely loss.<sup>46</sup> From a clinical perspective, hearing loss is broadly categorized into three types *conductive*, *sensorineural*, and *mixed*.<sup>47</sup> Hearing loss or deafness may present as unilateral or bilateral, depending on the underlying aetiology and severity.<sup>48</sup>

According to the WHO, "deafness" is defined as the total loss of hearing in one or both ears. Hearing loss of greater than 90 dB in the better ear (severe impairment) or complete loss of hearing in both ears will fall under this group. Both whole and partial loss of hearing are considered forms of "hearing impairment" according to the WHO.<sup>5</sup> According to WHO, Hearing loss is defined as the inability to hear as well as someone with normal hearing, which is defined as hearing thresholds of 20 dB or better in both ears.<sup>49</sup> The words *Tarash*, *Waqr*, and *Samam*, *Buṭlān-i-Samā'at* or *Suql-i-Samā'at*, *Nuqsan-i-Samā'*, *Nuqsan-i-Samā'at* have been used in classical Unani literature to define the concept of deafness and hearing loss.<sup>26,34,38,50,51</sup> In Unani System of Medicine hearing impairment is classified as *Waqr*, *Samam*, or *Tarash*.<sup>52</sup> According to Unani literature, hearing loss can be caused by congenital conditions, *Waram* (inflammation), *Buthūr al-Udhun* (*Eruptions of ear canal*), and *ghaleez akhlāt* (morbid viscid humours). Tumours, *Qadhā al-Udhun* (Foreign bodies in ear), *Sue Mizaj* (Morbid temperament),

*Tafarruq-i-Ittisal* (discontinuity), *Sudda al-Udhun* (Ear obstruction), and *Wasakh al-Udhun* (Impacted Ear Wax).<sup>53</sup>

- *Waqr (Deafness)*  
It is defined as complete loss of hearing.<sup>52</sup>
- *Tarash (Impaired Hearing)*  
*Tarash* is defined as diminished power of hearing.<sup>52</sup>
- *Samam (Congenital Deafness)*  
An anomaly where patient has no external auditory meatus.<sup>54</sup>

➤ *Otorrhea (Ear Discharge)/Sayalan'al-Udhun*

Discharge of fluid from the external auditory meatus is commonly observed in children and in individuals with a wet temperament (*Ratab Mizāj*).<sup>27,45</sup> The condition may result from chronic catarrh, ulceration or swelling of the external auditory meatus, pustular lesions of the ear, exposure to cold environments, presence of a foreign body, acute infectious diseases, and the teething period in children, among other factors.<sup>28,45</sup> Ear discharge can result from diseases affecting the ear itself, but it may also arise from causes originating outside the ear. These include fungal infections of the external ear such as otomycosis; bacterial infections like furunculosis; liquefied ear wax; acute suppurative otitis media (ASOM); chronic suppurative otitis media (CSOM); and suppurative labyrinthitis. Causes originating outside the ear include cerebrospinal fluid otorrhoea following road traffic accidents, perforation at the base of the skull, and parotid abscesses, where the abscess may track and discharge through the external auditory canal.<sup>17,30</sup> The discharge may be copious or scanty; constant or intermittent; serous, mucoid, or mucopurulent; and either foul-smelling or odourless.<sup>29,30</sup>

➤ *Tinnitus/Tanin-O-Dawi*

It refers to a ringing sensation in the ear or a condition in which the patient perceives sounds or voices that are not actually present.<sup>55,56</sup> It is a very common and troublesome symptom. It may be mild and noticeable only at night, while in some cases tinnitus is persistent, loud, and significantly interferes with hearing.<sup>30</sup> When the sound is high-pitched, it is referred to as *Tanin*, whereas a low-pitched sound is known as *Dawi*.<sup>57,58</sup> Tinnitus is considered one of the most challenging symptoms to manage. Its causes include general debility, undernourishment, congestion of the head with fluids and morbid matter, weakness of the auditory faculties, accumulation of ear wax, *ghaleez riyāh*, diversion of waste materials toward the ear, excessive dryness, and extreme hunger, among others.<sup>59</sup> Tinnitus can be classified into subjective (*Tanin-e-zati*), which is perceived only by the patient, and objective (*Tanin-e-ghair zati*), which can be heard by both the patient and the examiner.<sup>55</sup>

