Sexually Transmitted Infections (STIs): Causes, Symptoms, Complications, Diagnosis, Treatment and the Role of Unani Medicine

A Patient-Friendly and Scientific Guide to Sexual Health

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Introduction

In my clinical practice, I frequently meet patients who are worried, embarrassed or frightened after noticing genital discharge, burning during urination, ulcers, itching, warts, pain, unusual lesions or changes in their sexual health. Some patients have already taken several medicines without proper testing. Others avoid consultation because they fear social judgment.

The first thing I tell such patients is simple: **a sexually transmitted infection is a medical condition, not a reason for shame.** The correct approach is confidential assessment, accurate diagnosis, appropriate treatment and sensible follow-up.

The terms **sexually transmitted disease (STD)** and **sexually transmitted infection (STI)** are often used interchangeably. In modern medicine, *STI* is generally preferred because a person can carry an infection without developing obvious symptoms or a recognizable “disease.”

This distinction is important. Many sexually transmitted infections remain silent for months or even years. A person may therefore feel completely healthy while still carrying and transmitting an infection.

According to the World Health Organization, more than **1 million curable STIs are acquired every day worldwide among people aged 15–49 years**, and most are asymptomatic. WHO estimated approximately 374 million new infections with chlamydia, gonorrhoea, syphilis and trichomoniasis in 2020 alone.

For this reason, STI care should never depend only on whether symptoms are present.

What Are Sexually Transmitted Infections?

Sexually transmitted infections are infections caused by bacteria, viruses, parasites or other microorganisms that can spread primarily through sexual contact.

More than 30 different pathogens are known to be transmissible through sexual activity. WHO identifies eight particularly important pathogens responsible for a large proportion of the global STI burden. Four—**syphilis, gonorrhoea, chlamydia and trichomoniasis**—are generally curable with appropriate antimicrobial treatment. Four important viral infections—**HIV, herpes simplex virus, hepatitis B and human papillomavirus (HPV)**—require different approaches because infection may persist even when symptoms are controlled.

Infection	Cause	General medical status
Chlamydia	*Chlamydia trachomatis*	Curable with appropriate antibiotics
Gonorrhoea	*Neisseria gonorrhoeae*	Usually curable, but antimicrobial resistance is a growing concern
Syphilis	*Treponema pallidum*	Curable with appropriate antibiotic therapy
Trichomoniasis	*Trichomonas vaginalis*	Curable with appropriate antimicrobial treatment
Genital herpes	HSV-1 or HSV-2	Manageable, but currently not eradicated from the body
HIV	Human immunodeficiency virus	Controlled effectively with antiretroviral therapy, but no routine curative treatment
HPV	Human papillomavirus	Most infections clear naturally; persistent high-risk infection may cause cancer
Hepatitis B	Hepatitis B virus	Acute infection may resolve; chronic infection can be controlled and monitored

How Are STIs Transmitted?

Most STIs are transmitted through vaginal, anal or oral sexual contact with an infected person. Transmission may occur through semen, vaginal secretions, blood, skin-to-skin contact or direct contact with infectious lesions.

Certain infections, particularly HIV and hepatitis B, may also spread through exposure to infected blood or contaminated injecting equipment.

Syphilis, HIV, hepatitis B, herpes and some other infections can also be transmitted from a pregnant mother to her baby during pregnancy, childbirth or, depending on the infection, breastfeeding.

It is also important to understand that **penetrative intercourse is not required for every STI to spread**. Herpes, HPV and syphilis, for example, can sometimes be transmitted through contact with infected skin or lesions.

Why Can Someone Have an STI Without Knowing It?

One of the greatest difficulties in controlling sexually transmitted infections is that **absence of symptoms does not mean absence of infection**.

A person may have chlamydia or gonorrhoea and feel completely normal. Syphilis can enter a latent stage in which the patient has no obvious symptoms. Herpes can spread even when visible sores are absent.

WHO emphasizes that the majority of common STIs can be asymptomatic.

This is why I advise patients not to depend on appearance, symptoms or assumptions about their partner. Appropriate laboratory testing is much more reliable.

Common Symptoms of Sexually Transmitted Infections

Symptoms vary significantly according to the organism, site of infection, sex of the patient and stage of disease.

