Genitourinary Infections: Understanding UTI, STI, Their Symptoms, Diagnosis, Treatment and the Role of Unani Medicine

A Comprehensive Guide to Urinary and Sexually Transmitted Infections, Reproductive Complications and an Integrated Modern–Unani Approach

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

Qualifications and 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

Introduction

Burning during urination, genital discharge, urinary frequency, pelvic pain, testicular discomfort, genital sores and itching are among the most common symptoms that bring patients to sexual-health and genitourinary clinics.

However, these symptoms do not always have the same cause.

A patient who experiences burning while urinating may have:

- A urinary tract infection
- Chlamydia
- Gonorrhoea
- Another form of urethritis
- Vaginal infection
- Prostatitis
- Irritation or inflammation
- A kidney or bladder problem

This overlap between urinary tract infections and sexually transmitted infections is one of the most important reasons why self-diagnosis and random medication can be misleading.

The clinical material on which this article is based correctly highlights that **UTIs and STIs are different categories of disease but can produce remarkably similar symptoms**, particularly burning urination and urinary discomfort.

As a physician working primarily in **sexual disorders and infertility**, I frequently meet patients who have already taken several medicines before reaching the correct diagnosis.

Some have been repeatedly treated for a “urine infection” when they actually have urethritis caused by a sexually transmitted organism.

Others assume they have an STI because of burning urination, while the actual problem is a simple bladder infection.

The first principle I want patients to remember is therefore:

Do not treat the name you are afraid of. Treat the condition that has actually been diagnosed.

What Are Genitourinary Infections?

The term **genitourinary infection** broadly refers to infections involving the urinary or reproductive systems.

This may include infection of the:

- Urethra
- Bladder
- Kidneys
- Prostate
- Epididymis
- Testicles
- Vagina
- Cervix
- Uterus
- Fallopian tubes
- External genital skin

Two important groups are:

1. Urinary Tract Infections – UTIs

A UTI usually develops when bacteria enter and multiply somewhere in the urinary tract.

The most common type is a **bladder infection, or cystitis**.

NIDDK notes that bladder infections are usually bacterial and may cause burning urination, frequent or urgent urination, lower abdominal discomfort, and cloudy, bloody or strong-smelling urine.

2. Sexually Transmitted Infections – STIs

STIs are infections that spread mainly through sexual contact.

They may be caused by:

- Bacteria
- Viruses
- Parasites

Important examples include:

- Chlamydia
- Gonorrhoea
- Syphilis
- Trichomoniasis
- Genital herpes
- HPV
- HIV
- Hepatitis B

The distinction between these two groups is important because the investigations, medicines, partner management and possible complications can be very different.

How Common Are Sexually Transmitted Infections?

Sexually transmitted infections remain a major worldwide public-health concern.

According to the World Health Organization's September 2025 update, **more than one million curable STIs are acquired every day worldwide among people aged 15–49**, and the majority of these infections are asymptomatic.

WHO estimated approximately **374 million new infections in 2020** from four curable STIs alone:

- Chlamydia
- Gonorrhoea
- Syphilis
- Trichomoniasis.

This is an extremely important figure because it reminds us that an STI is not necessarily accompanied by severe symptoms.

Many patients feel completely healthy.

The "Silent Infection" Problem

One of the most dangerous misunderstandings in sexual health is:

"If I have no symptoms, I cannot have an infection."

This is incorrect.

The supplied clinical material emphasizes that asymptomatic infection is particularly important in chlamydia, gonorrhoea and herpes and allows transmission to continue while the infected person may feel completely normal.

Chlamydia is an important example.

CDC notes that asymptomatic infection is common and that untreated infection in women can cause:

- Pelvic inflammatory disease
- Fallopian-tube scarring
- Ectopic pregnancy
- Infertility
- Chronic pelvic pain.

Similarly, genital herpes may produce either no symptoms or extremely mild symptoms that are mistaken for pimples, ingrown hairs or other skin conditions.

Therefore:

Absence of pain does not guarantee absence of infection.

Absence of discharge does not guarantee absence of infection.

Absence of a genital ulcer does not guarantee absence of infection.

Testing becomes important when exposure or other risk factors justify it.

UTI and STI: What Is the Main Difference?

Urinary Tract Infection

A typical bladder UTI is usually caused by bacteria originating from the patient's own intestinal or surrounding flora and entering the urinary tract.

