Understanding Sexually Transmitted Diseases (STDs/STIs)

A Comprehensive Guide to Sexually Transmitted Infections, Their Impact on Sexual and Reproductive Health, Modern Treatment, Prevention and the Supportive Role of Unani Medicine

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Introduction

Sexually transmitted diseases are among the most misunderstood health problems I encounter in discussions about sexual and reproductive health.

Many people still believe that an infection must produce discharge, pain, sores or other obvious symptoms before it becomes important. This is not true.

A large proportion of sexually transmitted infections can remain completely silent for weeks, months or even longer. A person may feel healthy, continue normal sexual activity and unknowingly transmit an infection to a partner.

For this reason, modern medical terminology increasingly uses the term **sexually transmitted infection, or STI**, rather than only “sexually transmitted disease” or STD.

An **infection** may be present even when the person has no symptoms. The word **disease** generally describes the stage at which infection produces recognizable signs, symptoms or complications.

Throughout this article I will therefore use **STI** as the broader medical term, while also using STD where appropriate because it remains familiar to the general public.

According to the World Health Organization, **more than one million curable STIs are acquired every day worldwide among people aged 15–49 years**, and the majority are asymptomatic. WHO estimated approximately **374 million new infections in 2020 from just four curable STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.**

These infections should therefore not be considered unusual, shameful or confined to one particular type of person.

They are medical conditions.

They require:

- accurate information,
- responsible prevention,
- appropriate testing,
- timely treatment,
- partner management,
- confidentiality,
- and compassionate healthcare.

From my perspective as a physician focused on sexual disorders and infertility, another important point is that STIs do not affect only sexual activity. Untreated infections can sometimes influence **fertility, pregnancy, pelvic health, testicular health and long-term reproductive well-being**.

What Are Sexually Transmitted Infections?

Sexually transmitted infections are infections that can be passed primarily through sexual contact.

WHO reports that more than **30 different bacteria, viruses and parasites** can be transmitted through sexual contact, including vaginal, anal and oral sex. Some may also pass from mother to child during pregnancy or childbirth, and certain infections can be transmitted through blood exposure.

The organisms responsible for STIs can be broadly divided into:

Bacteria

Examples include:

- *Chlamydia trachomatis* — chlamydia
- *Neisseria gonorrhoeae* — gonorrhoea
- *Treponema pallidum* — syphilis

Viruses

Examples include:

- Human immunodeficiency virus — HIV
- Human papillomavirus — HPV
- Herpes simplex virus — HSV
- Hepatitis B virus — HBV

Parasites

An important example is:

- *Trichomonas vaginalis* — trichomoniasis

Different organisms require different diagnostic tests and completely different treatments.

This is why I strongly discourage patients from taking the same medicine every time they develop genital discharge or burning urination.

The Eight Major Sexually Transmitted Pathogens

WHO identifies eight pathogens responsible for the greatest burden of STIs.

Four are generally curable:

1. Chlamydia
2. Gonorrhoea
3. Syphilis
4. Trichomoniasis

Four are viral infections for which management differs:

5. HIV
6. Genital herpes
7. Human papillomavirus
8. Hepatitis B

Chlamydia, gonorrhoea, syphilis and trichomoniasis can generally be cured with appropriate pathogen-specific treatment. HIV and herpes can be effectively treated and controlled but are not currently cured by routine clinical therapy. Chronic hepatitis B can be medically managed, while HPV infections are frequently cleared naturally by the immune system, although persistent high-risk HPV can lead to cancer.

How Are STIs Transmitted?

The method of transmission depends on the infection.

STIs may spread through:

- Vaginal sexual intercourse
- Anal sexual intercourse
- Oral sex
- Genital-to-genital skin contact
- Contact with infectious sores or lesions
- Semen or vaginal fluids
- Blood exposure in infections such as HIV and hepatitis B
- Sharing contaminated needles or injecting equipment
- Pregnancy, childbirth or, for some infections, breastfeeding

It is therefore inaccurate to think that sexual transmission always requires ejaculation or even penetrative intercourse.

For example, HPV and herpes may spread through intimate skin-to-skin contact.

Can a Healthy-Looking Person Have an STI?

Yes.

This is one of the most important messages in sexual-health education.

A person can:

- look completely healthy,
- feel completely healthy,
- have no discharge,
- have no pain,
- have no sores,

and still have an infection capable of being transmitted.

WHO states that the majority of many curable STIs are asymptomatic.

Therefore, judging a partner's infection status based on appearance is unreliable.

Testing is much more meaningful than assumptions.

Common Symptoms of Sexually Transmitted Infections

Symptoms differ considerably according to the infection, anatomical site and sex of the patient.

Possible symptoms include:

Genital Discharge

Men may notice discharge from the penis.

Women may experience a change in vaginal discharge.

Burning or Pain During Urination

This is particularly common with infections involving the urethra.

