

Genital Herpes

Understanding HSV-1 and HSV-2, Symptoms, Recurrence, Transmission, Diagnosis, Treatment, Pregnancy, Fertility and the Supportive Role of Unani Medicine

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A Message From Dr. Nizamuddin Qasmi

When a patient is diagnosed with genital herpes, one of the first questions I hear is:

“Doctor, will this infection ever leave my body?”

Another patient asks:

“Can I marry normally?”

“Can I have sexual relations?”

“Can my wife become pregnant?”

“Will herpes make me infertile?”

“Can my future baby become infected?”

These are important questions.

My first message is:

Genital herpes is common, manageable and compatible with a normal married, sexual and reproductive life.

However, genital herpes is also a **lifelong viral infection**.

Current antiviral medicines can:

- shorten outbreaks,
- reduce pain,



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- reduce recurrence,
- reduce viral shedding,
- lower the risk of transmission.

But they do not currently remove latent herpes simplex virus completely from the body.

The World Health Organization states clearly that herpes simplex infection is **treatable but not presently curable**.

This distinction is important because patients are often exposed to advertisements claiming:

“100% permanent herpes cure.”

At present, such a claim is not supported by modern medical evidence.

My approach is therefore not to create fear and not to create false promises.

The correct approach is:

diagnose accurately, control symptoms effectively, reduce transmission, protect the partner, manage pregnancy safely, and support the patient's sexual and emotional wellbeing.

What Is Genital Herpes?

Genital herpes is an infection of the genital, anal or surrounding skin caused by:

Herpes Simplex Virus — HSV.

There are two principal types:

Herpes Simplex Virus Type 1 — HSV-1

and

Herpes Simplex Virus Type 2 — HSV-2.

Both can cause genital herpes.

Historically, HSV-2 was considered the main genital herpes virus.

That remains broadly true worldwide, but genital HSV-1 has become increasingly important, particularly through:

oral-genital sexual contact.

WHO estimated that in 2020 approximately **520 million people aged 15–49 years—about 13% globally—were living with HSV-2**, the main cause of genital herpes. An



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estimated 376 million genital HSV-1 infections were also present among people aged 15–49.

This tells us something important:

herpes is extremely common.

A diagnosis should therefore be treated medically—not with stigma or moral judgment.

HSV-1 Versus HSV-2

Understanding which virus is present matters because their long-term behaviour is somewhat different.

Genital HSV-1

HSV-1 commonly causes:

- oral herpes,
- cold sores.

But oral HSV-1 can be transferred to the genital region during oral sex.

Once established genitally, HSV-1 can recur.

However, genital HSV-1 generally produces:

- fewer recurrences,
- less frequent genital viral shedding

than genital HSV-2.

Genital HSV-2

HSV-2 is primarily sexually transmitted and is particularly adapted to the genital region.

It is more likely than genital HSV-1 to cause:

- repeated outbreaks,
- asymptomatic viral shedding,
- long-term recurrent genital symptoms.

Therefore:

identifying HSV-1 versus HSV-2 helps predict recurrence and guide counselling.

How Does Genital Herpes Spread?



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HSV spreads mainly through:

direct skin-to-skin or mucosal contact.

Transmission can occur during:

- vaginal intercourse,
- anal intercourse,
- oral sex,
- genital-to-genital skin contact.

HSV-1 can spread from a person's mouth to another person's genital area during oral sex.

HSV-2 is usually transmitted through sexual contact involving genital or anal skin and mucosa.

Herpes Can Spread Even When No Sore Is Visible

This is one of the most important facts patients need to understand.

A person does not need to have:

- visible blisters,
- open ulcers,
- active pain

to transmit HSV.

The virus may occasionally be released from apparently normal-looking skin.

This is known as:

Asymptomatic Viral Shedding.

WHO states that HSV-2 can be transmitted even when the skin appears normal.

CDC likewise emphasizes that transmission can occur during periods when a person has no recognized symptoms.

Therefore:

“No sores today” does not mean “zero transmission risk today.”

When Is Transmission Risk Highest?



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Transmission risk is greatest:

- when active blisters or ulcers are present,
- during the warning symptoms immediately before an outbreak.

These warning symptoms are called:

Prodromal Symptoms.

They may include:

- tingling,
- itching,
- burning,
- tenderness,
- unusual sensitivity

in the area where lesions later develop.

Sexual contact should be avoided during:

- prodrome,
- active lesions

until the outbreak has completely healed.

What Happens After HSV Enters the Body?

After infection, HSV replicates in the skin or mucous membranes.

It then enters sensory nerves and travels to nearby nerve ganglia.

There it becomes:

latent.

Latent means the virus remains present but inactive.

Later, it may reactivate.

When it reactivates, it can travel back along the nerve and cause:

- another outbreak,
- or asymptomatic shedding.



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This ability to remain dormant within sensory nerves explains why current treatment can control HSV but cannot completely eradicate latent infection.

Does Herpes Stay in the Blood?

Patients often imagine herpes continuously circulating throughout the blood.

That is not the usual situation.

After primary infection, the virus establishes latency mainly within:

sensory nerve ganglia.

Blood antibody testing therefore detects the body's immune response to HSV; it does not mean that active virus is constantly circulating in the blood.

