Chlamydia

A Comprehensive Understanding of Chlamydia, Its Effects on Sexual and Reproductive Health, Modern Treatment and the Supportive Role of Unani Medicine

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Introduction

Chlamydia is one of the most important sexually transmitted infections that I want every sexually active person—male or female—to understand properly.

The reason is simple: **chlamydia can be present without producing noticeable symptoms**. A person may feel completely healthy, continue normal sexual activity and unknowingly transmit the infection to a partner. Meanwhile, in some patients, untreated infection can gradually affect the reproductive system and contribute to serious complications.

Chlamydia is caused by a bacterium known as ***Chlamydia trachomatis***. It can infect the cervix, urethra, rectum and throat and can also spread upward into the reproductive organs.

According to the World Health Organization, an estimated **128.5 million new chlamydia infections occurred worldwide among people aged 15–49 years in 2020**. WHO describes chlamydia as a preventable and curable sexually transmitted infection but emphasizes that untreated disease can lead to pelvic inflammatory disease, infertility, ectopic pregnancy and other complications.

At Saira Health Care, we particularly pay attention to infections such as chlamydia because sexual infection and reproductive health are closely connected. Patients sometimes come for infertility, pelvic discomfort, testicular pain, abnormal discharge or other reproductive problems without realizing that a previous or ongoing sexually transmitted infection may be contributing to their condition.

The reassuring fact is that **chlamydia can usually be cured with appropriate antibiotic treatment**. The important issues are early detection, complete treatment, management of sexual partners and prevention of reinfection.

What Is Chlamydia?

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

It is primarily transmitted through sexual contact and can occur after:

- Vaginal sexual intercourse
- Anal sexual intercourse
- Oral sexual contact
- Sexual exposure to an infected partner who may have no symptoms

An infected pregnant woman can also transmit the infection to her baby around the time of childbirth.

Chlamydia can infect different anatomical areas depending upon the type of exposure. The most commonly affected areas include:

- Cervix
- Urethra
- Rectum
- Throat
- Epididymis in complicated male infection
- Upper female reproductive tract in complicated infection

Because the infection is frequently silent, absence of symptoms does **not** mean absence of infection. WHO specifically notes that many people have either no symptoms or only mild symptoms.

Why Is Chlamydia So Important?

A common question patients ask me is:

“Doctor, if I have no pain or discharge, why should I worry?”

My answer is that the main danger of chlamydia is not always what you feel today—it is what an untreated infection may do silently over time.

An untreated infection may spread into deeper reproductive structures.

In women, this can contribute to:

- Pelvic inflammatory disease
- Damage or scarring of the fallopian tubes
- Chronic pelvic pain
- Difficulty becoming pregnant
- Increased risk of ectopic pregnancy

In men, complications may include:

- Epididymitis
- Epididymo-orchitis
- Testicular or scrotal pain
- Chronic discomfort
- Rarely, impairment of fertility

WHO also recognizes associations between chlamydial infection and increased susceptibility to HIV infection and adverse pregnancy outcomes.

Early diagnosis and appropriate treatment are therefore important even when symptoms appear minor.

How Common Is Chlamydia?

Chlamydia is one of the world's most common bacterial sexually transmitted infections.

WHO estimated approximately **128.5 million new infections among adults aged 15–49 years globally in 2020**, with an estimated prevalence of approximately 4.0% among women and 2.5% among men in this age group. Infection is particularly common among younger sexually active people.

These numbers also demonstrate why chlamydia should not be viewed as an unusual or shameful disease.

It is an infection.

Like other infections, it requires diagnosis, treatment, prevention and responsible partner management—not stigma.

Symptoms of Chlamydia

Why Chlamydia Is Called a "Silent" Infection

Many infected individuals have no obvious symptoms.

When symptoms do occur, they may be mild enough to be ignored.

According to WHO, symptoms may sometimes become noticeable within several weeks after exposure, but absence of symptoms is extremely common.

Symptoms of Chlamydia in Men

Men may experience:

1. Discharge from the Penis

There may be clear, cloudy, whitish or abnormal discharge from the urethra.