➤ *Causes of Tinnitus*

Subjective tinnitus may arise from several otological and systemic conditions. Common ear-related causes include impacted cerumen, perforation of the tympanic membrane, and serous otitis media, which typically produces muffling of the patient's own voice along with low-pitched, intermittent tinnitus. In otosclerosis, tinnitus usually appears in the early

stage of the disease and is described as ringing, roaring, or whistling; it is generally continuous and may subside as the condition advances. Presbycusis and acoustic trauma are associated with high-frequency tinnitus of a ringing nature, often following prolonged exposure to loud noise. Ménière's disease is characterized by low-pitched, fluctuating tinnitus that intensifies during vertiginous attacks, whereas vestibular schwannoma commonly produces continuous, high-pitched tinnitus. Overall, it can be inferred that any ear disorder leading to hearing impairment has the potential to generate tinnitus. Certain ototoxic medications, such as aspirin, quinine, salicylates, streptomycin, dihydrostreptomycin, and neomycin, are known to cause high-pitched tinnitus. Vascular conditions including atherosclerosis and hypertension may also result in high-frequency tinnitus, while anaemia and hypotension are usually associated with low-intensity tinnitus. Psychological factors can contribute to the development of tinnitus, and conversely, persistent tinnitus may precipitate anxiety and depressive states.<sup>30</sup>

Objective tinnitus, though less common, is produced by identifiable physical sources. Its causes include palatal myoclonus, involuntary contractions of the stapedius or tensor tympani muscles, vascular anomalies, glomus jugulare tumours, aneurysms, and arteriovenous fistulae. Other causes include clicking of the temporomandibular joint, intracranial vascular tumours, and the presence of a live insect within the external auditory canal.<sup>29</sup>

➤ *Itching of the Ear (Hikka'al-Udhun)*

It is characterized by intense pruritus and may occur due to the predominance of yellow bile, infestation by maggots, ulcerative lesions, accumulation of gases within the ear, insect bites, pustular eruptions, excessive ear wax, or diversion of saline humours toward the ear. In addition, this symptom is commonly observed in conditions such as otomycosis and in certain dermatological disorders involving the skin of the external auditory canal.<sup>32</sup>

➤ *Swelling in Pre-Auricular Area*

Swelling in the pre-auricular region is most commonly due to viral lymphadenopathy. However, conditions such as mixed parotid gland tumours or disorders of the temporomandibular joint may also manifest as a pre-auricular swelling.

➤ *Swelling in Post-Auricular Area*

In most cases, swelling in this region is due to a subperiosteal mastoid abscess, while neoplasms involving the muscles or bones are encountered only rarely.<sup>32</sup> According to Unani literature, *Waram* (swelling) of the post-auricular area is described in a manner similar to swellings affecting other soft tissues of the body. Such swellings are referred to as *Baritoos* or *Banatul-Udhun*. These *Waram* are classified based on humoral predominance into *Safrawi* (bilious), *Balghami* (phlegmatic), and *Sawdawi* (melanotic) types. Disorders of the pinna may be congenital, traumatic, inflammatory, or neoplastic in nature.<sup>7,17,30</sup>

### ➤ Congenital Conditions of the Pinna

It include absence of the external auditory opening at birth in some children. In other individuals, the ear opening may become occluded later in life due to trauma, tumours, or *burudat* (excess cold temperament).<sup>60</sup>

- Anotia
- Microtia
- Bat ear
- Accessory auricle
- Pre-auricular sinus

### ➤ Traumatic Conditions Affecting the Pinna

They include auricular haematoma, lacerations, avulsion of the pinna, frostbite, and related injuries.<sup>7</sup> In Unani literature, avulsion of the pinna is referred to as *Inqila' al-Udhun*, which is described as separation of the pinna resulting from forceful traction of the ear or due to inflammation and the accumulation of gases within the ear.<sup>41</sup>

### ➤ Inflammatory Conditions of the Pinna

These include conditions such as perichondritis and relapsing polychondritis. In Unani literature, inflammation of the pinna is attributed to *Waram-e-Hār* (hot/red inflammation) and *Waram-e-Bārid* (cold, soft, and fluid-filled inflammation).<sup>41</sup>

