Gonorrhoea: Causes, Symptoms, Complications, Diagnosis, Modern Treatment and the Supportive Role of Unani Medicine

A Detailed Patient-Friendly Guide to Gonorrhoea and Sexual & Reproductive Health

Written in the clinical voice of 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

Introduction

In my clinical practice, I often meet patients who come with burning during urination, discharge from the penis or vagina, genital discomfort, testicular pain, pelvic pain, or anxiety after unprotected sexual contact. Some patients have already taken several antibiotics without proper testing. Others delay consultation because they are embarrassed to talk about a sexually transmitted infection.

My first advice is always the same: **gonorrhoea is an infection that requires proper diagnosis and timely treatment. It is a medical condition, not a reason for shame.**

Gonorrhoea is a sexually transmitted infection caused by the bacterium **Neisseria gonorrhoeae**. It can infect the urethra, cervix, rectum and throat, and it may occasionally affect the eyes or spread through the bloodstream.

The World Health Organization estimates that approximately **82.4 million new gonorrhoea infections occurred globally among people aged 15–49 years in 2020**. One of the major challenges is that many infections, particularly in women and at throat or rectal sites, produce no noticeable symptoms.

Gonorrhoea is generally curable with the correct antibiotic treatment. However, the organism has developed resistance to many antibiotics that were previously effective. This makes accurate diagnosis, appropriate treatment, partner management and follow-up increasingly important.

What Is Gonorrhoea?

Gonorrhoea is an infectious disease caused by a Gram-negative bacterium called **Neisseria gonorrhoeae**, sometimes referred to as the gonococcus.

The organism has a particular ability to infect mucous membranes—the moist tissue lining parts of the reproductive, urinary and digestive systems.

Depending on sexual exposure, infection may develop in the:

Urethra, which carries urine out of the body; **cervix**, the opening of the uterus; **rectum**; **throat or pharynx**; and more rarely the **eyes**.

If the bacteria spread beyond their original site, they may cause complications involving the reproductive organs or, rarely, enter the bloodstream and affect joints, skin and other organs.

How Does Gonorrhoea Spread?

Gonorrhoea spreads primarily through sexual contact with a person who has the infection.

Transmission can occur during vaginal, anal or oral sex. A person does not need to have visible symptoms to transmit gonorrhoea because asymptomatic infection is common.

The infection may also pass from an infected pregnant woman to her baby during childbirth. In newborns, gonorrhoea can cause a serious eye infection known as **gonococcal ophthalmia neonatorum**, which can threaten vision if it is not treated promptly.

One important point I explain to patients is that a partner appearing completely healthy does **not** mean that the partner is infection-free.

Incubation Period: How Soon Do Symptoms Appear?

Symptoms commonly develop within approximately **1–14 days after exposure**, although some people remain asymptomatic.

A patient who develops symptoms several days after sexual contact may therefore associate the symptoms with that exposure, but clinical examination and laboratory testing are still necessary because several infections can produce similar complaints.

Why Are Some Gonorrhoea Infections Silent?

One of the most important features of gonorrhoea is that symptoms are not always present.

Women are particularly likely to have mild or absent symptoms. Throat infections also commonly remain unnoticed. Rectal infection may similarly be asymptomatic.

This matters because an untreated person may continue transmitting the infection while believing that nothing is wrong.

WHO's 2025 guidance on asymptomatic STIs emphasizes that infections of the throat and rectum, as well as asymptomatic genital infections, can remain undetected without appropriate testing.

For this reason, testing decisions should be based on exposure history and clinical risk rather than symptoms alone.

Symptoms of Gonorrhoea in Men

In men, gonorrhoea commonly affects the urethra.

Typical symptoms include a white, yellow or greenish discharge from the penis, burning or pain during urination and, in some cases, painful or swollen testicles.

Some men describe the urinary burning as severe, particularly in the morning. Others initially notice staining of their underwear or discharge from the urethral opening.

Patients should understand that penile discharge is not diagnostic of gonorrhoea by itself. Chlamydia, *Mycoplasma genitalium*, trichomoniasis and non-infectious urethritis can sometimes produce overlapping symptoms.

