

Trichomoniasis

Understanding *Trichomonas vaginalis*, Vaginal and Urethral Infection, Symptoms, Diagnosis, Treatment, Partner Management, Pregnancy, Fertility and the Integrative Role of Unani Medicine

By Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care

Focused Practice in Sexual Disorders & Infertility

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

A Message From Dr. Nizamuddin Qasmi

When a woman comes to me with persistent vaginal discharge, itching, burning or discomfort during intercourse, she may already have tried several treatments for “infection” without ever knowing the actual cause. Similarly, a man may have no symptoms at all and may unknowingly carry an infection that repeatedly returns to his partner.

One important condition that should not be overlooked is **trichomoniasis**.

Trichomoniasis is caused by a microscopic protozoan parasite called:

Trichomonas vaginalis

It is not a fungal infection, and it is not caused by the same bacteria responsible for gonorrhoea or chlamydia. It is a **sexually transmitted infection—STI—and, importantly, it is curable**.

According to the World Health Organization's November 2025 update, trichomoniasis is the world's most common non-viral sexually transmitted infection. WHO estimated approximately **156 million new infections among people aged 15–49 years in 2020**.

My most important message to patients is simple: trichomoniasis should neither be ignored nor feared unnecessarily. When the diagnosis is made correctly and **both partners receive appropriate treatment**, the infection can usually be cured.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

The most common reason I see for infection returning is not that the medicine was “too weak.” It is often that one partner received treatment while the other partner remained infected.

That is why trichomoniasis is a condition in which:

the patient and the sexual partner must be considered together.

What Is Trichomoniasis?

Trichomoniasis is an infection of the urogenital tract caused by *Trichomonas vaginalis*, a microscopic flagellated protozoan parasite.

Unlike bacteria, *T. vaginalis* is a single-celled parasite. It mainly lives in the reproductive and urinary tract.

In women it commonly affects the vagina and may also involve the cervix, urethra and paraurethral glands. In men it most commonly lives in the urethra and may occasionally be associated with inflammation involving the prostate or epididymis. WHO identifies *T. vaginalis* as a pathogenic infection in both women and men, whether symptoms are present or not.

This is an important point because:

a person who feels completely normal may still have trichomoniasis and may still transmit it.

How Common Is Trichomoniasis?

Trichomoniasis is extremely common worldwide.

WHO estimated approximately **156 million new infections in 2020**, making it the most frequent of the major curable non-viral sexually transmitted infections globally.

The infection is often underdiagnosed because a large proportion of infected people have few or no symptoms.

CDC estimates that approximately **70–85% of infected people have minimal or no genital symptoms**, while untreated infection can persist for months or even years.

This combination—high prevalence plus frequent absence of symptoms—helps explain why reinfection between partners is so common.

How Is Trichomoniasis Transmitted?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Trichomoniasis is transmitted primarily through sexual contact with an infected partner.

The parasite usually passes during genital sexual contact, particularly between the penis and vagina and between female genital tracts. CDC notes that *T. vaginalis* most commonly infects the lower genital tract in women and the urethra in men, and a person without symptoms can still transmit infection.

Trichomoniasis should therefore be approached as an STI.

However, receiving a diagnosis should never become an excuse for humiliation, accusation or moral judgement.

A patient needs:

treatment, partner management and accurate counselling—not stigma.

Does Trichomoniasis Prove Recent Infidelity?

Not necessarily.

Some people develop symptoms within approximately **5–28 days** after acquiring infection, but others remain asymptomatic for much longer. Untreated infection can persist for months or even years.

Therefore, a newly diagnosed infection cannot always establish exactly:

when it was acquired, how long it has been present, or which partner had it first.

Relationship conclusions should not be made from one laboratory report alone.

Why Can Trichomoniasis Remain Undetected?

The main reason is that many infections produce:

- no symptoms,
- very mild symptoms,
- symptoms that resemble other vaginal or urinary conditions.

A woman may believe she has recurrent “yeast infection.” A man may have no symptoms and therefore see no reason to seek testing.

This is precisely why partner treatment becomes so important.

Symptoms in Women



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Women may develop symptoms ranging from mild irritation to significant vaginitis.

Typical complaints include abnormal vaginal discharge, genital itching or burning, redness or soreness, discomfort when passing urine and pain during intercourse.

The vaginal discharge may be thin or more abundant and can appear clear, whitish, yellowish or greenish. An unpleasant or fishy odour may occur. WHO identifies vaginal discharge as the major presenting symptom in women and notes that itching, painful urination and painful intercourse may accompany it.

The important point is that:

the colour of discharge alone cannot diagnose trichomoniasis.

Does Trichomoniasis Always Cause Green Frothy Discharge?

No.

Medical textbooks traditionally describe trichomoniasis as producing:

yellow-green, frothy vaginal discharge.

This can occur, but it is not present in every patient.

Some women have:

- thin discharge,
- white discharge,
- only mild increase in discharge,
- no noticeable discharge at all.

Therefore, diagnosing trichomoniasis solely because a discharge looks “frothy” or green is unreliable.

Laboratory testing provides greater diagnostic certainty.

What Is a “Strawberry Cervix”?

Trichomoniasis can produce small areas of cervical inflammation and bleeding that create a punctate red appearance known as:

Strawberry Cervix

or:

Colpitis Macularis.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This is a classic teaching sign but it is not present in most ordinary examinations.

CDC notes that a strawberry-appearing cervix may occur in trichomoniasis and is more frequently identified during colposcopic examination than during routine physical examination.

Its absence therefore does not rule out infection.

Pain During Intercourse

Trichomoniasis causes inflammation of the vaginal mucosa.

This inflammation can make intercourse:

- painful,
- burning,
- uncomfortable.

The medical term for painful intercourse is:

Dyspareunia.

At Saira Health Care, this is particularly relevant because an STI may sometimes first present as what the patient believes is a sexual-pain disorder.

The underlying infection needs to be treated before assuming that the pain is caused by psychological or pelvic-floor factors alone.

Symptoms in Men

Men are much more likely to have no symptoms.

When symptoms occur, they may include irritation or itching inside the penis, burning during urination, burning after ejaculation or a small urethral discharge.

Some men may develop urethritis, and CDC also notes occasional associations with:

- epididymitis,
- prostatitis.