The condition is **not usually classified as a sexually transmitted infection**.

Sexual activity can sometimes facilitate bacterial entry into the urethra, particularly in women, but that does not make ordinary cystitis an STI.

Sexually Transmitted Infection

An STI occurs when an infectious organism is transmitted primarily through sexual exposure.

Examples include:

- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*
- *Treponema pallidum*
- Herpes simplex virus
- HIV
- HPV
- *Trichomonas vaginalis*

The supplied clinical analysis appropriately distinguishes a typical UTI—often arising from urinary bacteria—from sexually acquired urethritis caused by organisms such as chlamydia and gonorrhoea.

Why Can UTI and STI Feel So Similar?

Both can inflame tissues involved in urination.

A bladder infection inflames the bladder.

An STI such as gonorrhoea or chlamydia can inflame the urethra.

Both may therefore produce:

- Burning urination
- Urinary discomfort
- Urgency
- Increased frequency
- Lower abdominal discomfort

Symptoms alone may therefore be insufficient.

Burning During Urination – Dysuria

Pain or burning while passing urine is called **dysuria**.

It is one of the most common symptoms in genitourinary medicine.

In a UTI, dysuria frequently accompanies:

- Urgency
- Frequency
- Lower abdominal pressure
- Cloudy urine
- Blood in the urine
- Strong-smelling urine

NIDDK lists burning urination, frequent urges, lower abdominal discomfort, cloudy urine, bloody urine and strong-smelling urine among typical bladder-infection symptoms.

With sexually transmitted urethritis, dysuria may be accompanied by:

- Penile discharge
- Vaginal or cervical discharge
- Sexual exposure history
- Epididymal pain

- Pelvic symptoms

This difference can help guide investigation, but it does not replace testing.

Genital Discharge

Normal Vaginal Discharge

Not every vaginal discharge represents infection.

Normal vaginal discharge can vary throughout the menstrual cycle.

It may be:

- Clear
- White
- Slightly cloudy
- More noticeable around ovulation

Therefore, the presence of discharge alone does not establish an STI.

Abnormal Vaginal Discharge

Discharge becomes more concerning when accompanied by:

- Strong or unusual odor
- Yellow or green coloration
- Frothy consistency
- Bleeding
- Pelvic pain
- Burning
- Severe itching
- Pain during intercourse

These symptoms may occur with:

- Gonorrhoea
- Chlamydia
- Trichomoniasis

- Bacterial vaginosis
- Candidiasis
- Cervicitis
- Other vaginal disorders

Because several conditions can look similar, laboratory diagnosis is more reliable than identifying the disease solely from discharge color.

Penile Discharge

Unlike normal vaginal secretions, persistent discharge from the male urethra is generally abnormal.

Possible causes include:

- Gonorrhoea
- Chlamydia
- Nongonococcal urethritis
- *Mycoplasma genitalium*
- Trichomoniasis
- Other infections

Gonorrhoea commonly causes noticeable penile discharge in symptomatic men, while women are considerably more likely to have mild or absent symptoms. WHO specifically notes this difference.

Any new penile discharge deserves proper evaluation.

Genital Sores, Ulcers and Blisters

Genital skin findings can provide important diagnostic clues.

However, even an experienced clinician may require laboratory confirmation.

Syphilis

Primary syphilis commonly produces an ulcer known as a **chancre**.

Classically, it may be:

- Painless
- Firm
- Located on the genitals, anus or mouth

Because it may be painless and hidden internally, it can be missed.

WHO emphasizes that many cases of syphilis remain asymptomatic or unrecognized.

Syphilis is curable with appropriate antibiotic treatment.

Genital Herpes

Herpes more commonly produces:

- Painful blisters
- Painful shallow ulcers
- Burning
- Tingling
- Itching

CDC notes that herpes sores usually begin as blisters that break and leave painful sores.

However, herpes can also be transmitted by people who do not recognize any obvious outbreak.

Genital Warts

Genital warts are commonly associated with particular low-risk types of **human papillomavirus, or HPV**.

They may appear as:

- Small flesh-colored growths
- Flat lesions
- Raised lesions
- Groups resembling a cauliflower surface

Other HPV types are associated with cervical and other anogenital cancers.

Therefore, prevention through appropriate HPV vaccination and screening is important.