Genital Sores or Ulcers

Syphilis and genital herpes are among the infections that can cause genital ulcers.

Genital Blisters

Painful recurring blisters are characteristic of symptomatic genital herpes.

Genital Warts

Certain HPV types can cause anogenital warts.

Pelvic or Lower Abdominal Pain

This can indicate infection involving the upper female reproductive tract, including pelvic inflammatory disease.

Testicular or Scrotal Pain

Some infections can involve the epididymis and produce epididymitis or epididymo-orchitis.

Pain During Sexual Intercourse

Pain may result from cervical, vaginal, pelvic or other genital inflammation.

Abnormal Vaginal Bleeding

Bleeding between periods or following intercourse can occur with cervical inflammation and requires proper examination.

Anal Symptoms

Rectal infection may produce:

- pain,
- discharge,
- bleeding,
- itching,
- discomfort during bowel movements.

Throat Symptoms

Some infections can involve the throat following oral sexual exposure, although these infections may frequently be asymptomatic.

General Symptoms

Certain infections may produce:

- Fever
- Fatigue
- Rash
- Enlarged lymph nodes
- Body aches

Because these symptoms overlap with many non-sexually transmitted illnesses, **symptoms alone cannot identify the responsible infection**.

Major Sexually Transmitted Infections Explained

1. Chlamydia

Chlamydia is caused by the bacterium ***Chlamydia trachomatis***.

It is frequently asymptomatic.

When symptoms occur, patients may notice:

- Penile or vaginal discharge
- Burning urination
- Pelvic discomfort
- Rectal symptoms
- Testicular or epididymal pain

WHO estimated approximately **128.5 million new chlamydia infections among people aged 15–49 worldwide in 2020**. Untreated infection can contribute to pelvic inflammatory disease and infertility in women.

Chlamydia is curable with appropriate antibiotics.

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2. Gonorrhoea

Gonorrhoea is caused by ***Neisseria gonorrhoeae***.

It can infect:

- Urethra
- Cervix
- Rectum
- Throat
- Eyes in certain circumstances

WHO estimated approximately **82.4 million new infections among adults aged 15–49 in 2020**. Many women may have no symptoms, while symptomatic men frequently develop urethral discharge.

Untreated gonorrhoea can contribute to:

- Pelvic inflammatory disease
- Infertility
- Epididymal complications
- Disseminated infection in rare cases

A major modern concern is **antimicrobial resistance**.

Resistance has developed to many medicines historically used against gonorrhoea, and WHO describes rising resistance to ceftriaxone as an important public-health threat.

For this reason, self-medication with random antibiotics should be strongly avoided.

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3. Syphilis

Syphilis is caused by ***Treponema pallidum***.

It may progress through different stages and is sometimes called a “great imitator” because its manifestations can resemble many other diseases.

Early infection may cause a painless ulcer.

Later manifestations can include:

- Rash
- Enlarged lymph nodes
- Fever
- Neurological complications
- Cardiovascular complications in advanced untreated disease

WHO estimated that approximately **8 million adults aged 15–49 acquired syphilis in 2022**.

Syphilis is curable with appropriate antibiotic treatment.

Pregnancy deserves particular attention because untreated maternal syphilis can cause severe outcomes for the unborn baby.

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4. Trichomoniasis

Trichomoniasis is caused by a protozoan parasite called ***Trichomonas vaginalis***.

It is particularly common among women of reproductive age.

Symptoms in women may include:

- Vaginal discharge
- Vulval irritation
- Burning
- Discomfort during urination or intercourse

Men may develop urethral discharge or irritation, but infection is frequently asymptomatic.

WHO estimated approximately **156 million new infections among people aged 15–49 in 2020**.

Trichomoniasis is curable with appropriate antimicrobial therapy.

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5. Genital Herpes

Genital herpes is commonly caused by:

- HSV-2
- or genital HSV-1

Herpes may cause:

- Painful blisters
- Ulcers
- Burning or tingling
- Recurrent outbreaks

However, many infected people have no recognizable symptoms.

WHO estimates that approximately **520 million people aged 15–49 worldwide have HSV-2 infection**.

Herpes is **treatable but not currently curable**.

Antiviral medicines can:

- Shorten outbreaks
- Reduce their severity
- Reduce recurrence frequency
- Lower transmission risk

They do not eliminate the virus permanently from the body.

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6. Human Papillomavirus — HPV

HPV includes a large group of viruses.

Most sexually active people will encounter HPV at some point in life.

Many infections disappear naturally without causing disease, but persistent infection with certain high-risk HPV types may contribute to cancers of the:

- Cervix
- Anus
- Penis
- Vulva
- Vagina
- Throat

WHO reports that persistent high-risk HPV infection is the cause of cervical cancer and is associated with several other cancers.

HPV vaccination is one of the most important advances in STI-related cancer prevention.