What Is the First Episode of Genital Herpes?

The first recognized genital herpes outbreak is called:

the first clinical episode.

It may be:

- severe,
- moderate,
- very mild.

Some people never recognize an initial outbreak.

Others develop significant illness.

Possible symptoms include:

- multiple painful blisters,
- painful genital ulcers,
- burning,
- itching,
- genital tenderness,
- painful urination,
- swollen groin lymph nodes,
- fever,



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- body aches,
- headache,
- general weakness.

WHO notes that new HSV infections may cause fever, body aches and swollen lymph nodes in addition to genital lesions.

What Do Herpes Lesions Look Like?

Classically, lesions may begin as:

- small grouped blisters or vesicles.

These may rupture and become:

- shallow painful ulcers.

Later, they heal.

However, real-life herpes does not always look like a textbook photograph.

Some patients have only:

- a tiny fissure,
- redness,
- one small erosion,
- itching,
- burning.

Therefore:

visual appearance alone is not always enough for diagnosis.

Herpes Can Be Mistaken for Other Diseases

Genital ulceration has several possible causes.

These include:

- syphilis,
- herpes,
- chancroid,



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- trauma,
- aphthous ulcers,
- Behçet disease,
- fixed drug eruption,
- inflammatory skin diseases.

CDC specifically warns that diagnosis based only on history and physical examination can be inaccurate.

Therefore, appropriate laboratory testing is valuable when lesions are present.

Can Herpes Be Completely Asymptomatic?

Yes.

This is extremely common.

WHO states that most HSV infections are:

- asymptomatic,
- unrecognized,
- or produce only mild symptoms.

Some people therefore discover their HSV status only after:

- a partner develops symptoms,
- a blood test is performed for a specific reason,
- a mild lesion is finally tested.

This is why transmission can occur between people who genuinely did not know they had HSV.

Does a Positive HSV Test Prove Recent Infidelity?

No.

This is an important issue in relationships.

HSV can remain:

- clinically silent for months,
- years,



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- sometimes much longer.

A first recognized outbreak does not necessarily mean the infection was recently acquired.

Similarly, a positive HSV antibody blood test generally cannot determine:

- the exact date infection occurred,
- from whom it was acquired.

Therefore:

genital herpes should not be used as automatic proof of infidelity.

Why Does Herpes Recur?

The virus remains latent in sensory nerves.

From time to time it may reactivate.

Some patients notice recurrences associated with:

- physical illness,
- fever,
- sleep deprivation,
- emotional stress,
- friction,
- menstruation,
- weakened immunity.

But many outbreaks occur without any obvious trigger.

A patient should not blame themselves because a recurrence occurred.

First Episode Versus Recurrent Herpes

Recurrent outbreaks are generally:

- milder,
- shorter,
- less extensive



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than a true first episode.

A patient may notice prodromal symptoms followed by a few lesions in approximately the same general region.

HSV-2 tends to recur substantially more frequently than genital HSV-1.

Does Everyone Get Frequent Recurrences?

No.

The pattern varies tremendously.

Some people experience:

- several outbreaks each year.

Others may experience:

- one outbreak every few years.

Some never recognize another outbreak.

The frequency often decreases with time.

Is Genital HSV-1 Better Than HSV-2?

I would not call either infection “good.”

But from the standpoint of recurrence:

genital HSV-1 generally has a more favourable natural history.

CDC states that recurrences are less frequent after genital HSV-1 infection and genital shedding decreases rapidly during the first year compared with HSV-2.

This distinction can significantly reduce patient anxiety after accurate typing.

How Is Genital Herpes Diagnosed?

The best test depends on whether an active lesion is present.

When a fresh genital lesion is available, the preferred approach is:

HSV NAAT / PCR from the lesion.



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CDC describes nucleic-acid amplification testing as the most sensitive virological method for HSV lesions, with reported sensitivities approximately 90.9–100% for available assays and high specificity.

The test should ideally identify:

- HSV-1,
- HSV-2.

PCR Is Better Than Simply Looking at the Sore

A clinician may strongly suspect herpes from:

- grouped blisters,
- recurrent painful ulcers.

But herpes lesions can resemble other disorders.

Whenever appropriate:

laboratory confirmation is preferable.

This becomes particularly important when the diagnosis will affect:

- long-term relationship counselling,
- pregnancy management,
- suppressive treatment decisions.

Viral Culture

HSV culture can also be used.

However, its sensitivity is lower than NAAT/PCR, particularly:

- during recurrent outbreaks,
- when lesions have begun healing.

Therefore, a negative culture does not always exclude herpes.

Can a Negative Swab Exclude Herpes?

Not always.

HSV shedding is intermittent.



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If:

- the lesion is old,
- healing has begun,
- no active lesion is present,

the virus may not be detected.

CDC specifically notes that a negative lesion test does not necessarily exclude HSV when clinical suspicion remains.

Blood Testing for HSV

Blood tests detect antibodies against HSV.

Type-specific HSV-2 serology can sometimes be useful when:

- recurrent genital symptoms occur but lesion testing is negative,
- a clinical diagnosis was never confirmed,
- a sexual partner has genital herpes.

However, blood testing requires careful interpretation.

HSV-1 Blood Test Does Not Tell Where the Infection Is

This is especially important.