Pelvic Pain in Women

Lower abdominal or pelvic pain should not automatically be dismissed as menstrual pain, gas or urinary infection.

When associated with STI exposure, abnormal discharge, fever or pain during intercourse, pelvic pain may indicate **pelvic inflammatory disease, or PID**.

PID can involve:

- Uterus
- Fallopian tubes
- Surrounding reproductive tissues

Important complications include:

- Chronic pelvic pain
- Tubal scarring
- Difficulty achieving pregnancy
- Ectopic pregnancy

Chlamydia and gonorrhoea are important preventable causes of PID and reproductive complications.

Testicular or Scrotal Pain

In men, chlamydia or gonorrhoea can occasionally cause inflammation of the epididymis.

Symptoms may include:

- Epididymal pain
- Scrotal swelling
- Testicular heaviness
- Tenderness
- Fever in more severe cases

However, **sudden severe testicular pain is an emergency until proven otherwise**.

This is because testicular torsion—the twisting of the spermatic cord—can cut off blood supply to the testicle.

The supplied material appropriately highlights the need to distinguish epididymitis from testicular torsion in a patient presenting with sudden severe pain.

Never wait at home assuming sudden severe testicular pain is merely an infection.

Kidney Infection – When a UTI Becomes More Serious

A lower urinary infection can sometimes spread upward toward the kidneys.

Symptoms of possible kidney infection include:

- Fever
- Chills
- Back or flank pain
- Nausea
- Vomiting
- Significant illness

NIDDK recommends prompt medical care when symptoms suggesting kidney infection accompany urinary symptoms because untreated infection can become serious.

UTI vs STI: A Simple Comparison

Feature	More Suggestive of UTI	More Suggestive of STI
Burning during urination	Common	Common
Frequent urination	Very common	Can occur
Urgency	Common	Can occur
Lower bladder pressure	Common	Less specific
Cloudy or bloody urine	May occur	Less typical
Penile discharge	Unusual	Strongly suggests urethritis/STI
Abnormal cervical discharge	Not typical of UTI	May occur
Genital ulcer or blister	No	Suggests STI

Feature	More Suggestive of UTI	More Suggestive of STI
Genital wart	No	Suggests HPV
Sexual exposure history	May be unrelated	Important
Pelvic inflammatory disease	No	Possible complication
Epididymitis	Not typical of simple cystitis	May follow chlamydia/gonorrhoea
Back/flank pain with fever	Suggests kidney UTI	Less typical
Partner diagnosed with STI	Not relevant to ordinary UTI	Strong indication for assessment

These are clues—not diagnostic rules.

Laboratory investigation should settle uncertain cases.

Women and Men May Present Differently

The supplied clinical analysis emphasizes that anatomical differences can influence both symptom recognition and reproductive consequences.

Women are particularly vulnerable to delayed diagnosis because:

- Cervical infection can remain internal
- Discharge may be mild
- Genital sores may occur where they cannot easily be seen
- Urinary and vaginal symptoms may overlap

Men more often notice:

- Penile discharge
- External genital lesions
- Urethral burning

However, men can also have silent infections.

No sex should depend exclusively on symptoms to determine infection status.

How Are UTIs Diagnosed?

A clinician may use:

Medical History

Questions may include:

- Burning urination
- Frequency
- Urgency
- Blood in urine
- Fever
- Flank pain
- Previous UTIs
- Pregnancy
- Diabetes
- Kidney problems

Urinalysis

Urine may be checked for:

- White blood cells
- Nitrites
- Blood
- Other signs of infection

Urine Culture

Culture can identify bacteria and help determine which antibiotic is appropriate, particularly in:

- Recurrent infections
- Complicated infection
- Men
- Pregnancy
- Treatment failure
- Resistant infections

NIDDK notes that UTI diagnosis may involve medical history, examination and laboratory testing.

How Are STIs Diagnosed?

Testing depends on the infection and the anatomical site exposed.

NAAT

Nucleic acid amplification tests, or NAATs, are commonly used for infections such as:

- Chlamydia
- Gonorrhoea

Samples may include:

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

Testing the correct anatomical site is important.

A urine test cannot always exclude an infection located only in the throat or rectum.