A completely symptom-free male partner can therefore still:

carry the infection and reinfect his partner.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Why Men Are Often Missed

Suppose a woman has trichomoniasis.

She receives medicine and improves.

Her husband has:

- no discharge,
- no burning,
- no visible abnormality.

He therefore takes no treatment.

The couple resumes sexual intercourse.

A few weeks later the woman's symptoms return.

The immediate assumption may be:

“The medicine failed.”

But the real explanation may be:

Reinfection from an untreated asymptomatic partner.

This is one of the most important lessons in trichomoniasis management.

Can Trichomoniasis Last for Years?

Yes.

Untreated infection may persist for:

- months,
- sometimes years.

Therefore, symptoms that have been present for a long time do not automatically exclude trichomoniasis.

Trichomoniasis Is Not the Same as Bacterial Vaginosis

Both conditions can cause:

- abnormal discharge,
- unpleasant odour.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

But they are different.

Trichomoniasis is caused by:

***Trichomonas vaginalis*.**

Bacterial vaginosis results from an alteration in the normal vaginal bacterial ecosystem.

A woman can occasionally have:

- both conditions simultaneously.

Treatment and partner implications differ.

Trichomoniasis Is Not Candidiasis

Vaginal candidiasis is usually caused by:

Candida

which is a fungus.

Trichomoniasis is caused by:

a protozoan parasite.

A woman who repeatedly uses:

- antifungal creams,
- fluconazole

for unrecognized trichomoniasis may therefore remain infected because she is treating the wrong organism.

Why Vaginal Discharge Should Be Diagnosed Properly

The same complaint—vaginal discharge—can result from several conditions.

These include candidiasis, bacterial vaginosis, trichomoniasis, cervicitis and physiological discharge.

This is why at Saira Health Care I prefer asking:

“What is causing the discharge?”

rather than immediately prescribing:

“a medicine for discharge.”

Correct diagnosis reduces repeated, unnecessary treatments.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

How Is Trichomoniasis Diagnosed?

Symptoms alone are insufficient.

CDC specifically states that trichomoniasis cannot reliably be diagnosed from symptoms alone and that laboratory testing should confirm infection when diagnostic testing is available.

Diagnosis may involve:

- microscopy,
- rapid antigen testing,
- molecular testing,
- culture in selected circumstances.

Among modern methods:

Nucleic Acid Amplification Tests — NAATs

are particularly sensitive.

WHO's current information identifies molecular tests such as NAAT as among the most accurate diagnostic approaches and describes vaginal or endocervical samples as preferred specimens in women.

Wet-Mount Microscopy

A traditional test involves placing vaginal discharge in saline and immediately examining it under a microscope.

The examiner looks for:

motile *Trichomonas vaginalis* organisms.

The advantage is that wet microscopy is:

- inexpensive,
- quick.

But the major disadvantage is sensitivity.

CDC reports that wet-mount microscopy detects only approximately **44–68%** of infections compared with more sensitive methods. Sensitivity can decline to around



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

20% if the slide is examined an hour after collection because the organisms rapidly lose their characteristic motility.

Therefore:

a negative wet mount does not reliably exclude trichomoniasis.

NAAT Testing

NAAT detects the genetic material of *T. vaginalis*.

These tests are much more sensitive than routine wet microscopy and can identify infection in patients who have:

- mild symptoms,
- no symptoms,
- a negative wet mount.

CDC recommends more sensitive molecular testing when possible, particularly when microscopy is negative but clinical suspicion remains.

This is particularly useful in recurrent or confusing cases.

Can a Pap Smear Diagnose Trichomoniasis?

Trichomonads may occasionally be reported incidentally on cervical cytology.

However, Pap cytology is not considered the preferred definitive diagnostic test for trichomoniasis.

When the clinical situation requires certainty, an appropriate:

- NAAT,
- other validated diagnostic test

is preferable.

When No Laboratory Test Is Available

In many clinics, immediate laboratory diagnosis is not available.

WHO recognizes that a **syndromic approach** may therefore be used in primary health settings.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This means treatment is selected on the basis of a recognized syndrome such as:

- abnormal vaginal discharge,

covering several likely infections when appropriate.

India's National AIDS and STD Control Programme similarly uses structured syndromic STI/RTI management while increasingly incorporating etiological testing such as NAAT where available.

Whenever good laboratory testing is available, however, etiological diagnosis can reduce unnecessary or incomplete treatment.

Should Other STIs Be Tested?

Yes, in many patients.

CDC recommends testing people diagnosed with trichomoniasis for other sexually transmitted infections, including:

- HIV,
- syphilis,
- gonorrhoea,
- chlamydia.

WHO similarly recommends assessment for other STIs in people diagnosed with *T. vaginalis*.

The exact tests should be selected according to:

- history,
- risk,
- local protocols.

Trichomoniasis and HIV

Trichomoniasis is important beyond vaginal discharge.

Inflammation of genital tissues may make HIV acquisition easier.

WHO's 2025 fact sheet reports that *T. vaginalis* infection is associated with approximately:

1.5 times greater risk of HIV acquisition.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This does **not** mean that a person with trichomoniasis has HIV.

It means that appropriate HIV testing and prevention counselling are important parts of comprehensive STI care.

Is Trichomoniasis Curable?

Yes.

Unlike:

- genital herpes,
- HIV,

trichomoniasis is a:

curable infection.

WHO explicitly identifies trichomoniasis as preventable, treatable and curable.

The medicines with established clinical efficacy belong primarily to the:

nitroimidazole group.

The best established agents are:

- metronidazole,
 - tinidazole.
-

Current WHO Treatment Recommendation

WHO's current treatment recommendation for adults and adolescents—including pregnant women—is:

oral metronidazole 400 mg or 500 mg twice daily for seven days.

When adherence to a multidose regimen is a serious concern, WHO allows selected single-dose alternatives such as oral metronidazole 2 g, or tinidazole 2 g in nonpregnant patients. WHO's evidence review found fewer treatment failures with multidose metronidazole than with a single metronidazole dose.

This is an important modern update.

Current CDC Treatment in Women

CDC recommends for women:

Metronidazole 500 mg orally twice daily for 7 days.

This recommendation is based on evidence that the seven-day regimen reduced positive retesting compared with a single 2-g metronidazole dose.

In other words:

for women, one large metronidazole dose is no longer considered the preferred regimen in current CDC guidance.