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7. HIV

Human immunodeficiency virus attacks the immune system.

Untreated HIV can eventually progress to AIDS.

However, HIV medicine has changed dramatically.

With effective **antiretroviral therapy, or ART**, people living with HIV can live long and healthy lives.

WHO reported approximately **41 million people living with HIV at the end of 2025**.

An extremely important modern message is:

A person living with HIV who takes effective ART and maintains an undetectable viral load does not sexually transmit HIV.

This principle is commonly expressed as **U=U: Undetectable = Untransmittable** and is supported by current WHO guidance.

HIV is treatable but presently not routinely curable.

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8. Hepatitis B

Hepatitis B is a viral infection affecting the liver.

It can spread through:

- Blood
- Semen
- Vaginal fluids
- Sexual exposure
- Contaminated needles
- Mother-to-child transmission

Chronic infection can eventually lead to:

- Cirrhosis
- Liver failure
- Liver cancer

WHO estimated that approximately **240 million people were living with chronic hepatitis B in 2024**.

The encouraging point is that hepatitis B is **vaccine-preventable**.

Vaccination is one of the most effective methods of protection.

Sexually Transmitted Infections and Infertility

As someone whose clinical practice has a strong focus on infertility, I want patients to understand the connection between infection and reproductive health.

Not every STI causes infertility.

Not every person who has had an STI will become infertile.

However, certain untreated infections can damage reproductive structures.

STIs and Female Infertility

Chlamydia and gonorrhoea can travel upward through the female reproductive tract.

They may cause **pelvic inflammatory disease (PID)**.

PID can damage or scar the fallopian tubes.

Possible consequences include:

- Difficulty becoming pregnant
- Tubal infertility
- Ectopic pregnancy
- Chronic pelvic pain

WHO specifically identifies chlamydia and gonorrhoea as major causes of pelvic inflammatory disease and infertility in women.

Early testing and treatment can therefore be considered part of fertility protection.

STIs and Male Infertility

Certain infections may involve structures responsible for sperm production or transportation.

Possible complications include:

- Epididymitis
- Epididymo-orchitis
- Inflammation of reproductive structures
- Scrotal pain
- Rare obstruction or damage affecting sperm transport

However, infertility should never automatically be blamed on an old STI.

A man experiencing difficulty achieving pregnancy may require:

- Medical history
- Physical examination
- Semen analysis
- Hormonal evaluation where indicated
- Ultrasound or other reproductive investigations when necessary

The objective is to determine the actual cause rather than relying on assumptions.

STIs During Pregnancy

Sexually transmitted infections can be particularly important during pregnancy.

Depending upon the organism, untreated infection can contribute to:

- Miscarriage
- Premature delivery
- Low birth weight
- Stillbirth
- Infection of the newborn
- Congenital disease
- Eye infections in newborns

WHO estimated that **1.1 million pregnant women had syphilis in 2022**, resulting in more than **390,000 adverse birth outcomes**.

Pregnancy therefore requires appropriate screening according to national recommendations and individual risk.

Treatment must also be selected specifically for pregnancy.

Pregnant patients should never self-prescribe antibiotics, antiviral drugs or herbal preparations.

How Are STIs Diagnosed?

Accurate diagnosis depends upon the suspected infection.

Testing may include:

Nucleic Acid Amplification Tests — NAAT

NAAT is commonly used for detecting infections such as:

- Chlamydia
- Gonorrhoea

Samples may include:

- First-catch urine
- Vaginal swab
- Cervical swab
- Urethral sample
- Rectal swab
- Throat swab

The anatomical site tested should reflect the sites of sexual exposure.

Blood Tests

Blood testing may be used for conditions such as:

- HIV
- Syphilis
- Hepatitis B
- Hepatitis C

Some tests have a **window period**, meaning infection may be too recent to detect immediately.

A healthcare professional may therefore advise repeat testing following recent exposure.

Examination of Ulcers or Lesions

Genital sores may require:

- Physical examination
- Swab testing
- Molecular tests
- Blood tests depending upon the suspected condition

A genital ulcer should not automatically be diagnosed as herpes or syphilis by appearance alone.

Why Laboratory Testing Matters

WHO notes that STI symptoms are often nonspecific and many infections are asymptomatic. Where quality-assured molecular testing is available, laboratory-supported diagnosis helps improve treatment accuracy.

For example, penile discharge may result from:

- Gonorrhoea
- Chlamydia
- *Mycoplasma genitalium*
- Trichomoniasis
- Other urethral infections

Treating every discharge with the same medicine can therefore lead to failure.

Screening Even Without Symptoms

Sometimes testing is appropriate despite complete absence of symptoms.

For example, CDC guidance recommends annual chlamydia and gonorrhoea screening for sexually active women younger than 25 years and for older women when increased risk is present. Screening recommendations differ according to pregnancy, anatomy, sexual exposure, local prevalence and individual risk.