Patients may notice genital or urethral discharge, burning or pain while passing urine, genital sores, ulcers, blisters, itching, unusual rashes, genital warts, lower abdominal or pelvic pain, testicular discomfort, bleeding after intercourse or abnormal vaginal bleeding.

Some infections can involve the rectum or throat after sexual exposure at those sites and may cause rectal discomfort, discharge, sore throat or no symptoms at all.

Syphilis may initially produce a painless ulcer and later cause skin rash and systemic symptoms. Genital herpes typically causes recurrent painful blisters or ulcers, although symptoms can sometimes be extremely mild.

Importantly, similar symptoms can also result from urinary infections, fungal infections, dermatitis, prostatitis and other non-sexually transmitted conditions. Therefore, **symptoms alone should not be used to diagnose an STI.**

Gonorrhoea

Gonorrhoea is caused by the bacterium *Neisseria gonorrhoeae*. It may affect the urethra, cervix, rectum, throat and, less commonly, other parts of the body.

Men may experience burning urination and penile discharge, while many infected women have mild symptoms or none at all. Untreated gonorrhoea can contribute to pelvic inflammatory disease and infertility in women and can cause reproductive complications in men as well.

A particularly serious modern concern is **antimicrobial resistance**. WHO reports rapidly increasing resistance in gonorrhoea to multiple antibiotic classes, which has reduced treatment options worldwide.

This is one important reason why patients should not repeatedly take antibiotics without examination or proper medical advice.

Chlamydia

Chlamydia is caused by *Chlamydia trachomatis*. It is particularly important because the infection frequently produces no symptoms.

When symptoms occur, they may include genital discharge, urinary burning, pelvic discomfort or testicular symptoms.

Untreated chlamydia in women can progress to pelvic inflammatory disease, which can damage the fallopian tubes and increase the risk of infertility and ectopic pregnancy. Prompt treatment also reduces onward transmission and reproductive complications.

In men, chlamydia may cause urethritis and can sometimes be associated with epididymal inflammation.

Syphilis

Syphilis is caused by the bacterium *Treponema pallidum*. It is a systemic infection, meaning that without adequate treatment it can eventually affect multiple organs.

The condition progresses through recognized stages. Early infection may cause a painless sore known as a chancre. Secondary syphilis can produce rash, lymph-node enlargement and other systemic symptoms.

The disease may then enter a latent stage during which visible symptoms disappear.

This disappearance can be dangerous because the patient may mistakenly believe that the infection has cured itself.

Without appropriate treatment, some patients can eventually develop neurological, cardiovascular or other serious complications.

Penicillin remains the preferred treatment for syphilis, with the specific preparation and treatment duration determined by the stage and clinical circumstances.

Pregnancy deserves particular attention because maternal syphilis can cause miscarriage, stillbirth, neonatal infection and other severe outcomes.

Genital Herpes

Genital herpes is most commonly caused by HSV-2, although HSV-1 can also cause genital infection.

After entering the body, the virus establishes lifelong latency. Patients may experience recurring outbreaks consisting of painful blisters, ulcers, tingling or burning.

At present, antiviral medicines can shorten or suppress outbreaks and reduce the likelihood of transmission, but they do not remove the latent virus from the body.

This difference between **controlling an infection** and **eliminating the organism** is extremely important when discussing treatment honestly with patients.

Human Papillomavirus — HPV

HPV is extremely common. Many infections resolve spontaneously through the body's immune response.

Certain HPV types cause genital warts, whereas persistent infection with high-risk HPV types is associated with cervical cancer and can also contribute to anal, penile and oropharyngeal cancers.

Treatment is generally directed toward visible warts or abnormal precancerous tissue rather than attempting to “eradicate” an asymptomatic HPV infection with medication.

HPV vaccination represents one of the most important preventive advances in sexual and reproductive medicine.

HIV and Hepatitis B

HIV progressively damages the immune system when untreated. Modern antiretroviral treatment can suppress HIV extremely effectively, allow patients to live long and productive lives and dramatically reduce transmission.

Hepatitis B primarily affects the liver. Chronic infection can eventually result in cirrhosis or liver cancer in some patients.

Safe and effective vaccination is available against hepatitis B, and WHO's updated hepatitis guidance continues to emphasize vaccination, testing, prevention of mother-to-child transmission and appropriate treatment and monitoring.