Current CDC Treatment in Men

For men, CDC recommends:

Metronidazole 2 g orally as a single dose.

An alternative regimen for women or men is:

Tinidazole 2 g orally as a single dose.

Treatment should still be prescribed by an appropriately qualified clinician, particularly when the patient has:

- pregnancy,
 - significant liver disease,
 - drug allergy,
 - treatment failure,
 - interacting medicines.
-

Current Indian NACO Guidance

India's updated **2024 National Technical Guidelines on STI/RTI management** include oral nitroimidazole therapy for trichomoniasis.

The published summary lists:

- metronidazole,
- secnidazole,
- tinidazole 2 g single-dose options,

with multidose metronidazole or tinidazole as alternative regimens.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Treatment protocols differ slightly between international and national guidelines because some programmes must also consider:

- adherence,
- syndromic management,
- medicine availability.

For confirmed individual infection—particularly in women—the current WHO and CDC evidence favour multidose oral metronidazole when adherence is reliable.

Why Oral Treatment Is Important

Patients sometimes ask whether a vaginal gel alone will cure trichomoniasis.

CDC states that vaginal metronidazole gel does not reach adequate therapeutic concentrations in:

- the urethra,
- perivaginal glands.

It is therefore less effective and is **not recommended as the treatment for confirmed trichomoniasis**.

This distinction is important because metronidazole vaginal gel has an important role in other vaginal conditions such as bacterial vaginosis, but that does not make it equivalent to oral treatment for *T. vaginalis*.

How Effective Is Treatment?

CDC reports approximate cure rates of:

84–98% with recommended metronidazole regimens

and:

92–100% with recommended tinidazole regimens

in clinical trials.

Treatment therefore works very well in most patients.

When the infection appears to “come back,” the first possibilities to consider are:

- reinfection from a partner,
- incomplete adherence,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- less commonly antimicrobial resistance.

Both Partners Must Be Treated

This is one of the most important parts of the article.

CDC states that **concurrent treatment of all sexual partners is vital for preventing reinfection**. Partners should receive presumptive therapy even when they have no symptoms.

WHO similarly advises people diagnosed with trichomoniasis to ensure sexual partners are notified and treated.

If only the symptomatic woman receives treatment while her asymptomatic male partner remains infected, repeated infection becomes very likely.

When Can Sexual Intercourse Resume?

The couple should avoid sexual intercourse until:

- both partners have completed treatment,
- symptoms have resolved.

CDC specifically recommends abstaining from sex until the patient and sexual partner or partners have been treated.

This prevents the frustrating cycle of:

treatment → reinfection → treatment again.

Why Retesting Is Important

Even after successful treatment, trichomoniasis can recur.

CDC reports that reinfection is common and recommends that **all sexually active women be retested approximately three months after treatment**, regardless of whether they believe their partner was treated.

CDC's patient information notes that approximately:

1 in 5

treated people may become infected again within three months in some populations.

Retesting therefore provides an opportunity to detect reinfection before complications or further transmission occur.

Do Men Need Routine Retesting?

Current CDC evidence is insufficient to recommend routine retesting for all treated men when they remain asymptomatic.

However, repeat testing or evaluation becomes appropriate when:

- symptoms persist,
 - a partner tests positive again,
 - treatment failure is suspected.
-

Can a Test Stay Positive Immediately After Treatment?

Yes.

If a molecular NAAT is performed too soon, it may detect residual parasite nucleic acid even though viable organisms have already been eliminated.

CDC advises that when NAAT is being used to investigate persistent or recurrent infection, it should generally not be performed before approximately:

three weeks after treatment completion.

A very early positive molecular result therefore needs careful interpretation.

Why Does Treatment Sometimes Fail?

Treatment failure may result from several different situations.

The most common is:

reinfection.

Other possibilities include:

- medicine not taken correctly,
- vomiting or poor absorption,
- antimicrobial resistance.

CDC estimates metronidazole resistance in approximately:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

4–10% of vaginal trichomoniasis infections.

Tinidazole resistance appears less common in available studies.

Persistent or Resistant Trichomoniasis

A patient with persistent infection should not simply repeat random courses of medication indefinitely.

The clinician should first ask:

Was the partner treated?

Did intercourse occur before treatment was complete?

Was the full regimen taken?

If genuine resistance is suspected after reinfection and nonadherence have been excluded, specialist guidance may be required.

CDC maintains susceptibility-testing capability for refractory *T. vaginalis* isolates.

Do Not Keep Increasing Metronidazole Yourself

Higher-dose and prolonged nitroimidazole regimens are sometimes used for proven treatment-resistant infection.

However, these should be:

- clinician-directed,
- selected carefully.

Self-prescribing repeated high-dose metronidazole can increase the risk of:

- gastrointestinal adverse effects,
- neurological toxicity,
- drug interactions.

Persistent disease should be investigated rather than treated blindly.

Metronidazole and Alcohol

Patients are commonly advised to avoid alcohol during nitroimidazole treatment because of concern about unpleasant reactions such as:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- nausea,
- vomiting,
- flushing.

Medicine-specific advice should be followed, including the recommended interval after the last dose.

The safest practical approach is:

avoid alcohol during therapy and follow the prescribing clinician's instructions afterward.

Trichomoniasis During Pregnancy

Trichomoniasis deserves particular attention in pregnancy.

CDC states that infection in pregnant women is associated with:

- premature rupture of membranes,
- preterm delivery,
- infants who are small for gestational age.

WHO similarly links untreated *T. vaginalis* infection with:

- preterm birth,
- low birth weight,
- premature rupture of membranes.

This is why symptoms should not simply be ignored as “normal pregnancy discharge.”

Can Pregnant Women Be Treated?

Yes.

Current WHO guidance includes pregnant women in its recommendation for oral metronidazole therapy.

CDC states that available human data indicate metronidazole poses **low risk to the developing fetus** and that symptomatic pregnant women should be tested and treated regardless of pregnancy stage.

Treatment should be prescribed by the obstetric clinician.

Tinidazole During Pregnancy

Tinidazole has less human pregnancy-safety information.

CDC advises:

avoiding tinidazole during pregnancy.

Pregnant women therefore should not self-select an alternative based simply on convenience.