Many adults have HSV-1 antibodies because they acquired:

oral HSV-1

during childhood.

Therefore, a positive HSV-1 blood test cannot usually determine whether infection is:

- oral,
- genital.

CDC specifically cautions against using HSV-1 serology to diagnose the site of genital HSV-1 infection.

HSV IgM Testing Should Not Be Used

Patients frequently bring reports showing:



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HSV IgM positive.

This creates unnecessary confusion.

CDC states that HSV IgM testing is:

- not type-specific,
- may become positive during recurrent episodes,
- is therefore not recommended for diagnosing HSV infection.

A clinician should interpret HSV testing rather than diagnosing a lifelong STI from an isolated IgM report.

Routine Herpes Blood Screening Is Not Recommended for Everyone

Testing every person without symptoms is not currently recommended.

The USPSTF recommends **against routine serological screening of asymptomatic adolescents and adults, including pregnant individuals**, because current population screening can generate a significant number of false-positive results and has not shown sufficient overall benefit.

This does not mean HSV testing is never useful.

It means:

testing should have a clinical reason.

HIV Testing Is Important

HSV-2 and HIV interact biologically.

WHO estimates that HSV-2 infection increases the risk of acquiring HIV by approximately:

three-fold.

CDC recommends HIV testing for people presenting with genital herpes if HIV status is not already known.

This is an important part of responsible STI care.

Does Genital Herpes Cause AIDS?

No.



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HSV and HIV are completely different viruses.

Having genital herpes does not mean a person has HIV.

However, genital HSV infection—especially HSV-2—is associated with greater susceptibility to acquiring HIV if exposed.

Is There a Cure for Genital Herpes?

At present:

No treatment reliably removes latent HSV from the body.

WHO describes HSV infection as:

treatable but not curable.

Treatment therefore has several goals:

- shorten outbreaks,
 - improve pain,
 - speed lesion healing,
 - reduce recurrence,
 - reduce transmission.
-

Standard Antiviral Medicines

The main systemic antiviral medicines used for genital herpes are:

- acyclovir,
- valacyclovir,
- famciclovir.

CDC identifies all three as clinically effective systemic antiviral treatments.

These medicines interfere with viral replication.

They do not remove HSV from sensory nerve ganglia.

Treatment of a First Genital Herpes Episode

The first episode can become:



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- prolonged,
- painful,
- severe.

Therefore, CDC recommends antiviral treatment for **all patients with a first clinical episode**.

Current CDC regimens include clinician-prescribed courses such as:

- acyclovir,
- valacyclovir,
- famciclovir

for approximately **7–10 days**, with extension when healing is incomplete.

Current Indian NACO Guidance

India's updated **2024 National Technical Guidelines on STI/RTI management** include:

Acyclovir 400 mg orally three times daily for 7 days

as a first-line regimen for a primary anogenital herpes episode.

The Indian guideline also includes:

- valacyclovir,
- famciclovir

as effective alternatives and provides separate recommendations for episodic and suppressive therapy.

Medication should be prescribed according to the patient's:

- diagnosis,
- kidney function,
- pregnancy status,
- other medicines,
- clinical severity.

Patients should not self-medicate solely from doses listed in an educational article.

Recurrent Genital Herpes



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Recurrent herpes can be managed in two principal ways.

Episodic Therapy

Medicine is started when an outbreak begins.

Suppressive Therapy

Antiviral medicine is taken daily for a prolonged period to prevent or reduce outbreaks.

The right strategy depends upon:

- outbreak frequency,
 - severity,
 - partner-transmission concerns,
 - quality of life,
 - patient preference.
-

Episodic Treatment

Episodic treatment works best when started:

as early as possible.

CDC states that treatment is most effective if begun:

- during the prodrome,
- or within approximately one day of lesion onset.

This is why patients with known recurrent herpes are sometimes provided medication in advance so they can start therapy promptly.

Suppressive Treatment

Daily suppressive antiviral treatment can be very useful for people with:

- frequent recurrences,
- painful outbreaks,
- substantial psychological distress,
- an HSV-negative partner where transmission reduction is important.

CDC reports that suppressive therapy reduces genital HSV-2 recurrences by approximately:



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70–80%

among patients with frequent recurrences.

Many patients experience no recognized outbreaks while on suppression.

Can Suppressive Therapy Reduce Transmission?

Yes—for symptomatic genital HSV-2, it can reduce risk.

CDC reports that once-daily valacyclovir has been shown to reduce HSV-2 transmission in heterosexual couples where one partner has symptomatic genital HSV-2 and the other is susceptible.

However:

it does not reduce transmission risk to zero.

The best strategy combines:

- disclosure,
- avoidance of sex during symptoms,
- condoms,
- appropriate suppressive therapy.

Is Long-Term Antiviral Treatment Safe?

For appropriately selected patients, long-term:

- acyclovir,
- valacyclovir,
- famciclovir

have substantial clinical experience.

CDC states that long-term safety and effectiveness of daily suppressive therapy have been documented, and clinically important antiviral resistance or serious adverse events are uncommon in immunocompetent patients.

Individual medical supervision remains important.

Does the Body Become Dependent on Acyclovir?



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No.