2. Burning During Urination

A burning or painful sensation while passing urine is a common presentation of urethral infection.

3. Irritation at the Tip of the Penis

Some patients complain of itching, irritation or discomfort around the urethral opening.

4. Testicular or Scrotal Pain

If infection involves the epididymis, pain or swelling can develop around one or both testicles.

Chlamydia is one recognized sexually transmitted cause of acute epididymitis. Untreated epididymal infection may occasionally lead to chronic pain or fertility problems.

5. Rectal Symptoms

Rectal chlamydia may cause:

- Rectal pain
- Discharge
- Bleeding
- Discomfort during bowel movements

Some rectal infections produce no symptoms.

6. Throat Infection

Oropharyngeal chlamydia is frequently asymptomatic.

Symptoms of Chlamydia in Women

Women may experience:

1. Abnormal Vaginal Discharge

There may be a noticeable change in the amount, appearance or nature of vaginal discharge.

2. Burning During Urination

Urethral involvement can produce dysuria or burning while passing urine.

3. Lower Abdominal or Pelvic Pain

Pain may develop if infection starts spreading into the upper reproductive tract.

4. Bleeding Between Periods

Unexpected bleeding outside the normal menstrual cycle should be medically assessed.

5. Bleeding After Sexual Intercourse

Cervical inflammation can sometimes cause post-coital bleeding.

6. Pain During Sexual Intercourse

Pain, particularly deep pelvic pain during intercourse, requires evaluation for cervicitis or pelvic inflammatory disease.

7. Rectal Symptoms

Rectal infection may cause pain, discharge or bleeding.

WHO lists altered vaginal discharge, intermenstrual or post-coital bleeding, lower abdominal discomfort and burning during urination among recognized symptoms.

Chlamydia and Pelvic Inflammatory Disease

One of the most important complications in women is **pelvic inflammatory disease**, commonly abbreviated as PID.

When infection travels upward from the cervix, it can involve the uterus, fallopian tubes and surrounding reproductive tissues.

PID may cause:

- Lower abdominal pain

- Pelvic pain
- Fever
- Abnormal discharge
- Pain during intercourse
- Irregular bleeding
- Pain or tenderness on examination

Sometimes PID itself can be relatively mild or even clinically subtle.

This is important because repeated or untreated inflammation may result in scarring of the fallopian tubes.

Such scarring can interfere with the normal movement of the egg and therefore increase the possibility of:

- Tubal infertility
- Ectopic pregnancy
- Chronic pelvic pain

WHO identifies PID, infertility and ectopic pregnancy as important consequences of untreated chlamydia in women.

Chlamydia and Male Infertility

Because my clinical work focuses substantially on **sexual disorders and infertility**, I frequently meet men who are worried that an infection may have affected their reproductive health.

Chlamydia does not automatically mean that a man will become infertile.

Most appropriately diagnosed and treated infections do not produce infertility.

However, if infection spreads to the epididymis and causes significant or recurrent inflammation, reproductive structures involved in sperm transportation may potentially become affected.

Chlamydial epididymitis can cause:

- Scrotal pain
- Epididymal swelling
- Tenderness

- Inflammation
- Chronic discomfort

In uncommon complicated cases, fertility may be affected. WHO describes epididymitis or epididymo-orchitis as a complication in men and notes that infertility may occur rarely.

Therefore, a man with testicular pain, swelling or infertility should not simply assume that the problem is caused by chlamydia. Proper evaluation is necessary.

Chlamydia and Female Infertility

The relationship between untreated sexually transmitted infections and female infertility is particularly important.

Fallopian tubes are extremely delicate structures.

If inflammation produces scarring or obstruction, sperm may be unable to reach the egg, or a fertilized egg may have difficulty moving normally toward the uterus.

WHO recognizes untreated STIs as an important preventable cause of tubal disease and infertility.

This is one reason early diagnosis and treatment of chlamydia can be considered part of **fertility preservation**.

Chlamydia and Pregnancy

Chlamydia deserves special attention during pregnancy.