### ➤ Ear Wax / Wasakh al-Udhun

In Unani literature, impacted ear wax (cerumen) is referred to as *Wasakh al-Udhun*. It is described as a condition in which the ear wax becomes thick, dense, and hardened, leading to obstruction of the external auditory canal and consequent impairment of hearing. The causes include improper or excessive cleaning of the ear, accumulation of dirt and dust, exposure to cold and catarrhal conditions, persistent irritation of the ear, use of sharp or corrosive ear drops, and increased activity of the wax-secreting apparatus.<sup>27</sup>

### ➤ Foreign Bodies of the Ear / Qadha fil Udhun

The presence of foreign bodies in the ear is a common problem, particularly among children, who may insert various objects into the external auditory canal. In Unani literature, foreign bodies of the ear are referred to as *Qadha fil Udhun*. These are broadly classified into living and non-living foreign bodies.

Living foreign bodies include insects such as mosquitoes, cockroaches, ants, maggots, and similar organisms. Non-living foreign bodies are further categorized into those of vegetable and non-vegetable origin. Foreign bodies of vegetable origin include grains, leaves, peas, seeds, and similar materials,<sup>60,61</sup> whereas non-vegetable foreign bodies include stones,<sup>41,61</sup> pins, buttons, erasers, beads, and related objects. Vegetable foreign bodies have a tendency to absorb moisture, swell over time, and become firmly impacted within the external auditory canal.

### ➤ Preventive Measures of Ear Diseases

Prevention of ear diseases, particularly in children, is essential to avoid hearing impairment and, in severe cases, deafness. Age is an important risk factor for common ear infections, with children being more susceptible due to their relatively weak immune system. Fortunately, several measures can be adopted to reduce the risk of ear ailments within the family. Preventive strategies include maintaining good hygiene, consuming a healthy and balanced diet, ensuring proper breastfeeding of infants, avoiding exposure to secondary cigarette smoke, receiving influenza vaccinations and other recommended immunizations, and limiting contact with individuals suffering from infectious illnesses.<sup>62</sup>

Unani scholars have described several preventive measures for ear diseases (*Amrāz-e-Gosh*), which are outlined below.

- Regular cleaning of the ear should be practiced.
- Prolonged exposure to *hawā-e-bārid* (cold air) should be avoided.
- Excessive intake of *aghziya-e-mughalliza* (heavy and viscous foods) is not recommended.<sup>34,58</sup>
- Instillation of *Roghan-e-Badam Talkh* into the ear once weekly is advised.<sup>31,58</sup>
- Insertion of pins, sticks, or similar objects into the ear should be strictly avoided.<sup>38</sup>
- The ear should be protected from *burūdat* (excessive cold), *harārat* (excessive heat), strong winds, foreign bodies, and the entry of contaminated water.<sup>34,40</sup>
- The development of *aurām* (inflammation) and *buthūr* (boils) in the ear should be prevented.
- Sleeping in a state of *imtela-e-shikam* or *tukhmah* (gastric fullness or indigestion) should be avoided.<sup>48,50</sup>
- Cotton may be placed in the ear during sleep for protection. Excessive talking and listening to loud or harsh sounds should also be avoided.<sup>31</sup>

## IV. CONCLUSION

Diseases of the ear are comprehensively described in both classical Unani and modern medical literature. In Unani terminology, ear diseases are collectively known as *Amrāz-e-Gosh* and include conditions such as *Tarash* (impaired hearing), *Waqr* and *Samam* (deafness), *Waja 'ul-Udhun* (earache), *Tanin-o-Dawi* (tinnitus), *Siql-e-Samā'at* (reduced hearing), *Hikkat-ul-Udhun* (itching in the ear), *Sansanahat* (ringing of the ears), and *Kān ke Phode* (ear abscess), among others. In modern medical literature, the spectrum of ear diseases described is largely similar, with a higher prevalence observed in children, particularly those up to 15 years of age. Preventive measures are well emphasized in both classical Unani and contemporary medicine and include appropriate feeding practices for infants, maintenance of proper hygiene, protection of the ears from excessive heat and cold, avoidance of foreign body insertion into the ear, and safeguarding children from contact with infected individuals.

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