Testing is therefore preferable to repeatedly treating the symptom without identifying its cause.

Symptoms of Gonorrhoea in Women

Women may experience increased or abnormal vaginal discharge, burning during urination and bleeding between menstrual periods or after sexual intercourse.

However, a large proportion of women have few or no obvious symptoms.

This is especially important because an untreated cervical infection can sometimes ascend into the uterus and fallopian tubes, resulting in pelvic inflammatory disease.

For a woman, an apparently “minor” infection can therefore become relevant to long-term reproductive health.

Rectal Gonorrhoea

Gonorrhoea can infect the rectum following anal sexual exposure.

Possible symptoms include rectal discharge, itching, soreness, bleeding or pain during bowel movements. Many rectal infections, however, do not cause clear symptoms.

Testing of the appropriate anatomical site is important. A urine test alone may not reliably identify every extragenital infection.

Gonorrhoea of the Throat

Pharyngeal gonorrhoea occurs when the throat becomes infected, usually following oral sexual exposure.

Most throat infections produce no symptoms. When symptoms occur, they may resemble an ordinary sore throat.

Pharyngeal infection has particular clinical significance because it can be **more difficult to eradicate** than uncomplicated genital infection and may contribute to transmission and antimicrobial resistance.

This is why a doctor should ask about oral sexual exposure when deciding what sites require testing.

Gonorrhoea According to Unani Medicine

In classical Unani medicine, gonorrhoea has traditionally been discussed under the name **Suzak**.

Traditional Unani medicine understands disease through concepts such as **Mizaj** or temperament, **Akhlat** or bodily humours, and disturbances known as **Su-e-Mizaj**.

Classical descriptions of Suzak commonly emphasize symptoms such as **Hurqat-e-Baul**, meaning burning during urination, along with abnormal urethral discharge and inflammation of the urinary-genital passage.

Traditional physicians interpreted these manifestations in terms of abnormal heat, irritation, inflammatory temperament and disturbance of bodily humours.

This historical explanation should be understood within the framework of classical Unani medicine. Modern microbiology has since established that gonorrhoea is specifically caused by **Neisseria gonorrhoeae**.

I consider it important for today's Unani physician to understand both perspectives. Classical concepts can guide constitutional and supportive care, while modern laboratory diagnosis identifies the actual infectious organism.

A More Accurate Modern Classification of Gonorrhoea

Gonorrhoea is sometimes described simply as uncomplicated, complicated and disseminated disease, but clinically it is helpful to be more precise.

Uncomplicated gonococcal infection generally refers to infection confined to sites such as the cervix, urethra, rectum or pharynx without invasive complications.

A **locally complicated infection** may include conditions such as pelvic inflammatory disease in women or epididymal involvement in men.

Disseminated gonococcal infection, or DGI, occurs when the bacterium spreads through the bloodstream and affects distant areas of the body.

It is worth correcting a common misconception: a throat or rectal infection is not automatically considered a “complicated” infection merely because it is outside the genital tract.

What Happens Inside the Body?

After reaching a susceptible mucosal surface, *N. gonorrhoeae* attaches to epithelial cells and begins multiplying.

The immune system responds by sending inflammatory cells to the area. This inflammation contributes to characteristic symptoms such as pain, burning and pus-like discharge.

The organism has several biological mechanisms that help it adapt and evade immune responses. Furthermore, it is capable of developing genetic changes that make antibiotics progressively less effective.

This adaptability is one reason gonorrhoea has become one of the most important antimicrobial-resistance challenges in sexual medicine.

Complications of Untreated Gonorrhoea

Many gonorrhoea infections can be cured before complications develop. Problems are most likely when infection remains untreated, treatment is inappropriate, or a patient becomes repeatedly reinfected.

WHO identifies important complications including pelvic inflammatory disease, ectopic pregnancy and infertility in women, and scrotal complications, urethral stricture and infertility in men. Rarely, gonorrhoea can disseminate and involve the skin, joints, heart or meninges.

These complications are an important reason not to treat gonorrhoea as merely a temporary discharge or burning sensation.

Pelvic Inflammatory Disease in Women

One of the most important complications in women is **pelvic inflammatory disease (PID)**.