An untreated maternal infection has been associated with adverse pregnancy outcomes, including premature delivery and low birth weight.

A baby exposed during childbirth may develop:

- Conjunctivitis
- Eye infection and discharge
- Pneumonia

WHO specifically identifies neonatal conjunctivitis and pneumonia among complications associated with maternal chlamydia.

Pregnant women therefore require appropriate screening when indicated and pregnancy-specific treatment.

Pregnancy is also one situation in which patients should **never choose antibiotics themselves**, because the recommended medicine and follow-up differ from routine treatment in nonpregnant adults.

Can Chlamydia Affect the Rectum?

Yes.

Rectal chlamydia can occur after exposure involving the anorectal area.

Symptoms may include:

- Rectal discomfort
- Pain
- Discharge
- Bleeding
- Pain during bowel movement

However, rectal infection can also remain completely asymptomatic.

This is clinically important because testing only urine or genital samples may miss an infection located at another exposed anatomical site.

Can Chlamydia Affect the Throat?

Yes.

Chlamydia can infect the oropharyngeal region after sexual exposure involving the mouth and throat.

However, throat chlamydia commonly produces no obvious symptoms.

Testing decisions should therefore be guided by sexual history and the anatomical sites of exposure rather than symptoms alone. WHO recommends considering sampling from genital, anorectal and oropharyngeal sites according to medical and sexual history.

What Is Lymphogranuloma Venereum?

Certain strains of *Chlamydia trachomatis* produce a more invasive infection known as **lymphogranuloma venereum**, or LGV.

LGV is different from ordinary uncomplicated genital chlamydia.

It can cause:

- Genital ulceration
- Enlarged lymph nodes
- Severe rectal inflammation
- Rectal discharge
- Pain
- Fever
- Abdominal cramps
- Difficulty passing stool

Specific molecular testing and different treatment considerations may be necessary.

How Is Chlamydia Diagnosed?

Symptoms alone cannot reliably diagnose chlamydia.

This is one of the most important points I explain to patients.

Burning urination or discharge may also occur with:

- Gonorrhoea
- *Mycoplasma genitalium*
- Trichomoniasis
- Urinary tract infection
- Prostatitis
- Balanitis
- Vaginitis
- Cervicitis from another cause

Laboratory confirmation is therefore important whenever testing is available.

NAAT: The Preferred Test for Chlamydia

The preferred diagnostic method is a **nucleic acid amplification test**, usually called a **NAAT**.

NAAT detects genetic material from *Chlamydia trachomatis* and is highly sensitive.

WHO describes NAAT as the principal diagnostic method for chlamydia. Testing can use samples collected from relevant anatomical sites based on exposure.

Depending upon the patient, samples may include:

- Vaginal swab
- Cervical swab
- First-catch urine
- Urethral specimen
- Rectal swab
- Oropharyngeal swab

The appropriate sample depends on sex, symptoms, sexual exposure and local laboratory protocols.

Why Testing Is Better Than Guessing

One of the mistakes I see in sexual-health care is repeated empirical treatment without establishing what infection is actually present.

A patient may take one antibiotic, symptoms improve temporarily and then return.

Possible explanations include:

- Wrong diagnosis
- Inadequate treatment
- Missed infection at another anatomical site
- Reinfection by an untreated partner
- Another STI
- Noninfectious inflammation

Accurate testing helps prevent unnecessary medicines and allows appropriate partner management.

Testing for Other Sexually Transmitted Infections

A diagnosis of chlamydia should also lead to consideration of other STIs.

CDC guidance recommends that people diagnosed with chlamydia be tested for:

- HIV
- Gonorrhoea
- Syphilis

depending on individual circumstances and risk.

Additional tests may be indicated according to history, symptoms, pregnancy and risk factors.

Who Should Consider Chlamydia Screening?

Screening recommendations vary somewhat between countries.

The CDC recommends routine annual chlamydia screening for sexually active women younger than 25 years and for older women when increased risk is present. Pregnant women younger than 25 years and older pregnant women with relevant risk factors should also be screened.