Antivirals suppress viral replication while they are being taken.

They do not create biological dependence.

When suppressive therapy is stopped:

- the underlying HSV remains,
- the natural recurrence pattern may return.

That is because the medicine never removed latent virus.

Should Suppressive Treatment Continue Forever?

Not necessarily.

The frequency of recurrence often decreases with time.

CDC recommends discussing continued need for suppressive treatment periodically—commonly annually—based on:

- outbreaks,
 - transmission considerations,
 - patient preference.
-

Topical Antiviral Creams

Patients frequently purchase creams hoping to cure genital herpes locally.

CDC states that topical antiviral therapy provides:

minimal clinical benefit

and discourages its routine use compared with systemic antiviral therapy.

This is because herpes is not simply a superficial skin infection.

Pain Relief During an Outbreak

In addition to antiviral medication, supportive measures may help.

These may include:

- keeping the area clean and dry,



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- loose clothing,
- adequate fluids,
- appropriate oral pain relief,
- warm-water bathing.

WHO includes simple measures such as loose clothing, warm bathing and appropriate nonprescription pain relief as supportive strategies.

Painful Urination

Urine passing across open genital ulcers can cause significant burning.

Patients may find temporary comfort from:

- adequate hydration,
- urinating while pouring clean lukewarm water over the area,
- medical pain relief where appropriate.

Severe urinary difficulty requires medical evaluation.

Rarely, severe first-episode herpes can cause neurological complications affecting urination.

Severe Genital Herpes

Most genital herpes is managed as an outpatient condition.

However, severe disease may require hospitalization.

CDC recommends intravenous acyclovir for serious HSV disease such as:

- disseminated infection,
- severe hepatitis,
- pneumonitis,
- meningitis,
- encephalitis.

Urgent medical care is appropriate for:

- severe widespread lesions,
- inability to urinate,



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- severe headache with neurological symptoms,
- marked illness in an immunocompromised patient.

Genital Herpes and Sexual Relationships

Herpes frequently causes more psychological distress than physical illness.

Patients may experience:

- shame,
- guilt,
- anxiety,
- fear of rejection,
- fear of infecting a partner,
- loss of sexual confidence.

WHO specifically recognizes the stigma and sexual-relationship impact of genital herpes.

This is an important part of my work in sexual medicine.

A herpes diagnosis should not end:

- intimacy,
- marriage,
- sexuality.

It requires informed risk management.

Should I Tell My Partner?

Yes.

A current or future sexual partner deserves information that allows an informed decision about:

- sexual contact,
- testing,
- prevention.



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CDC specifically recommends informing current partners and discussing HSV with future partners before sexual relationships begin.

Disclosure can be difficult, but responsible communication often reduces fear and improves trust.

Does the Partner Automatically Need Antiviral Treatment?

No.

An uninfected partner should not routinely take:

- acyclovir,
- valacyclovir

simply because the other partner has HSV.

If a partner develops:

- sores,
- suspicious symptoms,

they should be evaluated.

Type-specific serological testing may be useful in selected discordant couples.

Can Condoms Prevent Herpes?

Condoms can:

reduce transmission risk.

But they cannot completely eliminate it.

HSV may be shed from genital skin that a condom does not cover.

CDC specifically states that consistent, correct condom use reduces but does not eliminate genital herpes transmission.

Therefore:

condom + symptom avoidance + suppressive treatment

is often more effective than relying on only one measure.

Should Sex Be Avoided During an Outbreak?



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Yes.

Avoid:

- vaginal intercourse,
- anal intercourse,
- oral-genital contact,
- direct contact with affected skin

during:

- prodromal symptoms,
- visible lesions.

Sex can be resumed after lesions have healed, although asymptomatic transmission risk remains.

Can Oral Sex Cause Genital Herpes?

Yes.

A partner with:

oral HSV-1

can transmit HSV-1 to the genital region during oral sex.

This is now an important cause of first-episode genital herpes.

A person with an active cold sore should avoid oral-genital contact.

Is Genital Herpes Caused by Poor Hygiene?

No.

Herpes is not caused by:

- dirty underwear,
- poor bathing,
- public toilets,
- ordinary toilet seats.

HSV requires close contact with infected:



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- skin,
- mucous membranes,
- lesions,
- secretions.

Patients should not be made to feel “unclean.”

Can I Spread Herpes Through Towels?

Sexual and direct skin contact are far more important transmission routes.

HSV does not survive well outside the human body.

Ordinary household contact is not considered the usual mechanism for genital HSV transmission.

Normal hygiene is sufficient.

Can Genital Herpes Cause Infertility in Women?

This deserves particularly careful explanation.

Unlike:

- chlamydia,
- gonorrhea

which can cause pelvic inflammatory disease and tubal scarring, genital herpes has **not been established as a major direct cause of female infertility.**

A 2025 scoping review examining sexually transmitted infections and female fertility found:

no eligible studies directly evaluating pre-pregnancy genital HSV and subsequent female fertility.

The authors concluded that evidence linking genital HSV to female infertility remains very sparse.

Therefore, I would not tell a woman:

“You have herpes, so your fallopian tubes will become blocked.”

That is not currently established.



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Does Genital Herpes Damage the Fallopian Tubes?