Blood Tests

Blood tests may be used for:

- Syphilis
- HIV
- Hepatitis B
- Hepatitis C

Swab of an Active Lesion

For herpes or some genital ulcers, a swab taken directly from an active lesion may provide useful diagnostic information.

Understanding the STI "Window Period"

Patients frequently ask:

"How many days after exposure should I get tested?"

There is no single answer that applies to every infection or test.

The **window period** is the interval between acquisition of infection and the time when a particular diagnostic test can reliably detect it.

This differs from the **incubation period**, which refers to the time between infection and symptom development.

Different laboratory methods have different windows.

For example, CDC states that a laboratory HIV antigen/antibody test using venous blood can usually detect HIV approximately **18–45 days after exposure**, while an HIV NAT may detect infection earlier, usually around **10–33 days**.

Therefore:

Do not rely on a generic internet chart for every STI.

The appropriate timing should be based on:

- Infection suspected
- Test being used
- Date of exposure
- Symptoms
- Whether preventive treatment was taken

STI Screening Even Without Symptoms

Screening means testing people who may not have symptoms.

Current CDC recommendations include annual chlamydia and gonorrhoea screening for **sexually active women younger than 25 years**, and screening of older women who have increased risk.

Men who have sex with men should undergo at least annual screening at relevant sites of sexual contact, with more frequent screening for people at higher risk.

Screening recommendations vary by:

- Age
- Anatomy
- Pregnancy
- Sexual exposure
- Local epidemiology
- Individual risk

A clinician can help determine which tests are appropriate.

Complications of Untreated UTI

Most uncomplicated UTIs respond well to appropriate treatment.

However, untreated or complicated infection can progress to:

- Kidney infection
- Recurrent UTI
- Sepsis in severe cases
- Pregnancy complications
- Kidney injury in selected severe cases

Fever, chills and flank or back pain should therefore not be ignored.

Complications of Untreated STIs

Untreated sexually transmitted infections can cause:

In Women

- PID
- Tubal scarring
- Infertility
- Chronic pelvic pain

- Ectopic pregnancy
- Pregnancy complications

In Men

- Epididymitis
- Epididymo-orchitis
- Chronic genital discomfort
- Rare fertility complications

In Both

- Continued transmission
- Increased vulnerability to certain other infections
- Chronic viral infection
- Neurological or cardiovascular complications in advanced syphilis
- HPV-related cancers
- Psychological distress

Genitourinary Infection and Infertility

This is particularly important at Saira Health Care because a substantial part of my clinical work involves infertility.

Patients sometimes come with a history such as:

“I had burning and discharge several years ago. Could that be why we are not conceiving now?”

The answer cannot be given by history alone.

Previous infection may be relevant, but infertility has many possible causes.

Male Fertility Evaluation

Depending on the case, evaluation may include:

- Semen analysis
- Sperm concentration
- Motility

- Morphology
- Physical examination
- Hormonal testing
- Scrotal ultrasound
- Assessment for varicocele
- Infection testing
- Evaluation for obstruction

A past STI does not automatically mean irreversible infertility.

Female Fertility Evaluation

Depending on the patient, assessment may involve:

- Ovulatory status
- Pelvic ultrasound
- Ovarian assessment
- Tubal patency
- Uterine evaluation
- Previous PID history
- Partner evaluation

The purpose is to identify the actual reproductive problem rather than assume that every infertility case is infection-related.

Modern Medical Treatment of UTI

Treatment depends on:

- Location of infection
- Patient's sex
- Pregnancy
- Kidney function
- Previous infections

- Antibiotic resistance
- Urine culture results
- Severity of illness

Bladder infections are commonly treated with antibiotics, but the appropriate medicine depends on the patient and local resistance patterns.

Patients should not use leftover antibiotics from a previous infection.

Modern Treatment of STIs

There is **no universal medicine for all STIs**.

Treatment depends upon the organism.

Chlamydia

Requires appropriate antibiotic treatment.

Gonorrhoea

Requires guideline-directed antibiotic therapy.

Syphilis

Is curable with appropriate antibiotics; WHO identifies benzathine penicillin as first-line treatment and the only WHO-recommended treatment for syphilis during pregnancy.

Trichomoniasis

Requires appropriate antiprotozoal treatment.

Herpes

Is managed with antiviral medicines; treatment controls outbreaks but does not eliminate latent HSV.

HIV

Requires antiretroviral therapy.