Complications of Untreated STIs

A common mistake is to treat only visible discharge, itching or ulcers and assume that once these disappear, the infection has also disappeared.

This is not always true.

Untreated or inadequately treated sexually transmitted infections can cause pelvic inflammatory disease, tubal damage, ectopic pregnancy, female infertility, epididymal or testicular inflammation, fertility problems in men, chronic pelvic discomfort, pregnancy complications, congenital infection, neurological disease, liver disease and certain cancers.

Gonorrhoea and chlamydia are recognized causes of pelvic inflammatory disease and infertility in women. Syphilis can produce severe late neurological and systemic disease, while persistent HPV infection is associated with several cancers.

For a physician working in the field of **sexual disorders and infertility**, this relationship is particularly important. When evaluating infertility, the possibility of previous reproductive-tract infection should not be overlooked.

How Are STIs Diagnosed?

When a patient comes to me with suspected infection, I believe diagnosis should begin with a respectful and confidential history rather than assumptions or judgment.

The doctor may ask about symptoms, their duration, previous treatment, recent sexual exposure, contraceptive or condom use, previous STI history and reproductive plans.

Depending on the suspected infection, investigations may include urine testing, urethral or vaginal/cervical swabs, nucleic-acid amplification tests, blood testing for HIV, hepatitis or syphilis, testing from genital ulcers or blisters and examination of lesions.

Syphilis is generally diagnosed with appropriate serological testing. HIV uses validated antigen/antibody or other testing algorithms. Chlamydia and gonorrhoea are commonly detected using molecular tests.

Testing should be selected according to the patient's exposure because infection may occur in the genital tract, rectum or throat.

Importantly, CDC guidance recommends appropriate STI screening according to age, pregnancy status, sexual exposure and individual risk rather than using one identical screening schedule for everyone.

Why Treatment of the Partner Is Important

When one partner is treated but an infected partner remains untreated, the infection may be transmitted back again.

Patients sometimes describe this as “medicine failure,” when the real problem is **reinfection**.

For infections such as gonorrhoea and chlamydia, partner evaluation and treatment are therefore an important component of management.

Patients should follow their doctor's instructions regarding how long to avoid sexual contact and when sexual activity can safely resume.

The Unani Understanding of Sexually Transmitted Diseases

The Unani system has a long historical tradition of describing diseases affecting the genital and reproductive organs.

Classical Unani literature generally groups venereal disorders under the term **Amraz-e-Zohraviyah**. Syphilis has traditionally been described as **Atishak**, while gonorrhoea has been described as **Suzak**.

Classical Unani theory interprets illness through concepts including **Mizaj** or temperament, the balance of the four humours or *Akhlat*, and pathological disturbance known as *Su-e-Mizaj*. Traditional texts also describe concepts such as *Fasaad-e-Khoon* in relation to certain venereal disorders.

It is essential, however, to understand that these are **traditional medical concepts**. Modern microbiology identifies specific organisms such as *Treponema pallidum*, *Neisseria gonorrhoeae* and *Chlamydia trachomatis* as the causes of specific infections.

In contemporary clinical care, these two frameworks should not be confused.

Classical Principles of Unani Management

Traditionally, Unani physicians have used principles such as **Tanqiya**—removal or elimination of morbid material—and **Tadeel**, meaning restoration or moderation of disturbed temperament.

Classical therapeutic categories may include *Musaffi-e-Dam* agents, traditionally described as blood-purifying medicines; *Mudir-e-Baul* or diuretic medicines; and *Muhallil* or inflammation-resolving approaches. These principles were historically used to address symptoms such as burning, discharge and inflammatory manifestations.

This traditional framework remains an important part of Unani medical heritage.

At the same time, in the modern era we have access to microbiological testing and highly effective pathogen-specific medicines that earlier physicians did not possess. A responsible contemporary Unani physician should therefore make use of modern diagnostic knowledge rather than ignoring it.

Can Unani Medicine Cure Sexually Transmitted Infections?

This is one of the most important questions I discuss with my patients.

The correct medical answer depends on **which infection we are talking about**.