Risk factors may include:

- A new sexual partner
- Multiple partners
- A partner with another STI
- A partner with concurrent partners
- Previous chlamydia
- Other STI exposure

Testing may also be appropriate in men and other populations according to symptoms, sexual practices, local prevalence and clinical assessment.

Screening recommendations should always be adapted to national guidelines and the patient's circumstances.

Modern Medical Treatment of Chlamydia

Can Chlamydia Be Completely Cured?

Yes.

This question has a clear answer:

Chlamydia is a curable bacterial infection when appropriate antibiotic treatment is taken correctly.

However, there is an important distinction between:

Curing the infection

and

Reversing damage already caused by longstanding infection.

Antibiotics can eradicate the organism, but they may not reverse permanent scarring that has already developed in the fallopian tubes or other reproductive structures.

CDC specifically notes that treatment cures the infection but cannot undo permanent damage that may already have occurred.

This is why early treatment matters.

Current Antibiotic Treatment

According to the WHO's updated treatment recommendations, for uncomplicated genital, anorectal or oropharyngeal chlamydial infection in adults and adolescents, **doxycycline 100 mg twice daily for seven days** is the preferred regimen.

If doxycycline is unavailable or adherence to multiple doses is a serious concern, WHO suggests **azithromycin 1 g as a single oral dose** as an alternative.

For pregnant and breastfeeding women, WHO recommends a different approach, including **azithromycin 1 g orally as a single dose** as the recommended regimen.

These drug names and doses are presented for educational purposes and should not be used as instructions for self-medication.

The appropriate treatment may differ according to:

- Pregnancy
- Breastfeeding
- Age
- Allergy history
- Anatomical site of infection
- Associated gonorrhoea
- Possible pelvic inflammatory disease

- Epididymitis
- LGV
- Other medications
- Local treatment guidelines

A clinician should determine the correct regimen.

Why Self-Medication Is a Problem

Please do not repeatedly take antibiotics whenever discharge or burning develops.

This approach can:

- Delay the correct diagnosis
- Miss gonorrhoea or another STI
- Miss PID
- Miss epididymitis
- Produce drug side effects
- Encourage inappropriate antibiotic use
- Leave an infected partner untreated
- Allow reinfection

Proper testing and complete treatment are safer than trial-and-error treatment.

Treatment of the Sexual Partner Is Essential

Treating only one person is often not enough.

If one partner receives treatment but the other remains infected, the infection can simply pass back again.

This is called **reinfection**.

WHO and CDC therefore emphasize partner notification, evaluation and treatment.

Patients sometimes mistake reinfection for “medicine failure.”

In reality, repeat infection frequently occurs because:

- A partner was not treated

- Treatment was incomplete
- Sexual activity resumed too early
- A new infected partner was encountered

Partner management is therefore part of the treatment—not an optional extra.

When Is Sexual Activity Safe Again?

CDC guidance advises patients treated with a seven-day regimen to avoid sexual intercourse until the course has been completed and symptoms have resolved.

After a single-dose regimen, patients should wait seven days.

Sex should also be avoided until partners have been appropriately treated to reduce the risk of reinfection.

Condom use is strongly recommended as part of STI prevention.

Do I Need Another Test After Treatment?

For most nonpregnant people treated appropriately, an immediate “test of cure” is not routinely required unless:

- Treatment adherence was uncertain
- Symptoms continue
- Reinfection is suspected
- There is another clinical reason for repeat testing

Testing too early can sometimes detect genetic material from organisms that are no longer viable.

However, because repeat infection is common, CDC recommends **retesting approximately three months after treatment**.

Special Follow-Up During Pregnancy

Pregnancy requires more careful follow-up.

CDC recommends a **test of cure approximately four weeks after completion of treatment** in pregnancy and repeat testing around three months later.

This is important because persistent infection can affect both the mother and the newborn.

Can You Get Chlamydia Again?

Yes.

Previous infection does not provide reliable immunity.

A person who has been successfully treated can acquire chlamydia again after another exposure.