The infection can move upward from the cervix into the uterus and fallopian tubes. Inflammation and scarring of these structures can subsequently interfere with normal fertility.

A woman may experience pelvic or lower abdominal pain, pain during intercourse, fever, abnormal bleeding or abnormal discharge.

Some cases, however, produce relatively mild symptoms.

This is significant because damage can occur even when symptoms do not seem severe.

Gonorrhoea and Female Infertility

When the fallopian tubes become inflamed and scarred, the sperm may have difficulty reaching the egg or the fertilized egg may have difficulty reaching the uterus.

This can contribute to **tubal infertility**.

Scarring of the tube also increases the risk that a pregnancy implants outside the uterus, most commonly inside a fallopian tube. This is known as an **ectopic pregnancy**, which can become a medical emergency.

This relationship between infection and fertility is one reason reproductive-health evaluation forms an important part of my work at Saira Health Care.

Gonorrhoea in Men: Epididymal and Reproductive Complications

In men, gonorrhoea can occasionally spread from the urethra to the epididymal region, producing pain or swelling around the testicle.

Severe or inadequately treated reproductive-tract inflammation may potentially affect fertility in some men.

A man with gonorrhoea who develops significant scrotal pain or swelling should therefore not continue self-treatment at home. Proper examination is required to differentiate epididymal infection from other causes of acute testicular pain.

Disseminated Gonococcal Infection

In a small proportion of patients, *Neisseria gonorrhoeae* enters the bloodstream.

This is called **disseminated gonococcal infection**.

Patients may develop fever, joint pain or arthritis and characteristic skin lesions. In rare severe cases, structures such as the heart or meninges may become involved.

This form of disease requires prompt medical treatment and should not be managed as an ordinary outpatient genital infection.

Gonorrhoea and HIV

Gonorrhoea is also important because sexually transmitted inflammation can increase susceptibility to HIV acquisition and transmission.

WHO recognizes gonorrhoea as one of the STIs associated with increased HIV risk.

For this reason, someone diagnosed with gonorrhoea should usually be assessed for other sexually transmitted infections according to their clinical situation.

CDC guidance recommends testing people diagnosed with gonorrhoea for **chlamydia, syphilis and HIV** as part of comprehensive STI care.

Gonorrhoea During Pregnancy

Gonorrhoea during pregnancy requires timely medical attention.

Apart from maternal complications, infection may be transmitted to the baby during childbirth.

A newborn exposed during delivery can develop severe conjunctivitis involving the eyes. Untreated neonatal gonococcal eye infection may threaten vision.

Pregnant women should therefore not rely on home remedies or self-prescribed antibiotics when infection is suspected.

Treatment must be chosen by a qualified clinician using pregnancy-appropriate recommendations.

How Is Gonorrhoea Diagnosed?

Modern diagnosis is much more accurate than diagnosing the condition from symptoms alone.

Nucleic acid amplification testing (NAAT) is widely used because it can detect genetic material from *N. gonorrhoeae* with high sensitivity.

Depending on sexual exposure and symptoms, samples may be obtained from urine, the vagina or cervix, urethra, throat or rectum.

WHO describes molecular testing as the preferred diagnostic approach where available.

Culture also remains extremely important, particularly when antimicrobial resistance or treatment failure is suspected.

Why Culture Is Still Important in the Era of Molecular Testing

NAAT is excellent for detecting infection, but it does not ordinarily tell the doctor which antibiotic the organism is resistant to.

A culture allows the bacteria to grow in the laboratory so that **antimicrobial susceptibility testing** can be performed.

When symptoms persist after appropriate treatment and reinfection appears unlikely, both culture and antimicrobial-susceptibility testing become especially valuable.

This is increasingly important because antimicrobial resistance in gonorrhoea is changing rapidly worldwide.

Antimicrobial Resistance: One of the Biggest Challenges in Gonorrhoea

Gonorrhoea has developed resistance to antibiotic after antibiotic over the decades.

Older treatments including penicillin, tetracyclines and fluoroquinolones have lost effectiveness in many regions. Azithromycin resistance has also increased, and decreased susceptibility or resistance to extended-spectrum cephalosporins is now an important global concern.