It is not recognized as a typical cause of tubal infertility in the way that:

- chlamydial PID,
- gonococcal PID

are.

If a woman with herpes is infertile, we should still investigate:

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

We should not automatically attribute infertility to HSV.

Herpes Can Indirectly Affect Conception

Although herpes is not an established major direct cause of female infertility, frequent painful outbreaks can indirectly affect conception by causing:

- avoidance of intercourse,
- fear of transmission,
- reduced sexual frequency,
- painful intercourse,
- relationship stress.

These are important reproductive and sexual-health consequences.

Treating recurrent disease effectively may therefore improve:

- sexual confidence,
 - ability to maintain regular intercourse.
-

Genital Herpes and Male Fertility



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The evidence in men is more complicated.

A systematic review involving **12 observational studies and 1,460 men with idiopathic infertility** found that HSV detection was associated with abnormalities in at least one semen parameter in several studies, particularly:

- sperm concentration,
- motility.

However, the researchers emphasized that evidence was limited and stronger studies are required.

A more recent systematic review and meta-analysis of male genital-tract infections also found that reproductive-tract infections as a group were associated with poorer semen parameters, although substantial heterogeneity existed between studies.

Therefore:

HSV should not automatically be labelled the cause of an abnormal semen analysis.

Should Every Infertile Man Be Tested for HSV?

No.

Routine HSV testing is not part of every standard semen evaluation.

If a man has infertility, the priority remains a proper male-fertility assessment including:

- semen analysis,
- history,
- physical examination,
- hormones where indicated,
- other investigations according to findings.

HSV testing should have a specific clinical indication.

Genital Herpes and Pregnancy

Women with genital herpes can:

become pregnant

and:

deliver healthy babies.

Having genital herpes does not automatically mean:

- infertility,
- miscarriage,
- cesarean delivery.

The major concern is:

neonatal herpes.

This can occur when a baby is exposed to HSV around delivery.

When Is Neonatal Herpes Risk Highest?

The greatest risk occurs when the mother acquires genital herpes:

near the time of delivery.

CDC estimates neonatal transmission risk at approximately:

30–50%

when genital HSV is newly acquired near delivery.

In contrast, the risk is:

below 1%

for women with established recurrent herpes or infection acquired during the first half of pregnancy.

The reason is that women with longstanding infection have protective antibodies that can cross the placenta.

Why First Herpes Infection Late in Pregnancy Is More Dangerous

When infection occurs shortly before childbirth:

- maternal protective antibodies may not yet be fully developed,
- viral shedding can be high.

Therefore, infection acquired late in pregnancy requires specialist obstetric care.

CDC recommends maternal-fetal-medicine and infectious-disease involvement for women acquiring HSV during the second half of pregnancy.



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Should Women With Herpes Avoid Pregnancy?

No.

Genital herpes is not a reason to avoid parenthood.

The important steps are:

- tell the obstetric team,
- reduce risk of new infection during pregnancy,
- use antiviral management when appropriate,
- assess for lesions at delivery.

Antiviral Treatment During Pregnancy

Acyclovir has extensive pregnancy experience.

CDC states that acyclovir is believed to be safe during all trimesters and during breastfeeding.

Treatment decisions should still be made by the obstetric clinician.

Suppression Near Delivery

For women with recurrent genital herpes, current CDC guidance recommends suppressive treatment beginning at:

36 weeks of pregnancy

using clinician-prescribed:

- acyclovir,
- or valacyclovir.

India's 2024 NACO guidance similarly recommends suppressive management for recurrent herpes beginning around the 36th week in pregnancy.

The aim is to reduce:

- recurrent lesions at term,
- need for cesarean delivery related to active herpes.

It cannot guarantee zero neonatal transmission.



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Is Cesarean Delivery Always Required?

No.

A woman with a history of genital herpes can usually deliver vaginally when:

- there are no active genital lesions,
- there are no prodromal symptoms at labour.

CDC states that women with recurrent genital lesions at the onset of labour should undergo cesarean delivery to reduce neonatal HSV risk.

ACOG similarly advises that delivery planning depends upon:

- active lesions,
- prodromal symptoms,
- timing and type of maternal infection.

Can Herpes Be Passed Through Breast Milk?

Herpes itself is not ordinarily transmitted through breast milk.

ACOG states that breastfeeding is generally possible provided:

- there is no active herpes lesion on the breast that could contact the baby,
- lesions elsewhere are covered,
- careful hand hygiene is maintained.

If an active lesion is present on one breast, the mother should obtain specific medical advice regarding feeding from that breast.

Genital Herpes and HIV

This relationship deserves emphasis.

WHO states:

HSV-2 increases the risk of acquiring HIV approximately three-fold.

Genital ulceration may disrupt the skin barrier and inflammatory immune cells can increase susceptibility.

Therefore, patients with genital herpes should receive appropriate:



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- HIV testing,
- STI prevention counselling.

Psychological Impact of a Herpes Diagnosis

For some patients, the diagnosis is more painful emotionally than physically.

They may believe:

“My marriage is finished.”

“No one will accept me.”

“I can never have children.”

These beliefs are usually medically incorrect.

A person with well-managed genital herpes can often have:

- a normal relationship,
- satisfying sexual life,
- natural conception,
- healthy children.