This makes:

- Partner treatment
- Condom use
- Retesting
- Responsible sexual practices

extremely important.

Prevention of Chlamydia

Prevention is easier than dealing with reproductive complications later.

Important preventive measures include:

Correct and Consistent Condom Use

Condoms substantially reduce the risk of sexual transmission when used correctly and consistently.

Limit Exposure to Untreated Infection

Mutual monogamy between partners who have been appropriately tested reduces risk.

STI Testing

Individuals with increased risk should undergo appropriate testing even if they feel completely healthy.

Partner Communication

A positive diagnosis should be communicated responsibly so that partners can also receive medical care.

Complete Prescribed Treatment

Stopping antibiotics prematurely may interfere with effective treatment.

Retesting

Repeat testing after treatment helps identify reinfection.

At present, there is **no licensed vaccine for chlamydia prevention**.

Chlamydia From the Unani Perspective

Understanding the Historical Context Correctly

As a physician trained in Unani medicine, I consider it important to explain the traditional perspective accurately rather than forcing a modern disease into an ancient terminology.

Classical Unani physicians lived centuries before bacteria such as *Chlamydia trachomatis* were identified.

Therefore, it would not be scientifically or historically correct to say that classical Unani texts specifically described *Chlamydia trachomatis* infection as we understand it today.

Instead, classical physicians described **clinical symptom patterns** involving:

- Abnormal genital discharge
- Burning urination
- Inflammation
- Pain
- Reproductive weakness
- Pelvic complaints
- Disorders affecting reproductive organs

These symptom complexes were interpreted through the traditional principles of **Mizaj, Akhlat, Quwa and organ function**.

The Fundamental Unani Concepts

The Central Council for Research in Unani Medicine describes **Mizaj or temperament** as a central principle of the Unani system.

Traditional Unani theory describes four humours:

- **Dam** – blood
- **Balgham** – phlegm

- **Safra** – yellow bile
- **Sauda** – black bile

Health is traditionally understood in relation to equilibrium among temperament, humours, organs, faculties and bodily functions.

This traditional framework can be useful for individualized assessment within Unani practice.

However, it should not be confused with microbiological diagnosis.

A NAAT identifies *Chlamydia trachomatis*.

A temperament assessment does not.

Both belong to fundamentally different diagnostic frameworks.

Is Chlamydia Caused by Excess Phlegm in Unani Medicine?

This requires clarification.

It is sometimes loosely stated that chlamydia represents a “Balghami” or phlegmatic disorder caused by excessive coldness and moisture.

Such a statement is too simplistic.

Different patients may present with different:

- Temperaments
- Types of discharge
- Degrees of inflammation
- Urinary symptoms
- General constitutional features

Classical Unani medicine did not identify *C. trachomatis* as a bacterium.

Therefore, I would not scientifically describe every chlamydia infection as the result of excessive phlegm.

A Unani physician may assess the patient's temperament and associated symptoms, but **laboratory-confirmed bacterial infection must still be recognized as bacterial infection**.

How Unani Medicine Can Be Useful in Chlamydia Care

This is where an integrated and responsible approach becomes valuable.

Unani medicine can be useful as **supportive and individualized care**, particularly in addressing:

- General health and recovery
- Digestive health
- Dietary correction
- Constitutional imbalance according to Mizaj
- Associated weakness
- Symptom support
- Lifestyle factors
- Reproductive-health rehabilitation
- Individualized care after appropriate infection treatment

CCRUM describes four broad therapeutic approaches within Unani practice:

- **Ilaj-bil-Ghiza** – dietotherapy
- **Ilaj-bil-Dawa** – pharmacotherapy
- **Ilaj-bil-Tadbir** – regimental therapy
- **Ilaj-bil-Yad** – surgical intervention where applicable.

The selection of therapy depends upon the individual's condition.

An Important Limitation: Unani Medicine Must Not Replace Antibiotics for Confirmed Chlamydia

This point deserves to be stated very clearly.