Patients should discuss their personal screening requirements confidentially with an appropriate healthcare professional.

Modern Treatment of Sexually Transmitted Infections

There is **no single medicine for every STI**.

This is extremely important.

Treatment depends on the organism.

Type of Infection	Examples	General Treatment Principle
Bacterial	Chlamydia, gonorrhoea, syphilis	Appropriate antibiotics
Parasitic	Trichomoniasis	Appropriate antimicrobial treatment
Viral	Herpes	Antiviral treatment controls symptoms; does not eradicate HSV
Viral	HIV	Long-term antiretroviral therapy
Viral	Hepatitis B	Monitoring and antiviral treatment when indicated
Viral	HPV	Treatment of warts or precancerous/cancerous changes; vaccination prevents many important HPV infections

Treatment should be based on current guidelines, the patient's diagnosis, pregnancy status, allergies, local antimicrobial-resistance patterns and other medical factors.

Why Antibiotics Should Not Be Taken Without Medical Advice

Random or repeated antibiotic use is a major concern.

It can:

- Cause adverse effects
- Delay proper diagnosis
- Treat one organism while leaving another untreated
- Promote antimicrobial resistance
- Make future treatment more difficult

Gonorrhoea is a particularly important example.

WHO reported in October 2025 that antimicrobial resistance in *Neisseria gonorrhoeae* has increased rapidly and has reduced treatment options. Resistance to ceftriaxone—the key remaining first-line treatment in many settings—is an increasing international concern.

Antibiotic stewardship is therefore not only a hospital issue.

It begins with patients **not self-medicating**.

Partner Treatment Is Part of STI Treatment

Many patients make this mistake:

One partner receives treatment, while the other does not.

The infection then returns.

This may be interpreted as:

"The medicine did not work."

But sometimes the real problem is **reinfection**.

WHO considers partner management an important component of STI case management because treating partners helps interrupt transmission and prevent repeated infection.

Depending on the infection, recent sexual partners may require:

- Notification
- Testing
- Examination
- Treatment

This should be managed respectfully and confidentially.

Preventing Sexually Transmitted Infections

1. Use Condoms Correctly and Consistently

Condoms are among the most effective methods for reducing transmission of many STIs, including HIV.

However, condoms cannot provide complete protection from infections transmitted through skin areas that are not covered, such as some cases of herpes or syphilis.

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2. Get Tested When Appropriate

Testing is particularly important when:

- A partner has been diagnosed with an STI
- There has been unprotected sexual exposure
- A new sexual relationship begins
- There are multiple partners
- Symptoms develop
- Pregnancy is planned
- There is unexplained infertility
- A clinician recommends routine screening

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3. HPV Vaccination

Vaccination against HPV helps prevent infections responsible for cervical cancer and several other HPV-related cancers.

WHO states that HPV vaccination, particularly before sexual exposure, is a highly effective cancer-prevention strategy.

Vaccination recommendations depend on age and national immunization schedules.

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4. Hepatitis B Vaccination

A safe and effective hepatitis B vaccine is available.

WHO recommends vaccination beginning in infancy and identifies vaccination as the major preventive measure against hepatitis B.

Adults who are unvaccinated and at risk should discuss vaccination with their healthcare provider.

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5. HIV Prevention: PrEP and PEP

For people at significant risk of HIV exposure, modern preventive medicine provides additional options.

PrEP — Pre-Exposure Prophylaxis

PrEP is taken by HIV-negative individuals before potential exposure to substantially reduce the risk of acquiring HIV.

PEP — Post-Exposure Prophylaxis

PEP is medication used after a potential HIV exposure and should be discussed urgently with a healthcare professional.

WHO recognizes both PrEP and PEP as important HIV-prevention strategies for appropriate individuals.

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6. Avoid Sharing Needles

Sharing contaminated injecting equipment can transmit:

- HIV
- Hepatitis B
- Hepatitis C

Sterile equipment and appropriate harm-reduction services are important preventive measures.

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7. Communication Between Partners

Discussing STI testing may feel uncomfortable, but respectful communication can protect both partners.

A healthy conversation should not be based on accusation.

The objective is:

- Testing
- Treatment
- Prevention
- Protection of reproductive health

The Psychological Impact of STIs

The physical infection is sometimes only part of the patient's suffering.

Patients may experience:

- Fear
- Shame
- Anxiety
- Relationship problems
- Concern about marriage
- Fear of infertility
- Fear of cancer
- Worry about pregnancy
- Social stigma

As physicians, we should never increase this stigma.

A diagnosis should be discussed confidentially and respectfully.

Having an STI does not make someone immoral or unworthy of respect.

It means the person has a medical condition requiring appropriate care.

Understanding STIs From the Unani Perspective

Historical Context

The Unani system of medicine developed from Greco-Arabic medical traditions and later developed substantially in Persia, Central Asia and the Indian subcontinent.