Counselling is therefore not optional—it is part of treatment.

The Unani Perspective on Genital Herpes

As a physician trained in **Unani medicine** and focused on **Sexual Disorders & Infertility**, I believe genital herpes should be managed as both:

- a viral disease,
- a whole-person sexual-health condition.

The patient may experience:

- pain,
- burning,
- sleep disturbance,
- anxiety,
- sexual avoidance,



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- relationship stress,
- fear of infertility.

Traditional Unani practice places importance on:

- **Mizaj** or constitutional temperament,
- appropriate nutrition,
- digestion,
- sleep,
- general resistance,
- local comfort,
- emotional wellbeing,
- sexual health.

These areas can make individualized Unani supportive care useful.

How Unani Medicine May Be Helpful

When used responsibly alongside appropriate medical treatment, Unani care may support areas such as:

- general health,
- sleep,
- nutritional wellbeing,
- digestive health,
- stress reduction,
- recovery during recurrent illness,
- sexual confidence,
- emotional wellbeing.

For patients whose outbreaks appear to worsen during:

- physical exhaustion,
- poor sleep,
- psychological stress,



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addressing these broader factors can be clinically useful.

But we must be very clear about what this support means.

Can Unani Medicine Permanently Cure HSV?

Based on current evidence:

it should not be claimed that Unani medicine permanently eradicates HSV from sensory nerves.

There is currently no high-quality modern clinical evidence showing that a Unani formulation can:

- remove latent HSV-1,
- remove latent HSV-2,
- guarantee that recurrence will never occur,
- guarantee that transmission is impossible.

WHO confirms that HSV remains treatable but currently not curable with available medicine.

This scientific limitation applies to:

- conventional medicines,
- herbal medicines,
- Unani medicines.

What Does the Research on Herbal Treatment Show?

Herbal and plant-derived compounds have long been investigated for possible antiviral activity.

An old Indian study from 1975 tested indigenous plant extracts in recurrent genital herpes.

However, such historical evidence does not meet the standard needed to establish a modern cure for HSV.

We still lack robust contemporary controlled clinical trials showing that an Unani preparation can eradicate latent genital herpes.



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Therefore, patients should not stop evidence-based antiviral therapy because a herbal product is advertised as a permanent cure.

Unani Treatment Should Be Supportive, Not a Replacement for Antiviral Care

My clinical approach is:

During an active first episode

Use appropriate antiviral treatment.

During recurrent disease

Choose:

- episodic,
- suppressive antiviral management

according to clinical need.

Alongside this

Individualized supportive Unani care may address:

- physical recovery,
- nutrition,
- sleep,
- stress,
- sexual wellbeing.

This is what I consider:

responsible integrative medicine.

Avoid Irritating Substances on Active Herpes Ulcers

Open genital ulcers are extremely sensitive.

Patients should avoid applying untested:

- strong herbal pastes,
- acids,
- antiseptics,



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- oils,
- irritant powders,
- caustic home remedies

directly onto lesions.

These can produce:

- chemical burns,
- secondary irritation,
- delayed healing.

Any local preparation used in the genital area should be clinically appropriate and safe for damaged mucosa.

Can Diet Cure Herpes?

No specific diet has been proven to eliminate HSV.

Good nutrition remains valuable for:

- general immune health,
- recovery,
- metabolic wellbeing.

But dietary plans should not be advertised as methods that remove latent virus.

Does Stress Cause Herpes?

Stress does not create HSV infection.

The virus must first be acquired.

However, some patients report recurrences during periods of:

- psychological stress,
- poor sleep,
- physical exhaustion.

Therefore, improving stress and sleep can be a useful part of supportive management even though it is not an antiviral cure.



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Special Treatment Planning by Dr. Nizamuddin Qasmi

When a patient consults me for genital herpes, I do not simply prescribe a medicine based on the word:

“herpes.”

I first ask:

Is this actually herpes?

Was it confirmed by PCR or another appropriate test?

Is it HSV-1 or HSV-2?

Is this the first episode?

How frequently do outbreaks recur?

Is the patient married or planning marriage?

Is the partner HSV-negative or of unknown status?

Is pregnancy being planned?

Is the patient already pregnant?

Is HIV testing indicated or already completed?

Are outbreaks interfering with sexual intercourse?

Is there significant anxiety or relationship distress?

These questions determine the treatment plan.

What “Special Treatment” Means at Saira Health Care

Specialized treatment does not mean a secret medicine claiming to eliminate HSV permanently.

It means:

accurate diagnosis + type-specific understanding + appropriate antiviral treatment + transmission counselling + sexual-health management + fertility and pregnancy planning + individualized supportive care.

Consider several patients.

Patient One — First Severe Outbreak



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A patient develops:

- fever,
- painful multiple genital ulcers,
- dysuria.

The priority is:

prompt antiviral treatment.

They should not spend several days trying topical home remedies before seeking medical care.

Patient Two — Recurrent HSV-2 Every Month

This patient may benefit substantially from:

daily suppressive antiviral therapy.

CDC reports that suppression can reduce frequent recurrences by approximately 70–80%.

Supportive Unani care can simultaneously address:

- sleep,
 - stress,
 - nutrition,
 - sexual wellbeing.
-

Patient Three — Genital HSV-1 With One Previous Outbreak

This patient may not require continuous suppressive treatment.