Once active *Chlamydia trachomatis* infection has been confirmed, **appropriate antibiotic treatment remains the established curative treatment**.

WHO recommends antibiotic therapy for uncomplicated chlamydial infection.

Unani medicine should therefore not be promoted as a replacement for the antibiotic treatment required to eradicate the bacterium.

Natural products are being scientifically investigated for possible antichlamydial activity, but such research does not establish ordinary herbal medicines as equivalent replacements for guideline-recommended antibiotics. Research reviews describe natural compounds as an area of investigation rather than an established substitute for standard therapy.

This distinction protects patients from delayed treatment and preventable reproductive complications.

What About Neem, Amla and Gokshura?

Traditional medicinal plants such as Neem, Amla, Gokshura and many other herbs have longstanding uses in Indian medical traditions for different health purposes.

However, it would be medically inappropriate to tell a patient:

“Take these herbs and your chlamydia will definitely be cured.”

No traditional herb should be presented as a proven substitute for the antibiotic regimen required to eradicate confirmed *C. trachomatis* infection unless strong clinical evidence and appropriate guidelines establish such an indication.

At Saira Health Care, the better approach is to ask:

1. Has chlamydia been confirmed?
2. Has appropriate antimicrobial treatment been completed?
3. Has the partner been evaluated?
4. Are symptoms persisting?
5. Is another STI present?
6. Has reproductive health been affected?
7. Can individualized Unani supportive care improve the patient's overall recovery?

This is more scientifically responsible and much safer for the patient.

Modern Medicine and Unani Medicine: A Comparative Understanding

Aspect	Modern Medical Approach	Unani Supportive Approach
Cause of chlamydia	*Chlamydia trachomatis* bacterium	Classical Unani literature did not identify this bacterium
Diagnosis	NAAT and anatomical-site-specific testing	History, Mizaj, symptoms, physical and constitutional assessment

Main goal	Eradicate the pathogen and prevent complications/transmission	Support constitutional balance, symptoms, diet, recovery and general reproductive health
Curative treatment of active infection	Appropriate antibiotics	Should not replace required antibiotics
Partner treatment	Essential to prevent reinfection	Can reinforce counseling, abstinence and preventive lifestyle
Fertility assessment	Semen analysis, imaging and reproductive investigations where indicated	Individualized constitutional and supportive reproductive care
Diet and lifestyle	General preventive health advice	Ilaj-bil-Ghiza and lifestyle-oriented individualized measures
Follow-up	Retesting and assessment of complications	Supportive follow-up can be integrated with medical monitoring

The best clinical approach is not to create an unnecessary competition between two systems.

The responsible approach is to understand **what each system can and cannot do**.

For an identifiable bacterial STI, pathogen eradication is essential.

For holistic recovery, lifestyle, constitutional assessment and general reproductive-health support, Unani principles may have a complementary role.

Dr. Nizamuddin Qasmi's Approach to Chlamydia at Saira Health Care

In my approach at **Saira Health Care**, I do not consider a patient's problem only from the name written on a laboratory report.

I look at the complete patient.

For somebody presenting with suspected chlamydia or complications following an STI, the clinical pathway may include:

1. Detailed History

I consider:

- Present symptoms
- Duration of symptoms
- Previous STI history
- Previous treatment
- Sexual exposure where relevant
- Partner treatment history
- Fertility history
- Urinary complaints
- Testicular or pelvic symptoms

Patient confidentiality and dignity are extremely important.

2. Confirmation of the Infection

Where appropriate, laboratory testing such as NAAT should be obtained.

3. Evaluation for Other STIs

Gonorrhoea, HIV, syphilis and other infections may need to be considered according to the patient's circumstances.

4. Ensuring Appropriate Antibiotic Treatment

Confirmed bacterial chlamydia requires guideline-directed antimicrobial treatment from an appropriately qualified healthcare professional.

Unani treatment should not delay this step.

5. Partner Management

Partner evaluation and treatment are essential for preventing repeated infection.

6. Assessment of Complications

Men with testicular pain may require evaluation for epididymitis.

Women with lower abdominal pain may require assessment for PID.