Breastfeeding

Metronidazole passes into breast milk, but infant exposure is generally below doses used to treat infants. CDC notes that published reports have not demonstrated clear adverse effects in exposed breastfed infants; advice can vary depending on the dose and regimen.

Tinidazole requires greater caution. CDC advises withholding breastfeeding for approximately:

72 hours after a single 2-g tinidazole dose.

Individual medication advice should come from the treating clinician.

Can Trichomoniasis Affect the Baby?

Direct perinatal transmission is uncommon.

However, when transmission occurs, neonatal:

- genital infection,
- respiratory infection

has been reported.

The more common pregnancy concerns relate to:

- preterm birth,
- premature rupture of membranes,
- low birth weight.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Trichomoniasis and Pelvic Inflammatory Disease

Trichomoniasis is primarily a lower genital-tract infection, but its reproductive-health significance may extend further.

WHO states that *T. vaginalis* infection in women is associated with increased risk of:

pelvic inflammatory disease.

This association is particularly important in women with HIV.

However, when discussing infertility, I make an important distinction.

The relationship between:

- chlamydia or gonorrhoea,
- tubal scarring and infertility

is more firmly established than the direct causal contribution of *T. vaginalis* to tubal infertility.

Does Trichomoniasis Cause Female Infertility?

The answer requires nuance.

Research suggests an association.

A systematic review and meta-analysis found *T. vaginalis* infection to be more frequent among infertile populations and described several plausible reproductive mechanisms.

But observational association does not prove that every woman with trichomoniasis will develop infertility.

Therefore, I do not tell a patient:

“You have trichomoniasis, so your tubes are damaged.”

That would be inaccurate.

Instead I explain:

Persistent genital inflammation and associated reproductive-tract infection may contribute to fertility problems in some women, and timely diagnosis and treatment are therefore sensible parts of reproductive protection.

Does Trichomoniasis Block the Fallopian Tubes?

It should not be presented as a routine cause of bilateral tubal blockage.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

If an infertile woman previously had trichomoniasis, fertility evaluation should still consider all major factors, including:

- ovulation,
- age,
- ovarian reserve where appropriate,
- fallopian tubes,
- uterus,
- male semen quality.

A previous STI history may justify particular attention to tubal health, but the infertility should not simply be attributed to one previous positive trichomonas test.

Trichomoniasis and Male Fertility

There is growing interest in the relationship between male genital-tract infections and semen quality.

A 2025 study specifically investigated *T. vaginalis* among men presenting to an infertility centre, highlighting trichomoniasis as a potentially overlooked male reproductive infection.

A broader 2026 systematic review and meta-analysis of male genital-tract infections found that documented infections as a group were associated with reductions in several semen parameters, including sperm concentration, total count and progressive motility, although there was substantial variation among studies and organisms.

The responsible conclusion is therefore:

male reproductive infection can matter, but a positive *T. vaginalis* result should not automatically be assumed to explain every abnormal semen analysis.

How Might Trichomoniasis Affect Sperm?

Several mechanisms have been proposed in laboratory and clinical literature.

Inflammation in the male genital tract may alter:

- the seminal environment,
- oxidative stress,
- sperm motility,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- sperm viability.

The parasite and accompanying inflammatory response may also interact directly with sperm.

However, the clinical importance varies between individuals.

This is why I evaluate the man completely rather than treating a single positive infection test as the entire diagnosis.

Should Every Infertile Man Be Tested for Trichomoniasis?

Not routinely.

A standard male fertility evaluation should begin with:

- reproductive history,
- semen analysis,
- examination,
- hormones or genetic tests when indicated.

Testing for *T. vaginalis* becomes more relevant when there is:

- urethral discharge,
- persistent urethritis,
- an infected partner,
- recurrent genital infection,
- other clinical suspicion.

What Happens to Semen After the Infection Is Treated?

If genital inflammation contributed to abnormal semen parameters, improvement may occur after successful treatment.

But semen production takes time.

One abnormal analysis immediately after infection does not necessarily represent long-term fertility.

If significant abnormalities remain, the semen analysis may need:

- appropriate repeat assessment,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- evaluation for other male-factor causes.
-

Natural Conception After Trichomoniasis

Successfully treated trichomoniasis does not automatically require:

- IUI,
- IVF,
- ICSI.

When:

- infection has been eradicated,
- both partners have been treated,
- the remainder of the fertility evaluation is favourable,

natural conception can be attempted.

Assisted reproduction should be used because there is a true fertility indication—not simply because an STI occurred in the past.

Sexual Health After Trichomoniasis

The infection may affect sexuality in several ways.

Women may develop:

- painful intercourse,
- fear of recurrent discharge,
- embarrassment.

Men may develop:

- anxiety about infecting the partner,
- discomfort after ejaculation,
- performance anxiety.

Couples sometimes begin avoiding intimacy even after successful cure.

Because my practice focuses on both **Sexual Disorders & Infertility**, I consider restoring a healthy sexual relationship part of complete treatment.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Trichomoniasis Does Not Make a Person “Dirty”

This deserves to be said clearly.

An STI diagnosis often causes:

- shame,
- self-blame,
- fear of judgement.

These emotions can delay diagnosis and partner treatment.

Trichomoniasis is a common medical infection.

It should be discussed:

confidentially, respectfully and scientifically.

Prevention

Correct and consistent condom use reduces the risk of acquiring and transmitting trichomoniasis. WHO identifies condoms as an effective preventive measure.

Prevention also depends upon:

- treatment of infected partners,
- avoiding sexual contact until treatment is complete,
- appropriate retesting.

The most sophisticated medicine will not prevent reinfection if the untreated partner remains the source.

Is There a Vaccine?

At present, there is no routinely available licensed vaccine that prevents human trichomoniasis.

Research continues into improved diagnostics, treatments and preventive approaches.

Therefore, current prevention relies mainly upon:

- safer sexual practices,
- diagnosis,
- treatment,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- partner management.

The Unani Perspective on Trichomoniasis

As a physician trained in **Unani medicine** and focused clinically on **Sexual Disorders & Infertility**, I believe it is useful to understand the patient's complete reproductive and constitutional health.

In Unani terminology, abnormal vaginal discharge is traditionally discussed under:

Sayalān al-Raḥīm

or related descriptions of pathological reproductive discharge.