The diagnostic label therefore matters.

Antibiotic Resistance: Why Random Treatment Is Dangerous

One of the biggest threats in modern infection medicine is **antimicrobial resistance**.

WHO's October 2025 gonorrhoea update reports that resistance has increased rapidly and has reduced treatment options.

Resistance or reduced susceptibility to ceftriaxone—one of the most important remaining treatments—is an increasing international concern.

WHO also identifies inappropriate selection and overuse of antibiotics among the factors contributing to resistance.

Therefore:

Do not repeatedly take antibiotics because a previous medicine once helped your burning urination.

The next episode may have an entirely different cause.

Partner Management in STIs

A major difference between ordinary UTI and STI treatment is partner management.

If a person with chlamydia or gonorrhoea receives treatment but the infected partner does not, the infection may return.

This is called **reinfection**.

CDC recommends retesting approximately three months after treatment for chlamydia and gonorrhoea because repeat infection is common.

Therefore, appropriate partner evaluation is not an optional part of STI treatment—it is a key component of preventing recurrence and transmission.

Unani Understanding of Genitourinary Disorders

Unani medicine developed centuries before modern microbiology.

Classical Unani physicians therefore did not describe bacteria using modern names such as:

- *Escherichia coli*
- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*

Instead, they described clinical syndromes based on symptoms such as:

- **Harqat-ul-Baul** – burning urination
- Urethral discharge

- Inflammation
- Genital ulceration
- Urinary irritation
- Conditions historically described as **Suzak**
- Conditions historically described as **Aatishak**

The supplied material places these manifestations within the classical concepts of **Mizaj and Akhlat** and associates inflammatory urinary symptoms with alterations of heat and humoral balance.

These terms have historical value within the Unani system, but they should not replace microbiological diagnosis.

A modern NAAT identifies *Chlamydia trachomatis*.

A urine culture identifies bacterial growth.

A Unani Mizaj assessment does something different: it evaluates the patient according to the traditional constitutional framework.

Fundamental Unani Principles Relevant to Treatment

Official CCRUM material describes several important principles.

Izala-i-Sabab – Removal of the Cause

This means identifying and removing the causative factor.

This is particularly important in integrative medicine.

If laboratory testing demonstrates a bacterial STI, the bacterium represents an identified cause.

Appropriate pathogen-directed treatment is therefore entirely consistent with the principle of removing the cause.

Ta'dil-i-Mizaj – Normalization of Temperament

Traditional Unani medicine also considers correction of altered temperament.

This may involve individualized consideration of:

- Diet

- Lifestyle
- General health
- Environment
- Associated symptoms
- Constitution

CCRUM officially describes normalization of morbid temperament as an important treatment principle.

Tanqiya – Evacuation of Morbid Material

Traditional Unani medicine recognizes different methods of eliminating what classical medicine terms morbid material.

CCRUM describes methods including diuresis and various regimenal procedures within the historical therapeutic framework.

In contemporary practice these concepts should be applied responsibly and never in a way that delays necessary infection treatment.

Ilaj-bil-Ghiza – Dietotherapy

Diet is an important component of Unani health management.

CCRUM describes **Ilaj-bil-Ghiza** as individualized dietary treatment based on factors including:

- Age
- Sex
- Temperament
- Health condition
- Physical activity
- Disease state.

For genitourinary health, sensible dietary advice may include:

- Adequate hydration
- Balanced nutrition

- Avoiding excessive dehydration
- Appropriate management of diabetes
- Avoiding foods that clearly worsen individual bladder symptoms
- Maintaining general metabolic health

Diet can support recovery.

But a food cannot replace antibiotics when antibiotics are medically required.

Ilaj-bil-Dawa – Pharmacotherapy

Unani medicine contains many herbal and compound formulations traditionally used for urinary and genitourinary complaints.

The uploaded clinical material discusses examples such as:

Sharbat Bazoori Motadil

Traditionally used for symptoms including:

- Burning urination
- Urinary irritation
- Diuretic support

Qurs Suzak

Historically associated with management of symptoms described under **Suzak** and urethral complaints.

The material describes these preparations as being used for cooling, diuretic and soothing effects within traditional practice.

These formulations may have a place in **professionally supervised supportive Unani management** for selected patients.

However, one distinction is absolutely essential:

Symptom relief is not the same as microbiological cure.