WHO reported in November 2025 that, among countries participating in its enhanced surveillance network, resistance to ceftriaxone increased from **0.8% in 2022 to 5% in 2024**, while cefixime resistance rose from 1.7% to 11%. These surveillance figures are not global prevalence estimates, but they illustrate the direction of concern.

In June 2026, WHO also announced work on recommendations for two newer oral antibiotics—**gepotidacin and zoliflodacin**—following phase III clinical development, reflecting the urgent need for additional treatment options.

For patients, the practical lesson is straightforward: **do not repeatedly take random antibiotics for genital discharge.**

Modern Medical Treatment of Gonorrhoea

An important update is required here because older information frequently found online states that gonorrhoea should routinely be treated with ceftriaxone plus azithromycin.

That is no longer a universal first-line recommendation.

WHO's updated 2024 guideline advises that national or local antimicrobial-resistance data should determine treatment whenever available. For adults and adolescents with uncomplicated genital, anorectal or oropharyngeal gonorrhoea, WHO suggests **ceftriaxone 1 g intramuscularly as a single dose**. When ceftriaxone cannot be used, other approaches may be considered with appropriate follow-up and test-of-cure considerations.

CDC guidance currently uses **ceftriaxone 500 mg intramuscularly once for individuals below 150 kg and 1 g for those weighing 150 kg or more**. If chlamydia has not been excluded, separate treatment for chlamydia is recommended.

The difference between international guidelines is precisely why patients should not select their own dose from the internet. Treatment should follow the current national or local guideline, clinical situation, allergy history, pregnancy status and antimicrobial-resistance information.

Why Azithromycin Is No Longer Automatically Added to Every Case

Older regimens commonly used ceftriaxone together with azithromycin.

Increasing macrolide resistance and antimicrobial-stewardship considerations have changed routine recommendations in several guidelines.

Azithromycin still has a role in selected situations and specific alternative or treatment-failure regimens, but it should not simply be added by patients on their own.

WHO continues to emphasize local resistance patterns in choosing treatment.

What If Treatment Does Not Work?

When symptoms remain after treatment, patients sometimes conclude that they need a “stronger” antibiotic.

The situation is more complicated.

Treatment may appear to have failed because the patient was **reinfected by an untreated partner**, because the medicine was not used properly, because another infection is causing

similar symptoms, or because the gonococcus is resistant to the chosen antibiotic. WHO specifically identifies these possibilities in treatment failure.

Where genuine treatment failure is suspected, culture and susceptibility testing should be considered rather than blindly repeating different antibiotics.

Why Treating Sexual Partners Is Essential

A patient can receive completely appropriate treatment and then become infected again by the same untreated partner.

This is reinfection, not necessarily medicine failure.

Sexual partners therefore need appropriate evaluation and treatment according to current public-health guidance.

WHO emphasizes partner services as a core component of STI management, together with treatment adherence, counselling, prevention and follow-up.

Patients are generally advised to avoid sexual intercourse for at least seven days after appropriate therapy and until relevant partners have also been treated.

Follow-Up and Retesting

Patients sometimes ask, “If I feel completely normal after treatment, why do I need another test?”

The answer depends on the site of infection.

CDC guidance does not require routine immediate test-of-cure after properly treated uncomplicated urogenital or rectal gonorrhoea, but **pharyngeal gonorrhoea should undergo a test of cure approximately 7–14 days after treatment**.

Because reinfection is common, patients treated for gonorrhoea are also advised to undergo **retesting around three months later**.

Local guidelines may vary, so follow the advice of the treating clinician.

The Unani Perspective on Gonorrhoea — Suzak

Unani medicine possesses a long-established literature concerning diseases of the urinary and genital system.

Gonorrhoea has classically been described as **Suzak**, particularly in association with burning urination, inflammatory discharge and irritation of the urinary passage.

Traditional management is based on understanding the patient's **Mizaj**, or temperament, the nature of the inflammatory process and the characteristics of the discharge.

Concepts commonly relevant to the traditional approach include reducing excessive inflammatory heat, soothing irritation of the urinary tract, improving elimination, restoring humoral balance and supporting the patient's overall strength during recovery.