CCRUM's standard Unani treatment literature describes *Sayalān-i Rahim* as excessive abnormal vaginal discharge that may be associated with:

- foul smell,
- painful intercourse,
- dysuria,
- lower abdominal discomfort.

Traditional Unani concepts consider:

- Mizaj,
- humoral balance,
- general health,
- uterine and vaginal wellbeing,
- nutrition,
- digestion.

These ideas can provide a framework for supportive whole-person care.

But modern medicine gives us one crucial additional fact:

trichomoniasis is caused by a specific protozoan organism—*Trichomonas vaginalis*.

Therefore, when microbiologically confirmed infection is present, treatment must address the parasite itself.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Is There Direct Unani Research on Trichomonal Vaginitis?

Yes—although the evidence is limited and much older than modern guideline-quality evidence.

A controlled randomized single-blind study published in the **Indian Journal of Traditional Knowledge** evaluated **60 women with microbiologically confirmed trichomonal vaginitis**.

Thirty women received a combination of Unani oral and local preparations, while thirty received metronidazole as the standard comparison treatment. At the end of treatment, *Trichomonas* was no longer seen on microscopy in 28 of 30 metronidazole-treated patients and 26 of 30 women in the Unani group.

The study also reported improvement in:

- discharge,
- vaginal tenderness,
- dysuria,
- dyspareunia,
- itching.

This is relevant because it shows that Unani treatment of trichomonal vaginitis has been subjected to at least some direct clinical investigation rather than being based solely on traditional descriptions.

How Should We Interpret That Unani Study?

Very carefully.

The study was conducted in:

- only 60 patients,
- a single centre,
- using older diagnostic methods,
- with short-term follow-up.

Modern NAAT confirmation was not used, and the study does not provide the amount of contemporary multicentre evidence available for metronidazole.

Therefore, one small older study should **not** be interpreted to mean:

“Unani treatment has now replaced metronidazole.”



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Current WHO guidance states that oral nitroimidazoles remain the established treatment for *T. vaginalis*.

The older Unani result is best viewed as:

promising preliminary clinical evidence that deserves larger, modern studies.

Other Unani Research on Vaginal Discharge

Unani research institutions have also studied traditional treatments for:

Sayalān al-Raḥīm — leucorrhoea or abnormal vaginal discharge.

CCRUM has reported clinical validation work involving Unani pharmacopoeial formulations for leucorrhoea.

A randomized study from the National Institute of Unani Medicine also evaluated **Acacia nilotica**-based local treatment in women with abnormal vaginal-discharge syndrome.

Another randomized trial from the National Institute of Unani Medicine evaluated a combination involving traditional medicinal plants in syndromic management of abnormal vaginal discharge, a syndrome that can include trichomoniasis among several possible causes.

These studies provide useful research interest in traditional management of vaginal symptoms.

But:

vaginal discharge syndrome is not the same as proven eradication of *Trichomonas vaginalis*.

This distinction must be preserved.

How Unani Medicine May Be Useful

In my practice, the most responsible role for Unani medicine in trichomoniasis is an **integrative one**.

Depending on the individual patient, Unani principles may support:

- nutritional wellbeing,
- digestive health,
- general recovery,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- sexual wellbeing,
- management of associated weakness or recurrent vaginal symptoms after appropriate evaluation.

Traditional approaches to reproductive wellbeing can complement modern STI care.

However, once a specific transmissible protozoal infection has been diagnosed, treatment needs to achieve:

microbiological cure,

not only improvement in discharge.

Can Unani Medicine Replace Metronidazole for Confirmed Trichomoniasis?

Based on current evidence and international guidelines:

it should not routinely replace proven nitroimidazole therapy.

WHO recommends oral metronidazole as first-line treatment.

CDC states that nitroimidazoles are the **only medication class with clinically demonstrated efficacy** against *T. vaginalis* under current standard treatment guidance.

Therefore, I would not advise a patient with confirmed infection to postpone established curative treatment while relying only on:

- vaginal washes,
- herbal suppositories,
- oral herbal formulations.

This delay may prolong:

- transmission,
- inflammation,
- pregnancy risk,
- partner reinfection.

Where Unani Medicine Can Add Value

Integrative treatment can still be meaningful.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Suppose a woman has been appropriately treated and the organism is cleared, but she continues to experience:

- recurrent nonspecific discharge,
- digestive problems,
- poor nutrition,
- sleep disturbance,
- sexual anxiety.

These broader areas can be approached through individualized Unani care after serious infectious causes have been excluded or treated.

This is very different from making an unsupported claim that a general tonic alone will eradicate *T. vaginalis*.

Avoid Unsupervised Vaginal Preparations

Patients should not insert untested preparations into the vagina simply because they are described as “natural.”

Concentrated:

- herbs,
- acids,
- alum,
- antiseptics,
- essential oils

can irritate mucosal tissue and alter the normal vaginal environment.

Even traditional local therapies should be used only where:

- safety,
- formulation,
- clinical indication

have been considered appropriately.

Special Treatment Planning by Dr. Nizamuddin Qasmi



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

When a patient consults me with suspected trichomoniasis, I do not look only at the vaginal discharge.

I first ask:

Is the diagnosis confirmed?

Is the patient female or male?

Is this the first infection or a recurrent infection?

Has the sexual partner been treated?

Was sexual contact resumed before treatment was completed?

Is pregnancy present?

Has HIV or another STI been tested where appropriate?

Has the patient already taken metronidazole?

Was the full course completed?

Are symptoms continuing despite a negative infection test?

Is infertility also present?

These questions determine the actual management.

What “Special Treatment” Means at Saira Health Care

Specialized treatment does not mean giving every patient the same proprietary medicine.

It means understanding why the problem exists and treating the correct layer of the disease.

Consider several examples.

Patient One — Woman With First Confirmed Infection

She has:

- itching,
- yellowish discharge,
- positive *T. vaginalis* NAAT.

Her priority is:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

guideline-directed oral antiprotozoal treatment.

Her partner also requires treatment.

Supportive Unani care may be considered for general wellbeing, but it should not replace eradication therapy.

Patient Two — Woman Whose Symptoms Return After Three Weeks

Her first question should not be:

“Which stronger medicine should I take?”

I ask:

Was your partner treated?

If not, reinfection may be much more likely than drug resistance.

Patient Three — Asymptomatic Husband

His wife has confirmed trichomoniasis.