The classical Unani physicians did not have modern molecular microbiology.

They could not identify:

- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*
- HIV
- HPV
- Herpes simplex virus

in the modern laboratory sense.

Therefore, it would be scientifically incorrect to claim that every modern STI corresponds exactly to one classical Unani diagnosis.

What classical physicians observed were **symptom patterns** such as:

- Genital discharge
- Urethral burning
- Ulcers
- Swelling
- Pain
- Reproductive weakness
- Urinary complaints
- Inflammation
- Constitutional disturbances

These symptoms were interpreted using traditional Unani concepts.

Mizaj — Temperament

Mizaj, or temperament, is a central concept in Unani medicine.

A Unani physician considers individual constitutional characteristics rather than treating every person as identical.

This can include consideration of:

- Physical constitution
- Dietary habits
- Digestion
- Sleep
- Activity
- Environment
- Associated complaints
- Overall health

The Central Council for Research in Unani Medicine continues scientific research into traditional concepts such as Mizaj and their relationship to physiological and pathological parameters.

Akhlat — Traditional Humoral Concept

Classical Unani medicine traditionally describes four humours:

- **Dam** — blood
- **Balgham** — phlegm
- **Safra** — yellow bile
- **Sauda** — black bile

Disease in classical theory may involve alteration of temperament, humoral balance or organ function.

However, I want to make an important distinction for modern patients:

A laboratory-confirmed STI is caused by an infectious organism, not simply by "excess phlegm," "excess bile," or another humour.

Traditional humoral assessment and modern microbiological diagnosis represent different medical frameworks.

One should not be substituted for the other.

Principles of Treatment in Unani Medicine

Official CCRUM material describes several important principles used in Unani therapeutics, including:

Izala-i-Sabab — Removal of the Cause

Identifying and removing a causative factor is a fundamental therapeutic principle.

Ta'dil-i-Mizaj — Normalization of Temperament

Treatment may seek to restore an altered temperament through individualized measures.

Ilaj-bil-Ghiza — Dietotherapy

Diet is selected according to health status, constitution and therapeutic goals.

Ilaj-bil-Dawa — Pharmacotherapy

Medicinal substances may be used according to Unani therapeutic principles.

Ilaj-bil-Tadbir — Regimental Therapy

Certain non-drug regimens are used within traditional practice where appropriate.

CCRUM officially describes **Ilaj-bil-Tadbir, Ilaj-bil-Ghiza, Ilaj-bil-Dawa and Ilaj-bil-Yad** among the therapeutic approaches of Unani medicine.

How Can Unani Medicine Be Useful in Patients With STIs?

The most responsible answer is to distinguish between:

Eradicating an infectious organism

and

Supporting the overall patient.

If laboratory testing confirms gonorrhoea, chlamydia, syphilis or another treatable pathogen, the patient needs the proven pathogen-specific antimicrobial treatment.

Unani care **must not delay or replace that therapy**.

However, appropriately supervised Unani medicine may have a complementary role in the broader management of selected patients, particularly regarding:

- General health
- Nutrition
- Digestive health
- Recovery following illness
- Individual constitutional assessment
- Lifestyle improvement
- Sleep and physical routine
- Sexual-health counseling
- Reproductive-health support
- Associated noninfectious symptoms where appropriately diagnosed

The traditional holistic approach is especially useful for reminding clinicians to look beyond a laboratory report and assess the complete patient.

But holistic treatment does not mean ignoring microbiology.

A truly responsible integrated approach should respect both.

Can Unani Medicines Kill Sexually Transmitted Organisms?

This question requires a very clear answer.

Traditional herbs and formulations may have pharmacological properties that are scientifically interesting, and some traditional medicines continue to be investigated experimentally.

However, we should not claim that an herbal or Unani formulation **reliably eradicates an STI organism in humans** unless adequate clinical evidence demonstrates that effect.

Therefore:

- Confirmed chlamydia requires appropriate antibiotics.
- Gonorrhoea requires guideline-directed antibiotic treatment.
- Syphilis requires appropriate antibiotic treatment.
- Trichomoniasis requires proven antimicrobial therapy.
- HIV requires antiretroviral treatment.
- Herpes requires antiviral management when indicated.
- Hepatitis B requires appropriate specialist monitoring and treatment where indicated.
- HPV-related lesions require appropriate medical evaluation and follow-up.

Unani medicine may be incorporated **supportively**, but it should never be presented as a replacement for essential treatment of an established STI.

Why I Do Not Recommend Random "STD Medicines"

Patients sometimes arrive asking:

"Doctor, please give me one medicine that cures all sexual infections."

There is no scientifically responsible medicine of this type.

Genital discharge caused by gonorrhoea is different from herpes.

Herpes is different from syphilis.

Syphilis is different from HPV.