7. Fertility Evaluation Where Necessary

If the patient has been trying unsuccessfully for pregnancy or has a history suggesting reproductive complications, further evaluation may be appropriate.

For men, this can include semen analysis and reproductive evaluation.

For women, assessment may include ovulation, pelvic organs and tubal factors according to clinical requirements.

8. Individualized Unani Supportive Care

Once urgent infection management has been appropriately addressed, Unani care can be individualized according to:

- Mizaj
- General health
- Digestive condition
- Diet
- Physical activity
- Sleep
- Associated weakness
- Reproductive concerns
- Recovery after illness

This integrated, patient-centred approach is particularly valuable in sexual and reproductive healthcare.

Contribution of Saira Health Care in Sexual Disorders and Infertility

At **Saira Health Care**, our clinical and educational work places strong emphasis on:

- Male sexual health
- Female sexual-health concerns
- Male infertility
- Reproductive health
- Sexual infections and their complications
- Premature ejaculation
- Erectile dysfunction
- Disorders affecting sperm parameters
- Testicular and epididymal conditions
- Fertility-related counseling

- Patient education

Sexual disorders and infertility often require more than a quick prescription.

Patients may arrive with years of anxiety, misunderstanding, inappropriate medicines or embarrassment.

One of our important responsibilities is therefore **education**.

A patient who understands his or her condition is more likely to:

- Complete treatment
- Protect a partner
- Avoid reinfection
- Seek evaluation at the correct time
- Avoid unnecessary medicines
- Make informed fertility decisions

Saira Health Care aims to combine the traditional clinical strengths of Unani medicine with responsible use of modern diagnostic information and appropriate specialist referral whenever necessary.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi is the Founder and Chief Physician of **Saira Health Care**, with a focused clinical 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 focus includes evaluation and individualized management of reproductive, infertility and sexual-health concerns, with particular emphasis on patient education, confidentiality and a responsible integration of Unani principles with appropriate contemporary diagnostic assessment.

SAIRA HEALTH CARE
An ISO Certified Clinic
SEXUAL DISORDERS & INFERTILITY CENTER

Frequently Asked Questions About Chlamydia

Is chlamydia curable?

Yes. Chlamydia is a curable bacterial infection when appropriately treated with antibiotics.

Can chlamydia go away naturally without treatment?

Patients should not depend on spontaneous clearance. Untreated infection can persist, remain transmissible and cause complications. Anyone diagnosed should receive appropriate treatment.

Can I have chlamydia without symptoms?

Yes. Many people experience no symptoms.

Can chlamydia cause infertility?

Untreated infection can contribute to infertility, particularly through PID and fallopian-tube damage in women. Male fertility complications are less common but may occur with complications such as epididymitis.

Does chlamydia permanently damage fertility?

Not necessarily.

Most patients treated appropriately do not become infertile. The risk relates more to untreated, persistent or complicated infection.

Can chlamydia return after treatment?

Yes. A person can become infected again.

Does my partner also require treatment?

Yes. Appropriate partner evaluation and treatment are important to prevent reinfection.

How soon can sexual intercourse resume?

Generally, patients should complete the prescribed treatment and follow the advised waiting period, while ensuring partners have also been treated. CDC guidance uses a seven-day interval depending on the treatment regimen.

Should I get tested again?

Retesting approximately three months after treatment is commonly recommended because reinfection is frequent.

Can Unani medicine cure chlamydia without antibiotics?

There is currently insufficient evidence to recommend Unani or herbal medicines as replacements for antibiotics that eradicate active *C. trachomatis* infection.

Unani medicine can, however, have a complementary role in individualized supportive care, nutrition, lifestyle, constitutional health and recovery.

Can chlamydia affect pregnancy?

Yes. Untreated infection can affect both mother and baby and may cause neonatal conjunctivitis or pneumonia. Pregnant patients require appropriate treatment and follow-up.

When Should You Seek Medical Attention?