An official **Dawa-e-Suzak** monograph also exists within the Unani Pharmacopoeia of India, demonstrating that Suzak has an established place in India's documented Unani pharmacopoeial tradition.

How I View the Role of Unani Medicine in Gonorrhoea

As a physician trained in Unani medicine and focused on sexual and reproductive health, I believe it is important to explain the role of Unani treatment responsibly.

Traditional Unani medicines may be useful as **supportive care** for selected patients, particularly in addressing symptoms such as urinary irritation, inflammatory discomfort, weakness during recovery and disturbances in general wellbeing.

Unani management also places considerable emphasis on diet, temperament, digestion, lifestyle and individualized treatment rather than looking only at one isolated symptom.

These aspects can make Unani medicine valuable in an **integrative treatment plan**.

However, gonorrhoea is a bacterial infection with the potential to cause infertility and other serious complications. At present, there is not sufficient high-quality clinical evidence demonstrating that herbal or traditional Unani therapy alone reliably eradicates *Neisseria gonorrhoeae*, particularly in an era of antimicrobial resistance.

Therefore, **proven antimicrobial therapy must not be delayed or replaced when active gonorrhoea is diagnosed.**

This distinction is fundamental to safe and ethical practice.

Traditional Unani Therapeutic Principles

Classical Unani management of Suzak has historically emphasized principles that can be understood broadly as soothing the inflamed urinary tract, reducing excessive heat, promoting appropriate urinary elimination and correcting the patient's disturbed temperament.

Depending on the traditional assessment, Unani practitioners may use drug categories described as **Mubarrid** for cooling, **Muhallil** for resolving inflammatory states, **Mudir-e-Baul** for supporting urinary flow and other constitution-specific approaches.

The objective of such care in contemporary practice should be to **support recovery and general wellbeing**, not to claim microbiological cure without appropriate testing.

What About Neem, Turmeric, Amla, Ginger and Other Herbs?

Several traditional plants mentioned in Unani and South Asian medical practice—including neem, turmeric, amla, ginger and related botanicals—have been investigated experimentally for antimicrobial, antioxidant or anti-inflammatory properties.

However, an important scientific distinction must be made.

Finding that a herb has antibacterial activity in a laboratory does not prove that consuming that herb will cure human gonorrhoea.

The organism resides in specific mucosal tissues, antibiotic concentrations must reach appropriate levels, resistant strains exist, and microbiological cure must be confirmed according to established standards.

I therefore do not advise patients to substitute turmeric, neem, herbal decoctions or self-prepared mixtures for evidence-based gonorrhoea treatment.

Where an appropriate Unani formulation is considered, it should be selected by a qualified practitioner as **adjunctive and individualized care**.

Why Self-Medication Can Be Dangerous

Gonorrhoea is one condition in which self-treatment can create several problems simultaneously.

A patient may take an inappropriate antibiotic and temporarily reduce the discharge without eliminating the infection. They may take an incomplete dose. Their partner may remain untreated. They may have chlamydia or another infection that has not been diagnosed. They may even contribute to antimicrobial resistance.

Similarly, taking unregulated herbal or mineral preparations without knowing their composition can produce unwanted effects or interactions.

The safest approach is diagnosis first, targeted treatment second, and supportive management based on the individual's needs.

Diet and Lifestyle During Recovery

No specific food can eradicate gonorrhoea.

However, maintaining adequate hydration, regular meals, good sleep and general nutritional status can support recovery from illness.

Patients should avoid believing that a highly restrictive diet, fasting program or "detoxification" process will remove *N. gonorrhoeae*.

The central treatment remains appropriate antimicrobial therapy.

From the Unani perspective, individualized dietary guidance may still be useful for reducing digestive disturbance, maintaining strength and supporting general recovery, but it should complement—not replace—the treatment of the infection.

Gonorrhoea, Sexual Health and Emotional Wellbeing

STIs can produce considerable anxiety.

Patients may worry about marriage, fertility, sexual performance or whether their partner has been unfaithful.