For active bacterial infections such as syphilis, gonorrhoea and chlamydia, there is currently insufficient high-quality clinical evidence to recommend Unani treatment as a substitute for established pathogen-directed antibiotic therapy. The background review supplied for this article similarly distinguishes improvement of symptoms from true microbiological eradication and identifies a lack of rigorous comparative trials establishing Unani therapy as an alternative cure for bacterial STIs.

For viral infections such as herpes and HIV, modern medicine itself does not presently provide routine eradication of the latent virus. Treatment is directed toward controlling viral activity, preventing complications and reducing transmission. Unani care may be considered only as **supportive or complementary management** where appropriate and should never replace proven antiviral treatment.

This distinction protects patients.

Feeling better is important, but **symptomatic improvement is not always microbiological cure**.

Where Can Unani Medicine Have a Useful Role?

I consider the greatest contemporary value of Unani medicine in STI-related care to be an **integrative and supportive role**, particularly after the infection itself has been correctly identified and pathogen-directed treatment has been arranged whenever required.

Traditional Unani management can be individualized according to symptoms, constitution, digestive health, urinary discomfort, general weakness, inflammation, sleep, appetite and reproductive wellbeing.

The source material supplied for this article similarly concludes that the strongest defensible role for Unani medicine at present is complementary care and symptom management rather than replacing validated antimicrobial treatment for active bacterial infection.

Classical plants such as **Chobchini (*Smilax* species), Ushba, Neem and Aloe vera** have longstanding use in traditional systems, and some have been investigated experimentally for anti-inflammatory, antioxidant, antimicrobial or antiviral activity. However, laboratory activity of a plant should never automatically be interpreted as proof that it can eradicate a human STI.

This distinction between **traditional usefulness**, **pharmacological potential** and **proven clinical cure** is fundamental to ethical medical practice.

Unani Medicines Are Part of a Regulated Pharmacopoeial Tradition

Unani medicine in India is not merely an oral folk tradition. Official pharmacopoeial work continues under institutions associated with the Ministry of Ayush.

For example, the Pharmacopoeia Commission for Indian Medicine & Homoeopathy lists official monographs for preparations such as **Sufoof-e-Suzak** in the National Formulary of Unani Medicine and **Dawa-e-Suzak** in the Unani Pharmacopoeia of India.

Such pharmacopoeial documentation is valuable for identity, formulation and quality standards.

However, **pharmacopoeial listing must not be confused with proof that a formulation is clinically equivalent to modern antimicrobial therapy**. These are two different questions.

Safety of Traditional Medicines Is Extremely Important

Another issue I strongly emphasize is that “traditional” does not automatically mean “risk-free.”

Historical Unani and other traditional formulations have sometimes incorporated mineral ingredients. The source material supplied for this article discusses historical preparations containing arsenic-, mercury- or lead-related ingredients and appropriately highlights the potential for toxicity when such substances are used improperly or without adequate quality control.

Patients should therefore avoid purchasing unknown preparations, unlabelled powders or medicines from unqualified sources.

Self-medication is particularly dangerous in STIs because it can do two things at the same time: expose the patient to unnecessary adverse effects while allowing the actual infection to continue silently.

A qualified physician should know what the patient is taking, particularly if conventional antibiotics, antiviral medicines or other long-term treatments are also being used.

The Saira Health Care Approach to STI, Sexual Health and Infertility

At **Saira Health Care**, I believe that patients with sexual-health concerns deserve three things above all: **privacy, scientific evaluation and respectful communication**.

My approach is not to treat every genital symptom as the same condition and not to prescribe a medicine simply because a patient describes discharge, weakness or burning.

The first priority is to determine whether an infection is present and, if so, what type of infection is most likely. Where laboratory testing or specialist referral is necessary, it should not be delayed.

For a confirmed or strongly suspected bacterial STI, evidence-based antimicrobial treatment remains essential.

Where appropriate, individualized Unani supportive care can then be considered alongside responsible medical management, especially for symptom recovery, constitutional care and broader reproductive wellbeing.

This is particularly relevant to our work in **sexual disorders and infertility**, because reproductive health is rarely limited to one laboratory value or one symptom. Previous infections, semen quality, reproductive anatomy, hormonal factors, sexual function, lifestyle and the health of both partners may all influence fertility.