Please arrange medical assessment if you experience:

- Abnormal vaginal discharge
- Penile discharge
- Burning urination
- Pelvic pain
- Lower abdominal pain
- Bleeding after intercourse
- Bleeding between periods
- Rectal pain or discharge
- Testicular discomfort
- Epididymal swelling
- Symptoms after sexual exposure
- A partner recently diagnosed with an STI
- Persistent infertility with possible past STI exposure

When Is Urgent Medical Evaluation Necessary?

Seek prompt or urgent medical attention for:

- Sudden severe testicular pain
- Severe scrotal swelling
- High fever with genital symptoms
- Severe lower abdominal or pelvic pain

- Fainting or severe pain during pregnancy
- Heavy bleeding
- Severe illness accompanying an STI

Sudden severe testicular pain should not automatically be considered epididymitis because **testicular torsion is an emergency that must be excluded promptly**.

A Message to Patients From Dr. Nizamuddin Qasmi

If you have been diagnosed with chlamydia, please do not panic and please do not feel ashamed.

Chlamydia is an infection, and it is treatable.

What matters is that you manage it correctly.

Do not hide the problem from yourself.
Do not repeatedly take medicines without testing.
Do not stop treatment midway.
Do not forget your partner's treatment.
Do not assume that absence of symptoms means the infection is gone.

And if fertility is your concern, remember that a history of chlamydia does **not automatically mean infertility**.

Many people receive treatment and maintain normal reproductive health.

If complications are suspected, proper investigation can tell us much more than fear or assumptions ever can.

My preference is always to understand the complete patient: the infection, reproductive system, general health, lifestyle and individual constitution. Where modern testing and antimicrobial therapy are required, they should be used appropriately. Where Unani principles can support recovery and overall reproductive health, they can be thoughtfully incorporated.

The objective should always be the same:

correct diagnosis, effective treatment, prevention of complications, protection of the partner and preservation of reproductive health.

Conclusion

Chlamydia is one of the most common bacterial sexually transmitted infections worldwide. It is caused by ***Chlamydia trachomatis*** and can infect the genital tract, rectum and throat.

The infection is especially important because many patients remain asymptomatic.

When symptoms occur, they may include genital discharge, burning urination, lower abdominal pain, abnormal bleeding, testicular pain or rectal symptoms.

Untreated chlamydia can result in significant complications, including:

- Pelvic inflammatory disease
- Tubal scarring
- Ectopic pregnancy
- Female infertility
- Epididymitis
- Rare male-fertility complications
- Pregnancy and neonatal complications

Modern molecular testing, especially **NAAT**, provides accurate diagnosis, and appropriate antibiotics can cure active infection. Current WHO guidance favors doxycycline for most uncomplicated infections, while pregnancy requires a different treatment approach.

Partner treatment and follow-up are just as important as treatment of the original patient.

From the Unani perspective, concepts such as **Mizaj, Akhlat, diet and constitutional health** can contribute to individualized supportive care. However, classical Unani literature predates the discovery of *C. trachomatis*, and traditional medicines should not be represented as substitutes for proven antimicrobial treatment.

At **Saira Health Care**, our approach to sexual disorders and infertility is therefore patient-centred and responsible: understand the disease scientifically, identify reproductive consequences early, use modern diagnostic tools appropriately, ensure treatment of confirmed infection and apply individualized Unani supportive principles where suitable.

Early diagnosis can protect not only sexual health but also **future fertility, partner health and pregnancy outcomes**.

Medical Disclaimer

This article is intended for patient education and general medical information. It does not replace individual examination, laboratory testing, diagnosis, prescription or treatment by an appropriately qualified healthcare professional.

Do not start doxycycline, azithromycin or any other antibiotic solely on the basis of information in this article. Treatment varies according to pregnancy, age, anatomical site, associated infection, medical history and individual circumstances.

Unani medicines and herbal products should not be considered substitutes for guideline-recommended antibiotic treatment of confirmed *Chlamydia trachomatis* infection.

Patients with severe pelvic pain, fever, sudden testicular pain, pregnancy-related symptoms or other concerning signs should obtain prompt medical attention.