He says:

“I have no symptoms, so why should I take medicine?”

I explain:

Men frequently carry *T. vaginalis* without symptoms, and concurrent partner treatment is vital for preventing reinfection.

Patient Four — Persistent Infection Despite Both Partners Being Treated

Now I review:

- adherence,
- timing of retesting,
- re-exposure,
- diagnostic method.

If true persistent infection remains, resistance and specialist-directed therapy may need consideration.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Patient Five — Pregnant Woman With Trichomoniasis

The infection should not simply be ignored because she is pregnant.

Current evidence indicates that metronidazole presents low fetal risk and symptomatic pregnant women should be tested and treated.

Treatment is coordinated with her obstetrician.

Patient Six — Woman With Infertility and a History of Trichomoniasis

I do not assume that the previous infection explains everything.

She still requires evaluation of:

- ovulation,
- ovarian factors,
- fallopian tubes,
- uterus.

Her male partner also requires semen evaluation.

This is what couple-based infertility care means.

Patient Seven — Man With Abnormal Semen and Recurrent Urethritis

In this situation, genital infection deserves investigation.

But even when *T. vaginalis* is identified, I also consider:

- varicocele,
- hormonal factors,
- smoking,
- obesity,
- heat exposure,
- other infections,
- genetic causes where appropriate.

Male infertility is frequently multifactorial.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Saira Health Care's Contribution to Sexual Disorders & Infertility

At **Saira Health Care**, the management of trichomoniasis fits naturally within our broader focus on:

sexual and reproductive health.

An STI does not exist independently of:

- sexual relationships,
- pregnancy planning,
- fertility,
- confidence,
- marital wellbeing.

A patient may be cured microbiologically but still remain afraid of:

- intercourse,
- reinfection,
- infertility,
- partner rejection.

Therefore, proper treatment includes:

infection control plus sexual-health counselling plus reproductive guidance.

Why Couple-Based Care Matters

The biggest practical lesson in trichomoniasis is that treating one person in isolation often fails.

The infection moves between partners.

Therefore, we must think in terms of:

patient + partner + prevention.

This principle is equally important in infertility, where the tendency to investigate only the woman or only the man can miss important combined factors.

Trichomoniasis and Marriage

A diagnosis does not prevent:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- marriage,
- normal sexual life,
- natural conception.

The infection is curable.

The sensible approach is:

- complete treatment,
- partner treatment,
- temporary abstinence,
- follow-up.

Patients should not carry lifelong shame for a curable infection.

Can Trichomoniasis Return After Complete Cure?

Yes, because a person can acquire it again.

Treatment does not provide permanent immunity.

A cured patient who has sexual exposure to an infected partner can become reinfected.

This is why follow-up and partner treatment are so important.

Does Treatment Create Permanent Immunity?

No.

Unlike vaccination against certain infections, successful treatment of trichomoniasis does not make a person permanently immune.

Future exposure can produce another infection.

Frequently Asked Questions

Is trichomoniasis a bacterial infection?

No. It is caused by a protozoan parasite called *Trichomonas vaginalis*.

Is trichomoniasis sexually transmitted?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Yes. It is primarily a sexually transmitted infection.

Is trichomoniasis curable?

Yes. WHO classifies it as a curable STI.

How common is it?

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

Can someone have trichomoniasis without symptoms?

Yes. Most infected people have either minimal symptoms or none.

Can an asymptomatic man infect his wife?

Yes.

Men frequently carry *T. vaginalis* without symptoms and can transmit it.

How long can untreated infection last?

Months or even years.

How soon can symptoms appear?

Symptoms may appear approximately 5–28 days after infection in some people, while others develop symptoms much later or not at all.

What is the most common symptom in women?

Abnormal vaginal discharge is the most common presentation, although many women are asymptomatic.

Does the discharge always look green and frothy?

No.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

It may appear:

- clear,
- white,
- yellow,
- green.

Some women have little visible discharge.

What symptoms occur in men?

Possible symptoms include:

- urethral irritation,
- burning with urination or ejaculation,
- penile discharge.

Many men have no symptoms.

What is a strawberry cervix?

It is a punctate red inflammatory appearance that can occur in trichomoniasis.

It is a classic sign but is not present in every patient.

Can symptoms alone diagnose trichomoniasis?

No.

Several genital conditions produce similar symptoms.

Laboratory confirmation is preferred where available.

What is the best modern diagnostic test?

NAAT is among the most sensitive tests for *T. vaginalis*.

Is wet-mount microscopy reliable?

It is useful when positive but has limited sensitivity—approximately 44–68% compared with more sensitive tests.

Why must the wet mount be examined immediately?

The parasite rapidly loses motility outside the body, causing sensitivity to fall substantially when examination is delayed.

What medicines cure trichomoniasis?

The main proven medicines are:

- metronidazole,
 - tinidazole.
-

What does WHO currently recommend for women?

WHO recommends oral metronidazole 400 or 500 mg twice daily for seven days for adults and adolescents, including pregnant women, with selected single-dose alternatives when adherence is a major concern.

What does CDC recommend for women?

Metronidazole 500 mg orally twice daily for seven days.

What does CDC recommend for men?

Metronidazole 2 g orally as a single dose.

Can tinidazole be used?

Yes, it is an alternative treatment for many nonpregnant adults.

It should be avoided during pregnancy.

Does metronidazole vaginal gel cure trichomoniasis?

It is not recommended as treatment for confirmed trichomoniasis because it does not achieve adequate therapeutic levels in important infected areas.

Must my partner take treatment even without symptoms?

Yes.

Concurrent partner treatment is essential to reduce reinfection.

When can we have intercourse again?

After both partners have completed treatment and symptoms have resolved.

Can I get trichomoniasis again after treatment?

Yes.

Treatment does not produce permanent immunity.

How common is reinfection?

CDC patient information notes reinfection in approximately one in five treated people within three months in some populations.

Should women be retested?

Yes.

CDC recommends retesting sexually active women approximately three months after treatment.

Should I repeat a PCR test immediately after finishing medicine?

Not usually.

When testing persistent disease with NAAT, CDC advises waiting at least approximately three weeks after treatment because residual nucleic acid may otherwise be detected.

Can metronidazole resistance occur?

Yes, but it is uncommon.

CDC estimates metronidazole resistance in approximately 4–10% of vaginal infections.