HPV is different from HIV.

They involve different organisms, different tests, different complications and different treatments.

Good medicine begins with the correct diagnosis.

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SEXUAL DISORDERS & INFERTILITY CENTER

Modern Medicine and Unani Medicine: A Balanced Comparison

Aspect	Modern Medical Approach	Responsible Unani/Integrative Approach
Identification of STI	Laboratory tests identify specific pathogens	Traditional assessment considers symptoms, Mizaj and overall constitution
Main objective in active bacterial STI	Eradicate the organism	Support general health but do not replace antimicrobial treatment
Antibiotics	Essential for indicated bacterial infections	Not replaced by herbal therapy
Antivirals	Used for HIV, herpes and hepatitis when appropriate	Supportive Unani care may accompany specialist treatment
Diet	General health and disease-specific nutrition	Ilaj-bil-Ghiza emphasizes individualized dietary management
Lifestyle	Prevention and general health	Important component of maintaining health and constitutional balance
Partner management	Essential component of STI care	Counseling can reinforce responsible partner treatment and prevention
Fertility evaluation	Semen analysis, imaging, hormonal and reproductive investigations	May be combined with individualized supportive reproductive-health care
Prevention	Condoms, vaccination, screening, PrEP/PEP where appropriate	Hygiene, responsible lifestyle, health education and preventive counseling can complement evidence-based prevention
Evidence for pathogen eradication	Based on microbiological and clinical trials	Traditional formulations should not be claimed to eradicate specific STI pathogens without adequate clinical evidence

This is the approach I consider most responsible.

We should not create a competition between modern medicine and Unani medicine.

We should understand the strengths and limitations of each system and place **patient safety first**.

Dr. Nizamuddin Qasmi's Approach at Saira Health Care

When a patient comes to **Saira Health Care** with a sexual-health problem, my first objective is to understand the individual rather than immediately assume a diagnosis.

My approach may include the following steps.

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1. Confidential Clinical History

Sexual health requires privacy.

I discuss:

- Present symptoms
- Duration
- Previous medicines
- Previous STI history
- Relevant sexual exposure
- Partner symptoms
- Urinary complaints
- Testicular symptoms
- Pelvic symptoms
- Fertility concerns
- Pregnancy-related concerns where applicable

The patient should be able to speak without embarrassment.

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2. Appropriate Testing

When infection is suspected, I encourage appropriate laboratory diagnosis.

Depending upon the case this may include:

- Chlamydia testing
- Gonorrhoea testing
- Syphilis testing
- HIV testing
- Hepatitis screening

- Urine testing
- Swab testing
- Other investigations

Testing should reflect both symptoms and anatomical exposure.

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3. Evidence-Based Treatment of the Infection

Where a bacterial, viral or parasitic STI is confirmed, pathogen-specific treatment should be arranged according to current medical guidance.

This is particularly important for infections where delay can affect fertility or pregnancy.

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4. Partner Management

Treating the original patient without considering the sexual partner can lead to repeated infection.

I therefore explain why partner evaluation may be necessary.

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5. Evaluation for Sexual and Reproductive Complications

Because of my focused practice in **sexual disorders and infertility**, I pay particular attention to complications such as:

In men

- Epididymitis
- Testicular pain
- Chronic genital discomfort
- Possible reproductive-tract inflammation
- Fertility concerns
- Changes in semen parameters where clinically relevant

In women

- Pelvic inflammatory disease
- Chronic pelvic pain
- Tubal-factor infertility

- Abnormal discharge
- Recurrent cervical inflammation
- Pregnancy-related concerns

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6. Individualized Unani Support

Once urgent infectious causes have been correctly diagnosed and appropriately treated, selected patients may also receive individualized supportive Unani care according to clinical need.

This may focus on:

- General constitution
- Diet
- Lifestyle
- Physical activity
- Rest and sleep
- Digestive health
- General weakness
- Reproductive health
- Recovery and well-being

This is where the holistic strengths of Unani medicine can complement modern infection management without compromising patient safety.

Saira Health Care's Contribution to Sexual Disorders and Infertility

At **Saira Health Care**, one of our major areas of work is patient education in sexual and reproductive health.

Many patients suffering from sexual-health problems delay consultation because of:

- Embarrassment
- Fear
- Misinformation
- Social stigma

- Dependence on unverified internet remedies
- Repeated self-medication

Our objective is to encourage a more responsible approach.

Saira Health Care's clinical focus includes:

- Male sexual disorders
- Male infertility
- Reproductive health
- Sexual-health concerns
- Testicular and epididymal disorders
- Erectile dysfunction
- Premature ejaculation
- Semen and sperm-related concerns
- Fertility counseling
- Sexual infection awareness
- Patient education
- Individualized Unani supportive care where appropriate

We believe sexual health should be discussed with the same professionalism and dignity as any other aspect of medicine.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi is Founder and Chief Physician of **Saira Health Care** and has a focused practice in **Sexual Disorders and Infertility**.