Genital HSV-1 usually recurs less frequently than HSV-2.

Treatment can therefore be individualized rather than assuming every herpes diagnosis requires lifelong daily antivirals.

Patient Four — Married Couple, One Partner HSV-2 Positive

The goal is to reduce transmission while preserving a normal sexual relationship.

The plan may include:

- informed partner discussion,
 - avoiding intercourse during prodrome/outbreak,
 - condoms,
 - suppressive valacyclovir where appropriate,
 - selective type-specific testing of the partner.
-

Patient Five — Couple Trying for Pregnancy

A herpes-positive partner does not automatically mean conception requires:

- IUI,
- IVF.

Natural conception is often possible.

The couple may use:

- outbreak avoidance,
- individualized suppressive therapy,
- fertility-window planning.

If infertility is present, it should be investigated independently rather than automatically blamed on HSV.

Patient Six — Woman Pregnant With Recurrent Herpes

She should inform:

- obstetrician,
- maternity team.

Late-pregnancy suppressive antiviral therapy may be appropriate, and delivery planning should depend on:

- lesions,
- prodrome

at labour.

Patient Seven — First Genital Herpes Infection Late in Pregnancy

This is a substantially higher-risk situation for neonatal herpes.

It requires specialist obstetric management because neonatal transmission risk is much higher when HSV is newly acquired near delivery.

Patient Eight — Positive HSV IgM but No Symptoms

I do not automatically diagnose lifelong genital herpes from an isolated IgM result.

CDC specifically states that HSV IgM testing is not recommended.

The history and appropriate testing need to be reviewed carefully.

Patient Nine — Genital Ulcer but No Laboratory Diagnosis

Not every genital ulcer is herpes.

The patient should also be evaluated appropriately for:

- syphilis,
- other causes.

CDC recommends laboratory evaluation because clinical appearance alone may be misleading.

Saira Health Care's Contribution to Sexual Disorders & Infertility

At **Saira Health Care**, our focus on Sexual Disorders & Infertility allows us to address problems that are sometimes overlooked during ordinary STI treatment.

A patient may have medically controlled herpes but still experience:

- fear of intercourse,
- erectile dysfunction from performance anxiety,
- decreased libido,
- painful intercourse,
- relationship conflict,
- fear of conception,
- concern about pregnancy.

These are legitimate medical and sexual-health concerns.



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Our approach is therefore broader than simply asking:

“Have the sores healed?”

We also ask:

Has normal sexual and reproductive life been restored?

Genital Herpes and Erectile Dysfunction

HSV does not usually directly destroy erectile function.

However, anxiety can be powerful.

A man may fear:

- infecting his partner,
- revealing his diagnosis,
- developing a lesion during intercourse.

That anxiety can produce:

- situational erectile dysfunction,
- performance anxiety,
- sexual avoidance.

Appropriate counselling and herpes control may therefore improve sexual function.

Genital Herpes and Painful Intercourse in Women

Active lesions can make intercourse:

- painful,
- medically inappropriate because of transmission risk.

Even after lesions heal, some women remain afraid that intercourse will:

- trigger pain,
- transmit infection.

Persistent pain after lesions have resolved should be evaluated for other conditions rather than attributed indefinitely to HSV.



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Genital Herpes and Marriage

A herpes diagnosis does not medically prevent marriage.

The important principles are:

- honest disclosure,
- informed partner counselling,
- transmission-risk reduction.

Many couples in which one partner has HSV remain together without the other partner necessarily acquiring symptomatic disease.

Can Someone With Herpes Have Children Naturally?

Yes.

In most cases:

genital herpes does not prevent natural conception.

The key concern is safe management during:

- sexual contact,
- pregnancy,
- delivery.

If infertility exists, the couple should undergo an ordinary infertility evaluation.

Should IVF Be Used to Prevent Herpes Transmission?

Not routinely.

IVF is not standard treatment simply because one partner has genital HSV.

Natural conception is frequently possible.

ART should be used when a genuine fertility indication exists.

Current Medical Understanding — 2026 Update

1. Genital herpes remains extremely common

WHO's May 2025 update estimates that approximately **520 million people aged 15–49 have HSV-2 infection worldwide**, and hundreds of millions more have genital HSV-1.



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2. Most infections are not recognized

Many people are asymptomatic or have very mild disease.

3. HSV-1 increasingly matters in genital disease

Oral-genital transmission can establish genital HSV-1, which generally recurs less frequently than HSV-2.

4. PCR/NAAT from an active lesion is the preferred diagnostic approach

It is substantially more sensitive than viral culture, particularly in recurrent or healing lesions.

5. HSV IgM testing should not be used

It is neither sufficiently type-specific nor reliable for timing infection.

6. Antiviral therapy controls but does not eradicate HSV

Acyclovir, valacyclovir and famciclovir remain the principal systemic treatments.

7. Suppressive treatment is highly effective for recurrence control

It reduces frequent HSV-2 recurrences by approximately 70–80% and can improve quality of life.

8. Transmission can occur without symptoms

This makes counselling, condom use and symptom awareness important even between outbreaks.