Does persistent infection always mean resistance?

No.

Reinfection from an untreated partner is often a more likely explanation.

Can trichomoniasis increase HIV risk?

Yes.

WHO reports approximately 1.5 times increased HIV-acquisition risk.

Should patients with trichomoniasis be tested for HIV?

HIV and other STI testing is recommended according to current STI-management guidance.

Is trichomoniasis dangerous during pregnancy?

It is associated with:

- preterm delivery,
 - premature rupture of membranes,
 - low birth weight or small-for-gestational-age infants.
-

Can pregnant women take metronidazole?

Current evidence indicates low fetal risk, and symptomatic pregnant women should be treated under medical supervision.

Can trichomoniasis cause infertility?

Studies show an association between *T. vaginalis* infection and infertility, but the exact causal contribution in an individual patient remains less firmly established than with classic tubal pathogens such as chlamydia and gonorrhoea.

Can trichomoniasis cause PID?

WHO reports an association between *T. vaginalis* infection and increased PID risk in women.

Does one episode mean my tubes are blocked?

No.

Tubal damage should be assessed objectively when there is a fertility indication.

Can trichomoniasis affect sperm?

Genital infections can adversely affect semen quality, and emerging evidence suggests *T. vaginalis* may be relevant in some infertile men.

Does every man with trichomoniasis become infertile?

No.

Should all infertile men be tested for trichomoniasis?

No.

Testing should be guided by symptoms, partner history and clinical findings.

Can couples conceive naturally after treatment?

Yes.

Successful treatment does not automatically create a need for IVF.

Does a diagnosis prove infidelity?

No.

Infection can be asymptomatic and persist for a long time, so diagnosis does not reliably determine when transmission occurred.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Is there Unani research specifically on trichomoniasis?

Yes.

A small randomized single-blind Indian study involving 60 women with confirmed trichomonal vaginitis compared a Unani combination with metronidazole and reported improvement and microbiological clearance in both groups.

Does that study prove Unani medicine should replace metronidazole?

No.

The study was small, single-centre and used older diagnostic methods.

It provides encouraging preliminary evidence deserving further research but does not outweigh modern WHO and CDC evidence supporting oral nitroimidazole treatment.

Can Unani medicine help abnormal vaginal discharge?

CCRUM and other Unani researchers have investigated traditional treatments for *Sayalān al-Raḥim* or abnormal vaginal discharge.

However, abnormal vaginal discharge has many causes and symptom improvement does not automatically prove eradication of *T. vaginalis*.

Can I treat trichomoniasis only with a vaginal wash?

I would not recommend relying on a vaginal wash alone for confirmed infection.

The organism may also involve areas beyond the superficial vagina, and current established treatment is systemic oral therapy.

Can Unani treatment be used with modern treatment?

Individualized supportive Unani care may be considered when medically appropriate, particularly for broader:

- nutritional,
- reproductive,
- sexual,
- general wellbeing.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Any vaginal preparation should be used cautiously and should not interfere with proven infection treatment.

A Message From Dr. Nizamuddin Qasmi to Patients

If you have been diagnosed with trichomoniasis, there are several things I want you to remember.

First, **it is curable.**

Second, **absence of symptoms in your partner does not mean the partner is free from infection.**

Third, do not repeatedly treat only yourself while leaving the partner untreated.

Fourth, do not assume every persistent vaginal discharge is automatically trichomoniasis. If symptoms continue after appropriate treatment, the diagnosis should be reconsidered.

Fifth, if you are pregnant, do not avoid medical treatment out of fear without discussing the evidence with your obstetrician.

And finally, if you are worried about infertility, do not assume one positive trichomonas test has permanently damaged your fertility.

A proper fertility evaluation provides far more useful information.

What I Tell Women With Recurrent Vaginal Discharge

When a woman says:

“Doctor, every few weeks my discharge returns,”

I do not simply change the medicine.

I want to know:

Was trichomoniasis ever confirmed?

Was bacterial vaginosis considered?

Was candidiasis confirmed?

Was the male partner treated?

Was intercourse resumed before treatment finished?

Is there cervicitis?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Is another STI present?

That diagnostic approach prevents years of unnecessary treatment.

What I Tell Male Partners

I explain:

“You may feel completely normal and still carry the parasite.”

Therefore:

treatment is not only for the person who has symptoms.

Treating both partners is one of the most effective ways to prevent recurrence.

What I Tell Couples Trying for Pregnancy

If trichomoniasis is present:

treat it first.

There is no benefit in allowing a curable reproductive-tract infection to remain active while attempting conception.

After successful treatment, if pregnancy still does not occur, we investigate the couple according to standard fertility principles.

That means looking at both:

female factors

and:

male factors.

What I Tell Patients About Unani Medicine

As a Unani physician, I value the contribution of traditional reproductive medicine and I believe it has useful supportive roles.

There is even preliminary direct clinical research on Unani formulations in trichomonal vaginitis.

But good integrative medicine means respecting the level of evidence.

I therefore do not tell a patient:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

“Ignore partner treatment and take only an herbal medicine.”

Nor do I claim that improvement of discharge alone proves microbiological cure.

When a parasite can be specifically diagnosed and reliably eradicated with established treatment, that opportunity should be used.

Unani care can then be integrated thoughtfully around the patient's complete:

- reproductive,
- nutritional,
- sexual,
- general health.

My Clinical Philosophy at Saira Health Care

My approach to trichomoniasis can be summarized as:

Confirm the diagnosis → treat the parasite → treat both partners → prevent reinfection → retest women appropriately → investigate persistent cases → evaluate reproductive consequences only when clinically indicated → integrate evidence-aware Unani supportive care.

This approach is particularly important in a centre focused on:

Sexual Disorders & Infertility.

The aim is not simply to make the discharge disappear.

The objective is to restore:

- infection-free reproductive health,
- comfortable sexual life,
- confidence,
- safe fertility planning.

Current Medical Understanding — 2026 Update

Current evidence gives us several important conclusions.

Trichomoniasis is the world's most common non-viral STI and remains a major reproductive-health problem. WHO estimated around 156 million new infections in 2020.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Most infected people have few or no symptoms, meaning partner transmission can continue unnoticed.

NAAT testing is substantially more sensitive than traditional wet microscopy, while delayed microscopy can miss a large proportion of infections.