A medicine that reduces burning does not necessarily eradicate *Neisseria gonorrhoeae*.

A diuretic effect does not cure chlamydia.

A soothing herb does not eliminate syphilis.

Therefore, active confirmed infections still require proven pathogen-specific treatment.

Why Unani Medicine Can Still Be Valuable

When used responsibly, Unani medicine can make an important contribution to genitourinary and reproductive healthcare by addressing the complete patient.

This can include:

- Individual constitution
- Diet
- Hydration
- Digestive health
- General weakness
- Recovery after illness
- Lifestyle
- Sleep
- Stress
- Reproductive-health support

Official CCRUM guidance identifies:

- **Ilaj-bil-Tadbir** – regimental therapy
- **Ilaj-bil-Ghiza** – dietotherapy
- **Ilaj-bil-Dawa** – pharmacotherapy
- **Ilaj-bil-Yad** – surgical treatment

as therapeutic modes within the Unani system.

The holistic strength of Unani medicine lies in considering the patient beyond one laboratory value.

A Serious Warning About Herbo-Mineral Medicines

Traditional medical systems may contain preparations involving minerals or metals.

The supplied clinical material specifically warns about preparations containing compounds of copper or lead and the possibility of heavy-metal toxicity if such preparations are improperly produced or used.

This deserves special emphasis.

Heavy-metal toxicity can cause serious:

- Neurological damage
- Kidney injury
- Blood abnormalities
- Gastrointestinal symptoms
- Long-term organ damage

Patients should not take unverified metallic or herbo-mineral products obtained from unreliable sources.

“Traditional” does not automatically mean “safe.”

Quality control and professional supervision matter.

Natural Approaches and Cranberry for UTI Prevention

Cranberry is one of the most widely studied non-antibiotic approaches for recurrent urinary infection.

The American Urological Association's **2025 recurrent UTI guideline** states that clinicians may offer cranberry as an option for prophylaxis in women with recurrent UTIs.

However, this distinction is important:

Cranberry is considered for prevention of recurrence—not as a dependable cure for an established acute bacterial UTI.

NICE similarly states that there is no evidence to recommend cranberry products as treatment for an active lower UTI.

This is a useful example of how natural medicine should be described accurately.

A product may have value in prevention or supportive care without replacing definitive treatment.

Dr. Nizamuddin Qasmi's Specialized Approach at Saira Health Care

At **Saira Health Care**, my approach to a patient with genital or urinary symptoms begins with one fundamental question:

What is actually causing the problem?

I do not believe that every patient with burning requires the same medicine.

I do not believe that every discharge represents the same infection.

And I do not believe that infertility should be treated without first understanding its cause.

My clinical approach may involve the following.

1. Detailed and Confidential History

I assess:

- Burning urination
- Urinary frequency
- Urgency
- Genital discharge
- Pelvic pain
- Testicular symptoms
- Genital sores
- Sexual exposure where medically relevant
- Previous infections
- Previous antibiotic use
- Recurrent UTI history
- Diabetes
- Kidney disease
- Fertility history
- Current medicines

Sexual-health consultations require privacy, respect and confidentiality.

2. Differentiating UTI From STI

Depending upon symptoms, I consider:

- Urinalysis
- Urine culture

- Chlamydia testing
- Gonorrhoea testing
- Syphilis testing
- HIV testing
- Appropriate swabs
- Additional investigations

This avoids treating an STI as a simple UTI or treating a simple bladder infection as a sexually transmitted disease.

3. Treating the Proven Cause

Once the cause is clear:

- Bacterial UTIs are treated appropriately
- Bacterial STIs receive guideline-directed antibiotics
- Viral infections receive appropriate antiviral or specialist management
- Structural problems are investigated
- Complicated cases are referred when necessary

This is the practical application of **Izala-i-Sabab—removing or treating the identified cause**.

4. Individualized Unani Support

Where appropriate, I may also consider:

- Mizaj
- Diet
- Hydration
- Digestive function
- General weakness
- Sleep
- Lifestyle
- Stress

- Constitution
- Recovery needs

This allows treatment to remain patient-centred without compromising infection control.

5. Fertility Assessment When Required

In men with:

- Previous epididymitis
- Recurrent genital infection
- Abnormal semen reports
- Difficulty achieving pregnancy

further evaluation may include semen analysis and other reproductive investigations.