I advise patients not to draw conclusions about the timing or source of an infection based solely on symptoms. Because gonorrhoea can be asymptomatic, the exact timing of acquisition may not always be obvious.

The consultation should remain medical and confidential.

Blame and shame make people less likely to seek testing and more likely to delay treatment.

At Saira Health Care, our approach to sexual-health problems is therefore based on **privacy, respectful communication and responsible medical guidance**.

Prevention of Gonorrhoea

Gonorrhoea is preventable.

Correct and consistent condom use substantially reduces transmission risk. Regular testing is important for people at increased risk, particularly when there are new or multiple sexual partners or a partner diagnosed with an STI.

Testing should also be considered after relevant oral or anal exposure because genital testing alone may miss throat or rectal infection.

WHO's STI strategy emphasizes prevention, testing, partner services, counselling and correct treatment as part of comprehensive sexual-health care.

Can Gonorrhoea Return After Successful Treatment?

Yes.

Successful antibiotic treatment does not give lifelong immunity.

A person can acquire gonorrhoea again through a new exposure or an untreated partner.

This is why recurrent symptoms should not automatically be interpreted as resistant gonorrhoea. **Reinfection is often more common than true antibiotic failure.**

Partner management and retesting are therefore essential parts of preventing recurrence.

When Should You Seek Medical Attention Urgently?

Most uncomplicated gonorrhoea can be treated effectively when diagnosed early. However, certain symptoms require prompt assessment.

These include significant testicular swelling or severe pain, severe lower abdominal or pelvic pain, high fever, joint swelling with fever or rash, symptoms of severe systemic illness, eye redness or discharge after possible gonococcal exposure, or symptoms during pregnancy.

A newborn with eye discharge or marked eye inflammation also requires urgent medical evaluation.

Gonorrhoea and Infertility: Why This Disease Matters at Saira Health Care

Because my principal clinical focus is **sexual disorders and infertility**, gonorrhoea has particular relevance to my field.

When I evaluate a couple who have difficulty conceiving, I do not look only at sperm count or ovarian function. Previous reproductive-tract infections can also be important.

In men, significant infection or inflammation involving structures such as the epididymis may contribute to reproductive problems in selected cases.

In women, gonorrhoea-associated pelvic inflammatory disease may cause tubal damage that interferes with conception.

Therefore, the best way to protect fertility is not to wait for infertility to develop—it is to diagnose and treat reproductive infections correctly at an early stage.

Dr. Nizamuddin Qasmi's Approach to Gonorrhoea and Sexual Health

In my practice, I believe treatment should begin with **correct diagnosis rather than assumptions**.

When a patient presents with symptoms suggestive of gonorrhoea, the clinical priorities are to assess the pattern of sexual exposure, determine which anatomical sites may be infected, arrange appropriate testing whenever possible, assess for other sexually transmitted infections, treat confirmed or strongly suspected bacterial infection according to current medical guidance and ensure that sexual partners are managed appropriately.

Once the infectious component is being correctly treated, selected patients may also benefit from individualized Unani supportive care based on their symptoms, general health and constitutional needs.

This approach respects the strength of modern microbiology while also preserving the individualized philosophy of Unani medicine.

Contribution of Saira Health Care in Sexual Disorders and Infertility

At **Saira Health Care**, our work in sexual disorders and infertility extends beyond prescribing medicine for an isolated complaint.

Many sexual and reproductive conditions overlap. A patient may present with discharge but also be concerned about infertility. Another may have a history of infection and later develop semen abnormalities. Someone else may have persistent genital symptoms caused by an entirely different disorder.

Our contribution is centered on patient education, confidential consultation, appropriate clinical assessment and individualized management.

Through the clinical and educational work of **Dr. Nizamuddin Qasmi**, Saira Health Care aims to help patients understand sexual and reproductive diseases without fear, misinformation or unnecessary embarrassment.

A responsible healthcare institution should not promise a “guaranteed cure” for a sexually transmitted infection. It should help the patient reach the correct diagnosis, receive effective treatment and protect their long-term reproductive health.

Important Regulatory and Ethical Consideration in India

For healthcare websites in India, there is another important matter to understand.