Modern WHO treatment guidance favours multidose oral metronidazole, usually 400–500 mg twice daily for seven days, because treatment failure is lower than with a single metronidazole dose.

CDC likewise recommends seven-day metronidazole therapy for women, while a single 2-g metronidazole dose remains recommended for men.

Partner treatment is essential. Reinfection is common when partners are not treated simultaneously.

Women should generally be retested at approximately three months.

Pregnancy deserves attention because infection is associated with adverse birth outcomes, but metronidazole has reassuring pregnancy-safety evidence.

The infection is associated with increased HIV acquisition risk, making comprehensive STI care important.

The fertility relationship is plausible but should not be exaggerated. Evidence associates trichomoniasis with infertility and genital inflammation, but an individual's infertility still requires complete evaluation.

Unani research exists but remains limited. A small Indian clinical trial produced encouraging results, but it does not currently replace modern guideline-directed antiprotozoal therapy.

Conclusion

Trichomoniasis is a common, sexually transmitted and curable infection caused by the protozoan parasite *Trichomonas vaginalis*.

Worldwide, it remains the most common non-viral STI, with WHO estimating approximately **156 million new infections among adults aged 15–49 in 2020.**

The disease is frequently missed because most infected people have:

- mild symptoms,
- or no symptoms.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Women may develop abnormal vaginal discharge, itching, burning, painful urination and dyspareunia. Men frequently remain asymptomatic, although urethral irritation, dysuria or discharge may occur.

Because symptoms are nonspecific:

diagnosis should not be made from discharge appearance alone.

When available, **NAAT provides much greater diagnostic sensitivity than traditional wet-mount microscopy.**

Treatment is highly effective.

Current WHO guidance recommends **oral metronidazole 400 or 500 mg twice daily for seven days**, including for appropriate pregnant patients, while CDC recommends metronidazole 500 mg twice daily for seven days in women and a 2-g single dose in men.

But successful treatment requires more than giving tablets to the symptomatic person.

Both sexual partners must be treated.

Without partner treatment, reinfection can repeatedly occur.

Women should also generally be retested approximately three months after treatment because recurrent infection is common.

Trichomoniasis has broader reproductive implications. It is associated with:

- increased HIV acquisition risk,
- adverse pregnancy outcomes,
- pelvic inflammatory disease,
- possible effects on fertility and semen quality.

However:

one episode of trichomoniasis should not automatically be diagnosed as the cause of infertility.

An infertile couple still requires a complete assessment of:

- ovulation,
- ovarian and uterine factors,
- tubal patency where indicated,
- semen parameters.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

From the **Unani perspective**, abnormal reproductive discharge has long been recognized within the framework of *Sayalān al-Raḥīm*, and Unani medicine places emphasis on:

- Mizaj,
- reproductive health,
- nutrition,
- digestion,
- general wellbeing.

Importantly, there is some direct clinical research. A small randomized Indian study of 60 women with microbiologically confirmed trichomonal vaginitis reported improvement and organism clearance with a Unani regimen, although metronidazole also performed very well.

This research is encouraging and demonstrates that traditional Unani approaches deserve further modern scientific investigation.

But it does not justify replacing current first-line therapy.

At **Saira Health Care**, my approach is therefore integrative and evidence-aware:

diagnose the infection correctly, use proven curative antiprotozoal treatment, treat both partners, prevent reinfection, investigate recurrent infection properly, assess fertility when clinically required, and integrate individualized Unani care to support broader reproductive, nutritional, sexual and general wellbeing.

My most important message to patients is:

Trichomoniasis is curable—but treating only one partner is often not enough.

And if discharge continues despite treatment:

do not keep changing medicines blindly; confirm what is actually causing the symptoms.

That simple principle can prevent months of repeated infection, unnecessary medication and needless anxiety.

About the Author

Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care

Focused Practice in Sexual Disorders & Infertility



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Qualifications & Professional Training

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

Dr. Nizamuddin Qasmi is a well-qualified physician with a focused clinical practice in **Sexual Disorders & Infertility** at Saira Health Care.

His approach to trichomoniasis and other reproductive-tract infections emphasizes accurate diagnosis, partner management and protection of sexual and reproductive health rather than repeatedly treating symptoms without identifying their cause.

Depending upon the individual patient, his clinical assessment may include review of vaginal or urethral symptoms, reproductive and sexual history, diagnostic testing for *T. vaginalis*, evaluation for other STIs when indicated, partner-treatment counselling, pregnancy guidance, persistent-infection assessment and male or female fertility evaluation where conception is difficult.

As a physician trained in Unani medicine, Dr. Qasmi also uses individualized Unani principles where clinically appropriate to support broader reproductive, nutritional and sexual wellbeing while ensuring that a confirmed transmissible infection receives effective evidence-based treatment.

At **Saira Health Care**, the objective is not merely to treat laboratory reports. It is to help patients return to healthy sexual relationships, reproductive confidence and informed fertility planning.

Medical Disclaimer

This article is intended for medical education and general public awareness. It does not establish an individual diagnosis or replace consultation with an appropriately qualified healthcare professional.

Abnormal vaginal discharge should not automatically be assumed to be trichomoniasis. Similar symptoms can result from bacterial vaginosis, candidiasis, cervicitis and other reproductive-tract conditions.

Patients should not self-treat recurrent vaginal or urethral symptoms with repeated antibiotics, antifungal medicines or vaginal preparations without appropriate evaluation.

Trichomoniasis is a sexually transmitted infection. When infection is confirmed, sexual partner treatment is an essential part of management.

Medication doses described in this educational article reflect published international or national guidance and should not be interpreted as an individual prescription.

Pregnant or breastfeeding patients should use antiprotozoal medication only with appropriate medical guidance.

Persistent infection despite correctly completed treatment and partner management may require specialist evaluation for reinfection, adherence problems or drug resistance.

Unani clinical research on trichomonal vaginitis is promising but remains limited. Current evidence is insufficient to recommend replacing established oral nitroimidazole treatment with Unani or herbal therapy alone.

Any local vaginal Unani, herbal or other preparation should be used cautiously because genital mucosa can be injured by concentrated, irritant or inadequately standardized products.

Patients experiencing infertility should receive a complete couple-based fertility evaluation rather than assuming a previous trichomoniasis infection is the sole cause.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com