Women with a history of PID or infertility may require appropriate gynecological fertility assessment.

6. Partner Management

If the diagnosis is sexually transmitted, the partner's health must also be considered.

Without this step, reinfection can occur even after successful treatment.

7. Follow-Up

Follow-up may involve:

- Repeat testing
- Symptom reassessment
- Urine culture
- STI retesting
- Semen analysis
- Fertility review
- Lifestyle correction

Treatment does not end when the burning stops.

The objective is complete recovery and protection of reproductive health.

Contribution of Saira Health Care to Sexual Disorders and Infertility

At **Saira Health Care**, our focused work includes education, consultation and individualized management related to:

- Male infertility
- Sexual disorders
- Erectile dysfunction
- Premature ejaculation
- Low libido
- Semen-related concerns
- Testicular disorders
- Epididymal conditions
- Varicocele-related concerns
- Genitourinary symptoms
- STI awareness
- Sexual-health counseling
- Reproductive-health assessment

One of our most important contributions is helping patients distinguish between **fear and diagnosis**.

A patient who believes every genital symptom is an STI may experience unnecessary anxiety.

A patient who dismisses a genuine STI as “heat in urine” may delay important treatment.

Both situations are harmful.

Good healthcare lies between these extremes.

About Dr. Nizamuddin Qasmi

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

His qualifications and professional training include:

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

His clinical approach emphasizes:

- Confidential consultation
- Proper investigation
- Accurate differential diagnosis
- Male-fertility assessment
- Sexual-health education
- Modern laboratory testing when indicated
- Individualized Unani supportive care
- Appropriate referral for urological, gynecological or other specialist treatment when necessary

Frequently Asked Questions

Is every burning sensation during urination an STI?

No.

UTI, urethral irritation, stones, prostatitis and several other problems can also cause burning.

Testing and clinical assessment are necessary when the diagnosis is unclear.

Can a UTI be caused by sex?

Sexual activity can sometimes facilitate movement of urinary bacteria toward the urethra, particularly in women.

However, an ordinary bacterial bladder infection is not generally classified as an STI.

Can I have an STI without discharge?

Yes.

Many STIs may be completely asymptomatic.

If my partner looks healthy, does that mean there is no STI?

No.

Appearance cannot reliably establish STI status.

Can UTI cause penile discharge?

Simple cystitis does not usually cause penile urethral discharge.

A male patient with discharge should be evaluated for urethritis and other causes, including STIs.

Can an STI cause infertility?

Certain untreated STIs can increase the risk.

Chlamydia and gonorrhoea can cause PID and tubal scarring in women, while epididymal complications in men can occasionally affect reproductive health.

However, having had an STI does not automatically mean a person is infertile.

Can Unani medicine cure gonorrhoea or chlamydia alone?

Confirmed bacterial STIs require appropriate antimicrobial treatment.

Unani medicine may provide selected supportive care for symptoms, diet, constitution and recovery, but it should not be presented as a substitute for treatment that eradicates the pathogen.

Is Sharbat Bazoori useful for burning urination?

It has traditional use within Unani medicine for urinary complaints and as a cooling/diuretic formulation.

The cause of burning must nevertheless be established first.

Symptomatic improvement does not prove that an underlying bacterial STI has been eradicated.

Can cranberry cure a UTI?

Cranberry may have a role in **prevention of recurrent UTI in some women**, but it should not be relied upon as treatment for an established bacterial infection.

Should I take antibiotics whenever burning returns?

No.

Repeated self-medication can delay diagnosis and contribute to antibiotic resistance.

Can chlamydia or gonorrhoea come back after treatment?

Yes.

Reinfection can occur, particularly when a partner remains untreated.

CDC recommends retesting approximately three months after treatment for these infections.

When Should You Consult a Doctor?

Seek medical assessment if you have:

- Burning urination
- Persistent urinary frequency
- Blood in urine
- Penile discharge
- Abnormal vaginal discharge
- Genital sores
- Genital blisters
- Genital warts
- Pelvic pain
- Pain during intercourse
- Testicular discomfort
- Scrotal swelling

- Symptoms following sexual exposure
- A partner diagnosed with an STI
- Recurrent UTI
- Unexplained infertility

When Is Urgent Medical Attention Required?