The **Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954** specifically includes venereal diseases such as gonorrhoea among conditions for which drug advertising and therapeutic claims are restricted.

Therefore, public information about gonorrhoea should be educational and medically responsible rather than making exaggerated claims that a particular medicine provides a guaranteed or permanent cure.

This is one reason I believe Saira Health Care's public-health information should emphasize **consultation, diagnosis, appropriate antimicrobial treatment and responsible supportive care**.

Frequently Asked Questions About Gonorrhoea

Is gonorrhoea curable?

Yes. Gonorrhoea is generally curable with appropriate antibiotics. Resistance is increasing, however, so treatment must follow current recommendations rather than outdated or self-selected antibiotic regimens.

Can gonorrhoea cure itself without medicine?

It is unsafe to assume that it will. Symptoms may become milder, but untreated infection can persist, spread to partners or produce reproductive complications.

Can a woman have gonorrhoea without discharge?

Yes. Many infected women have no obvious symptoms.

Can a man have gonorrhoea without symptoms?

Yes. Although symptomatic urethral infection is more common in men, asymptomatic infection can occur, particularly at throat and rectal sites.

Can gonorrhoea cause infertility?

Yes, untreated gonorrhoea can contribute to infertility in both women and men. The risk is particularly important when women develop pelvic inflammatory disease.

Can gonorrhoea come back after treatment?

Yes. Most commonly this happens because of reinfection from an untreated or newly infected partner, although genuine antimicrobial treatment failure can also occur.

How soon can sexual activity resume?

WHO advises waiting seven days after treatment and ensuring that partners have been appropriately tested or treated.

Does every patient require a test of cure?

Not necessarily. Guidance varies according to the infection site and treatment used. Pharyngeal gonorrhoea deserves particular follow-up; CDC recommends test of cure 7–14 days after treatment.

Should I be tested again even after successful treatment?

Retesting around three months after treatment is commonly advised because reinfection is frequent.

Can Unani medicine help with gonorrhoea?

Unani medicine has a long-established tradition of managing **Suzak** and may be useful for individualized supportive care and symptom recovery. However, there is currently insufficient clinical evidence to use Unani herbal treatment alone as a substitute for established antibiotics to eradicate active *N. gonorrhoeae*. Modern antimicrobial treatment should therefore not be delayed.

A Message to Patients From Dr. Nizamuddin Qasmi

Whenever I speak to a patient who is worried about gonorrhoea, I emphasize three points.

Do not hide the problem. Do not self-medicate repeatedly. And do not assume that disappearance of symptoms means the infection is gone.

Gonorrhoea is one of the sexually transmitted infections for which modern laboratory diagnosis and effective antimicrobial treatment can prevent serious long-term complications.

At the same time, my background in Unani medicine teaches me to consider the patient as a whole person. Infection may be the immediate disease, but urinary discomfort, weakness, digestive health, reproductive concerns, emotional stress and general constitution may also require attention.

For me, the most responsible approach is therefore an **integrative one**: use modern diagnostic testing to identify the infection; use evidence-based antimicrobial therapy to eradicate it; use appropriate Unani principles where beneficial for supportive and individualized care; protect the patient's partner; and evaluate reproductive health whenever indicated.

The purpose of treatment should not simply be to stop a discharge for a few days. It should be to **eliminate infection where possible, prevent recurrence and complications, protect fertility, and restore the patient's overall health responsibly.**

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

Qualifications:
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's clinical work at **Saira Health Care** focuses on sexual disorders, male reproductive health and infertility, with an emphasis on confidential consultation, patient education and individualized treatment planning.

For more information or consultation, visit **Saira Health Care:**
https://www.sairahealthcare.com/

Medical Disclaimer

This article is intended for **general education and health awareness** and is not a substitute for personal medical consultation, laboratory diagnosis or treatment from a qualified healthcare professional.

Gonorrhoea is a bacterial sexually transmitted infection that requires appropriate antimicrobial management. Patients should not delay proven antibiotic treatment, alter prescribed doses or replace antibiotics with herbal or traditional remedies without medical advice. Treatment recommendations may change according to local antimicrobial resistance, pregnancy, allergies, infection site and updated national or international guidelines.