His qualifications and professional training include:

BUMS — Hamdard University, Delhi
MD
CGO
Certificate in Infertility — MGBIMS, Delhi
Certificate in Urology — London, UK
Masters in Male Infertility — MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health — ISRH, UNFPA

His clinical approach emphasizes:

- Proper diagnosis
- Patient confidentiality
- Responsible sexual-health education
- Reproductive-health evaluation
- Infertility assessment
- Individualized treatment
- Appropriate integration of Unani supportive principles with modern diagnostic information

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Common Myths About Sexually Transmitted Diseases

Myth 1: "I have no symptoms, so I cannot have an STI."

Incorrect.

Many infections are asymptomatic.

Testing may therefore be necessary despite feeling completely healthy.

Myth 2: "Only people with many sexual partners develop STIs."

Incorrect.

Having multiple partners can increase exposure risk, but even a person with one sexual partner can acquire an infection if that partner is infected.

Myth 3: "Every genital discharge is gonorrhoea."

Incorrect.

Several infections and noninfectious conditions can cause discharge.

Proper testing is important.

Myth 4: "Once an STI has been treated, I can never get it again."

Incorrect.

Chlamydia, gonorrhoea, syphilis and trichomoniasis can be acquired again after successful treatment.

Treatment does not provide permanent immunity.

Myth 5: "Herpes can be completely removed from the body with medicine."

Current antiviral treatment does not eradicate herpes simplex virus.

Medication can control symptoms and reduce recurrence and transmission risk.

Myth 6: "HIV always leads quickly to AIDS."

No.

Modern ART can suppress HIV effectively and allow people to live long, healthy lives.

A person receiving effective ART with a sustained undetectable viral load does not sexually transmit HIV.

Myth 7: "Herbal medicine alone can cure every STI."

No responsible physician should make such a universal claim.

The treatment depends on the actual organism.

Traditional medicine may support the patient's overall health but must not delay proven pathogen-specific therapy.

Myth 8: "An STI diagnosis means infertility."

No.

Many infections are diagnosed and treated without producing infertility.

The risk increases mainly when certain infections remain untreated and produce reproductive complications.

Frequently Asked Questions

Are sexually transmitted diseases curable?

Some are.

Chlamydia, gonorrhoea, syphilis and trichomoniasis are generally curable with appropriate treatment.

Herpes and HIV are treatable but not currently cured by routine therapy. Chronic hepatitis B can be controlled in appropriate patients, while HPV requires monitoring or treatment according to the manifestation.

Can STIs affect sperm?

Some infections and associated inflammation can potentially affect the male reproductive tract.

If infertility is present, semen analysis and appropriate reproductive evaluation are more useful than assuming an infection is responsible.

Can an STI prevent pregnancy?

Untreated chlamydia and gonorrhoea can contribute to pelvic inflammatory disease and tubal infertility in women.

Early diagnosis and treatment reduce this risk.

Should both partners be tested?

Often yes.

The exact recommendation depends upon the infection, but partner management is a major component of STI control.

Can I take antibiotics myself?

This is not recommended.

Different infections require different medicines, and inappropriate antibiotic use contributes to resistance.

Can Unani medicine be taken together with modern treatment?

In selected patients, supportive Unani care may sometimes be integrated with conventional treatment under professional supervision.

All medicines and supplements should be disclosed to the treating healthcare professionals to avoid interactions and inappropriate duplication.

Is genital herpes dangerous?

For many otherwise healthy adults, herpes primarily causes recurrent painful lesions and psychological distress.

It deserves particular attention in pregnancy and in immunocompromised individuals.

HSV-2 is also associated with an increased risk of HIV acquisition.

Is HPV always cancerous?

No.

Most HPV infections do not become cancer.

Persistent infection with certain high-risk HPV types is the important concern.

Vaccination and cervical screening can substantially reduce the burden of HPV-related cervical cancer.

Is hepatitis B sexually transmitted?

It can be.

Hepatitis B can spread through infected blood and body fluids, including through sexual contact.

Vaccination provides highly effective prevention.

When Should You Consult a Doctor?

Seek medical evaluation if you experience:

- Penile discharge
- Abnormal vaginal discharge
- Burning during urination
- Genital sores
- Genital blisters

- Genital warts
- Persistent genital itching
- Testicular pain or swelling
- Pelvic pain
- Bleeding following intercourse
- Unexplained bleeding between periods
- Rectal discharge or bleeding
- Symptoms following unprotected sexual contact
- A partner diagnosed with an STI
- Recurrent genital symptoms
- Difficulty achieving pregnancy
- Concern following possible HIV exposure

When Is Urgent Medical Attention Required?

Some symptoms should not wait for a routine appointment.