Seek urgent medical assessment for:

Sudden Severe Testicular Pain

Testicular torsion must be ruled out.

Severe Pelvic or Abdominal Pain

This may indicate:

- Severe PID
- Tubo-ovarian abscess
- Ectopic pregnancy
- Another abdominal emergency

High Fever With Flank or Back Pain

This may indicate kidney infection.

Severe Illness or Confusion

This can occur with sepsis.

Pregnancy With Severe Pelvic Pain or Bleeding

Ectopic pregnancy and other emergencies require rapid evaluation.

The uploaded clinical material appropriately identifies severe pelvic pain, systemic infection and sudden testicular pain as important emergency warning signs.

A Personal Message From Dr. Nizamuddin Qasmi

Whenever a patient comes to me with burning, discharge, genital discomfort or fear of an infection, my first advice is:

Do not panic and do not hide the symptoms.

Sexual and urinary problems are medical conditions.

There should be no shame in discussing them.

But there should also be no guessing.

If it is a urinary infection, treat the urinary infection correctly.

If it is chlamydia, gonorrhoea or another STI, identify the organism and use the appropriate treatment.

If infection has affected fertility, evaluate fertility properly.

And if diet, lifestyle, sleep, stress, general weakness or constitution are also contributing to poor reproductive health, those areas should be addressed thoughtfully.

This is where I find the integrated approach particularly useful.

Modern medicine tells us **which organism is present and how it should be eradicated or controlled**.

Unani medicine encourages us to ask what is happening to the **whole patient**—his or her constitution, diet, lifestyle, recovery and reproductive well-being.

Used responsibly, these approaches do not have to compete.

They can complement each other while patient safety remains the priority.

Conclusion

Genitourinary symptoms are common, but they should never automatically be assigned to a single disease.

A burning sensation during urination may indicate:

- Bladder infection
- Urethritis
- Chlamydia
- Gonorrhoea
- Another genital infection
- Noninfectious urinary disease

Similarly, genital discharge may have several causes.

The overlap between UTIs and STIs makes correct diagnosis essential.

Modern laboratory investigations such as:

- Urinalysis
- Urine culture
- NAAT
- Blood testing
- Lesion swabs

allow clinicians to identify the underlying problem accurately.

This matters because the treatments are different.

An ordinary bacterial UTI is not managed the same way as gonorrhoea.

Herpes is not treated like chlamydia.

Syphilis is not managed like candidiasis.

The rise of antimicrobial resistance makes accurate diagnosis and responsible antibiotic use more important than ever. WHO's latest gonorrhoea guidance continues to warn that resistance is narrowing treatment options.

From the **Unani perspective**, genitourinary health can additionally be viewed through principles such as:

- Mizaj
- Izala-i-Sabab
- Ta'dil-i-Mizaj
- Ilaj-bil-Ghiza
- Ilaj-bil-Dawa
- Ilaj-bil-Tadbir

These principles support an individualized approach to health and recovery.

Traditional formulations may be useful for carefully selected supportive purposes such as urinary comfort and constitutional management, but they should not be represented as replacements for laboratory diagnosis or definitive pathogen-specific treatment. The supplied source reaches the same important distinction between **symptomatic support and actual cure of an infectious organism**.

At **Saira Health Care**, my objective is therefore to bring together:

accurate diagnosis, responsible modern treatment, individualized Unani supportive care, reproductive-health assessment, infertility evaluation and patient education.

The purpose is not merely to stop today's burning or discharge.

The greater objective is to:

eliminate or control the actual disease, prevent complications, protect the sexual partner, preserve fertility and restore the patient's overall sexual and reproductive health.

Important Medical Disclaimer

This article is intended for general education and public-health awareness.

It does not replace individual consultation, examination, laboratory testing or prescribed medical treatment.

Do not self-start antibiotics, antiviral medicines, herbo-mineral preparations, Unani formulations or other medicines solely on the basis of the symptoms described in this article.

Confirmed bacterial or parasitic sexually transmitted infections require appropriate evidence-based antimicrobial treatment. Viral STIs require their appropriate medical management.

Unani medicine may be incorporated as individualized supportive care where appropriate but should not delay essential treatment.

Patients with sudden severe testicular pain, severe abdominal or pelvic pain, high fever, flank pain, pregnancy-related pain or bleeding, or signs of severe systemic illness should seek prompt medical attention.