My Particular Focus as Dr. Nizamuddin Qasmi

My professional work at Saira Health Care is focused on **sexual disorders and infertility**, with an emphasis on explaining complex reproductive-health problems in language patients can understand.

My listed professional qualifications include:

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In STI-related consultations, my objective is not merely to make an external symptom disappear. The broader goal is to protect the patient's **long-term reproductive health, fertility, sexual health and partner's wellbeing**.

STIs and Male Infertility

Patients frequently ask whether a previous STI can reduce sperm count or cause infertility.

The answer is that **some infections can affect male reproductive health**, although this does not occur in every infected man.

Inflammation involving the epididymis, testicle, prostate or reproductive ducts may interfere with reproductive function. Severe or repeated infection can occasionally contribute to scarring or obstruction.

For this reason, men with a history of significant genital infection who later experience infertility may require semen analysis and additional evaluation according to their individual findings.

It is equally important not to blame every abnormal semen report on an STI. Male infertility has many potential causes, and an evidence-based assessment should consider the complete clinical picture.

STIs and Female Infertility

The relationship is particularly well established for untreated chlamydia and gonorrhoea.

These infections may ascend into the upper reproductive tract and contribute to **pelvic inflammatory disease (PID)**.

Even relatively mild or unrecognized PID can damage reproductive structures and increase the future risk of tubal infertility and ectopic pregnancy.

Early diagnosis therefore protects not only present health but potentially future fertility.

Why Repeated Self-Treatment Can Be Harmful

I often see patients who have taken several courses of antibiotics because a discharge or burning sensation returned.

This approach is problematic.

Recurring symptoms may result from reinfection by an untreated partner, incorrect initial diagnosis, inadequate treatment, antimicrobial resistance or an entirely different non-STI condition.

In gonorrhoea, antimicrobial resistance is now an internationally recognized problem. WHO reports high resistance to several previously useful antibiotic classes and emerging resistance or reduced susceptibility even to important cephalosporins.

Repeated unsupervised antibiotic use can therefore make matters worse rather than better.

Prevention Is Better Than Repeated Treatment

Correct and consistent condom use substantially reduces the risk of many sexually transmitted infections, although protection is not absolute for infections spread through skin or lesions outside the area covered by a condom.

Vaccination is another major preventive tool. Effective vaccines are available against **hepatitis B and HPV**.

Regular testing is particularly important for people with new or multiple partners, known exposure, a partner diagnosed with an STI, pregnancy or other recognized risk factors.

Open communication between partners, avoiding sexual activity when infectious lesions are present, completing prescribed treatment and ensuring partner evaluation can significantly reduce reinfection.

STI Testing During Pregnancy

Pregnancy makes STI screening particularly important because certain infections can affect both mother and baby.

Syphilis can cross the placenta. HIV, hepatitis B, herpes, gonorrhoea and chlamydia can also create important pregnancy or neonatal risks depending on the infection.

Testing and treatment during pregnancy should therefore never be postponed because a woman feels healthy.

Current screening recommendations place particular emphasis on syphilis, HIV, hepatitis and selected bacterial STIs according to maternal age and risk factors.

Pregnant patients should never start herbal, Unani, over-the-counter or prescription treatment for a suspected STI without appropriate medical supervision.

When Should You See a Doctor Quickly?

Prompt medical evaluation is advisable if you notice a new genital ulcer or blister, pus-like genital discharge, significant burning while passing urine, new genital warts, pelvic or lower abdominal pain, testicular swelling or pain, unexplained rash after sexual exposure, fever with genital symptoms, or if a sexual partner informs you that they have been diagnosed with an STI.

Pregnant patients with possible STI exposure should seek assessment promptly.

Severe sudden testicular pain, severe abdominal or pelvic pain, high fever or significant systemic illness requires urgent medical attention because potentially serious conditions other than an STI may also cause these symptoms.

A Scientific and Ethical View of Unani Medicine in STI Care

As someone trained in the Unani system and engaged in sexual and reproductive health, I believe the future lies neither in rejecting traditional medicine automatically nor in making exaggerated claims about it.

We should preserve classical knowledge, study it scientifically, standardize medicines, investigate pharmacological activity and determine where traditional treatment genuinely benefits patients.

At the same time, scientific honesty requires us to accept the limitations of present evidence.