Seek prompt medical attention for:

- Sudden severe testicular pain
- Severe pelvic or lower abdominal pain
- High fever with genital symptoms
- Severe genital swelling
- Significant bleeding
- Severe illness during pregnancy
- Symptoms suggesting a serious allergic reaction to medication
- Recent significant HIV exposure requiring assessment for PEP

Sudden severe testicular pain is particularly important because **testicular torsion is an emergency** and must not simply be assumed to be an STI.

A Message to My Patients

When patients come to me with an STI concern, many are frightened even before I begin examining them.

Some ask:

“Doctor, will I become infertile?”

Some ask:

“Will my marriage be affected?”

Others are afraid someone will judge them.

My first message is simple:

Do not allow shame to prevent you from receiving proper medical care.

An STI is a health condition.

The correct response is not fear.

The correct response is:

understand it, test it, treat it and prevent it from spreading.

If an infection is bacterial, use the correct antibiotic under professional guidance.

If it is viral, understand the correct long-term management.

If your partner needs testing or treatment, deal with that responsibly.

If fertility has become a concern, investigate it properly rather than assuming the worst.

And if Unani medicine can appropriately support your diet, constitution, recovery or reproductive health, it may be thoughtfully incorporated—but never at the cost of delaying essential infection treatment.

That is the approach I consider safest, most scientific and most respectful of both medical traditions.

The Future of STI Prevention and Treatment

Despite decades of progress, sexually transmitted infections remain a major global health challenge.

WHO's **2026 mid-term progress report** on global HIV, viral hepatitis and STI strategies concluded that overall progress is mixed and that the world remains **off track to achieve the 2030 targets for STIs**.

Major challenges include:

- Asymptomatic infection
- Inadequate testing
- Social stigma
- Limited access to sexual-health services
- Reinfection
- Poor partner treatment
- Antimicrobial resistance
- Unequal access to vaccines
- Insufficient sexual-health education

Research is also continuing into:

- Better point-of-care tests
- New antimicrobial medicines
- Gonorrhoea vaccines
- Chlamydia vaccines
- Herpes vaccines
- Improved HIV prevention
- Long-acting therapies

WHO notes that vaccines against chlamydia, gonorrhoea and herpes are under research, while hepatitis B and HPV vaccines are already highly important tools in STI prevention.

Conclusion

Sexually transmitted infections represent a diverse group of bacterial, viral and parasitic infections transmitted primarily through sexual contact.

They include common conditions such as:

- Chlamydia
- Gonorrhoea
- Syphilis
- Trichomoniasis
- Genital herpes

- HPV
- HIV
- Hepatitis B

One of the greatest challenges is that many infections cause **no symptoms at all**.

This makes testing, prevention and responsible partner management extremely important.

Some STIs are completely curable.

Others can be effectively controlled.

Certain infections can have significant long-term consequences when neglected, including:

- Pelvic inflammatory disease
- Infertility
- Ectopic pregnancy
- Chronic pelvic or genital pain
- Pregnancy complications
- Liver disease
- Cancer
- Increased vulnerability to HIV

Modern medicine provides highly effective tools for diagnosing and treating these infections.

The Unani system of medicine brings a broader individualized framework involving **Mizaj, lifestyle, dietotherapy, pharmacotherapy and attention to the patient's complete constitution**. Official CCRUM material recognizes Ilaj-bil-Ghiza, Ilaj-bil-Dawa and Ilaj-bil-Tadbir among the established therapeutic approaches within the Unani system.

The safest approach is therefore not to claim that one medical system replaces another.

For an established infectious organism, appropriate antimicrobial or antiviral management is essential.

For the broader patient—diet, lifestyle, constitution, general well-being, reproductive rehabilitation and individualized supportive management—responsibly supervised Unani care can have a complementary role.

At **Saira Health Care**, my focus remains on integrating good clinical judgment, modern diagnostic information, sexual-health education, infertility evaluation and appropriate Unani supportive principles in a patient-centred manner.

Sexual health should never be managed through fear, shame or guesswork.

Early diagnosis, correct treatment, partner protection and responsible prevention can protect sexual health, reproductive health and future fertility.

Important Medical Disclaimer

This article is intended for **general education and public-health awareness** and does not replace an individual medical consultation, physical examination, laboratory diagnosis or prescribed treatment.

Sexually transmitted infections require different treatments depending on the organism involved. Patients should not start antibiotics, antiviral medicines, antiparasitic drugs, herbal products or Unani medicines solely on the basis of information contained in this article.

Traditional or Unani medicines should not be considered substitutes for evidence-based antimicrobial treatment required to eradicate confirmed bacterial or parasitic STIs or for established antiviral management of infections such as HIV, herpes or hepatitis B.

Pregnant patients, people with severe pelvic pain, sudden testicular pain, high fever, genital ulcers, significant bleeding or possible recent HIV exposure should seek appropriate medical care promptly.