The review supplied as background for this article reaches a similar conclusion: there is currently insufficient evidence to use Unani medicine as a primary microbiological cure for active syphilis or gonorrhoea, while supportive and complementary roles warrant further scientific investigation.

That is not a weakness of Unani medicine. It is an invitation for **better research, better standardization and responsible integration**.

Why Responsible Health Information Matters

Sexually transmitted infections are particularly vulnerable to misleading “guaranteed cure” advertisements because many patients are embarrassed and want a quick, private solution.

Indian law also places specific restrictions on drug advertising related to venereal diseases and prohibits false or misleading therapeutic claims. The Drugs and Magic Remedies (Objectionable Advertisements) Act includes venereal diseases such as syphilis and gonorrhoea in its Schedule and prohibits misleading drug advertisements.

For a professional healthcare institution, patient education should therefore remain factual, balanced and medically responsible.

Contribution of Saira Health Care in Sexual Disorders and Infertility

At Saira Health Care, our continuing objective is to improve awareness about conditions that people are often uncomfortable discussing openly.

Sexual dysfunction, infertility, abnormal semen parameters, varicocele, reproductive infections and other intimate health problems can profoundly affect a person's confidence, marriage, fertility plans and quality of life.

Our educational approach is intended to encourage patients to move away from myths and secret self-medication toward **proper consultation, investigation and individualized care**.

Where Unani medicine is appropriate, it may form part of an individualized supportive approach. Where modern antimicrobial, antiviral, surgical or other specialist treatment is required, such treatment should not be unnecessarily delayed.

The interests of the patient must always come before loyalty to any particular system of medicine.

Frequently Asked Questions

Can an STI disappear without treatment?

Symptoms of some infections may temporarily disappear, but that does not prove that the infection has been eradicated. Syphilis is a classic example because visible symptoms can disappear as the disease enters a latent stage.

Can I identify an STI from discharge alone?

No. Several infections and non-infectious disorders can cause similar symptoms. Laboratory testing may be necessary.

If my partner looks healthy, can they still have an STI?

Yes. Many STIs are asymptomatic.

Can Unani medicine be taken alongside conventional treatment?

In selected patients, supportive Unani treatment may sometimes be considered, but the treating doctor should know all medicines being used to minimize interactions and duplication.

Can Unani medicine replace antibiotics for gonorrhoea, syphilis or chlamydia?

Current evidence does not support replacing established pathogen-directed antimicrobial therapy with Unani medicine for these active bacterial infections.

Can an STI cause infertility?

Some untreated infections can contribute to reproductive complications. Chlamydia and gonorrhoea are particularly associated with PID and female infertility, and reproductive-tract infections may sometimes affect male fertility as well.

Can I become infected again after treatment?

Yes. Successful treatment does not necessarily produce permanent immunity. Reinfection can occur, particularly when a partner remains untreated.

Are condoms 100% protective?

No preventive method other than avoiding exposure is absolute. Correct condom use significantly reduces the risk of many STIs, but infections transmitted through uncovered skin or lesions may still spread.

Final Message From Dr. Nizamuddin Qasmi

If you suspect that you may have a sexually transmitted infection, **do not panic, do not feel ashamed and do not repeatedly self-medicate**.

Get properly evaluated.

A correct diagnosis at the right time can prevent months or years of unnecessary anxiety and can protect your partner, future fertility and overall health.

As a physician focused on sexual disorders and infertility, my approach is to combine respect for the principles of Unani medicine with the diagnostic and scientific knowledge available today.

Unani medicine has a valuable historical tradition and may have meaningful supportive applications when used responsibly. But when a bacterial STI requires proven antimicrobial treatment, that treatment should not be delayed. The most responsible form of integrative medicine is not to make one medical system fight another—it is to use reliable knowledge from each system in a way that best protects the patient.

Sexual health is part of overall health, and seeking timely professional care is a sign of responsibility.

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Medical Disclaimer

This article is intended for **general education and public awareness**. It is not a personal diagnosis, prescription or substitute for examination by a qualified healthcare professional. Suspected sexually transmitted infections should be appropriately tested and treated. Patients should not stop prescribed antibiotics, antivirals or other medical treatment in favor of herbal or traditional products without consulting the treating clinician.