9. HSV-2 has an important relationship with HIV

WHO estimates roughly a three-fold increase in HIV acquisition risk.

10. Genital herpes has not been established as a major direct cause of female infertility

The 2025 scoping review found a striking absence of direct studies examining HSV and subsequent female fertility, meaning strong causal claims are not justified.

Frequently Asked Questions

Is genital herpes curable?

Current treatment can control herpes very effectively, but there is presently no established treatment that completely removes latent HSV from the body.

Is genital herpes lifelong?

Yes.

Once acquired, HSV can remain latent within sensory nerves.

Does herpes always produce symptoms?

No.

Most HSV infections are asymptomatic or unrecognized.

Can I transmit herpes when there is no sore?

Yes.

Asymptomatic viral shedding can occur.

Which is more recurrent, genital HSV-1 or HSV-2?

HSV-2.

Genital HSV-1 generally causes fewer recurrences and less shedding.

Can oral sex cause genital herpes?

Yes.

Oral HSV-1 can be transmitted to the genital area during oral sex.

What is the best test when I have an active blister?

HSV PCR/NAAT from the lesion is generally the most sensitive diagnostic method.

Is viral culture useful?

Yes, but it is less sensitive, especially once lesions begin healing.

Should I get HSV IgM testing?

No.



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CDC states HSV IgM testing is not useful and is not recommended.

Does a positive HSV-1 blood test mean genital herpes?

No.

HSV-1 antibodies often reflect oral infection acquired earlier in life, and blood testing cannot determine infection location.

Should everyone be screened for genital herpes?

No.

Routine blood screening of asymptomatic people is not recommended.

Can genital herpes be mistaken for syphilis?

Yes.

Genital ulcers need proper evaluation because herpes, syphilis and other conditions can overlap clinically.

What medicines treat herpes?

Systemic antivirals include:

- acyclovir,
 - valacyclovir,
 - famciclovir.
-

Does medicine remove the virus permanently?

No.

Antiviral therapy suppresses viral replication but does not eradicate latent infection.

Should the first outbreak be treated?

Yes.

CDC recommends antiviral therapy for every first clinical episode.



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What does India's 2024 NACO guideline recommend?

For primary anogenital herpes, NACO includes **acyclovir 400 mg orally three times daily for seven days**, with valacyclovir and famciclovir among alternative regimens.

Treatment should still be individually prescribed.

Can frequent outbreaks be prevented?

Daily suppressive antiviral treatment can reduce frequent HSV-2 outbreaks by approximately 70–80%.

Can suppressive therapy prevent transmission completely?

No.

It lowers the risk but does not eliminate it.

Do condoms prevent herpes completely?

No.

They reduce transmission risk but HSV may be present on skin that is not covered by a condom.

Should sex be avoided when lesions are present?

Yes.

Avoid sexual contact during:

- prodromal symptoms,
 - active outbreaks.
-

Can I marry if I have genital herpes?

Yes.

Herpes does not medically prevent marriage.

Partner disclosure and risk-reduction counselling are important.



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Can I have a normal sexual life?

Yes.

Many people with HSV have normal and satisfying sexual relationships.

Can genital herpes cause erectile dysfunction?

Usually not directly.

However, fear, anxiety and relationship stress associated with the diagnosis can contribute to erectile or performance problems.

Can women with genital herpes become pregnant naturally?

Yes.

Herpes does not normally prevent conception.

Does herpes block the fallopian tubes?

It is not established as a common cause of tubal blockage.

Chlamydia and gonorrhea causing PID are much more clearly linked to tubal infertility.

Does genital herpes cause female infertility?

Current evidence is insufficient to establish genital HSV as an important direct cause of female infertility. A 2025 review found no eligible studies directly examining genital HSV and subsequent female fertility.

Can herpes affect sperm?

Some observational studies have reported associations between HSV and poorer sperm count or motility in infertile men.

However, evidence remains limited and does not prove that HSV is the cause of infertility in a particular man.



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Should every infertile man be tested for herpes?

No.

Testing should be based on clinical indication.

Can a woman with herpes deliver normally?

Yes, frequently.

When no lesions or prodromal symptoms are present at labour, vaginal delivery may be possible.

When is cesarean delivery recommended?

Active genital lesions or prodromal symptoms at labour generally lead to recommendation for cesarean delivery to reduce neonatal exposure.

Is herpes dangerous during pregnancy?

The greatest concern is a **new genital herpes infection acquired close to delivery**.

CDC estimates neonatal transmission at 30–50% in that situation versus less than 1% with established recurrent infection.

Should recurrent herpes be suppressed during late pregnancy?

Yes, clinician-directed suppressive acyclovir or valacyclovir is commonly started at approximately 36 weeks.

Can I breastfeed if I have herpes?

Usually yes.

Breast milk itself does not normally transmit HSV, but an infant should not contact active lesions—particularly lesions on the breast.

Does HSV increase HIV risk?

Yes.



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WHO reports that HSV-2 infection increases HIV acquisition risk by approximately three-fold.

Should a person with genital herpes have HIV testing?

Yes, where status is not known, current CDC guidance recommends HIV testing.

Can stress cause outbreaks?

Stress does not cause initial HSV infection, but some patients report recurrences during periods of psychological or physical stress.

Can diet permanently cure herpes?

No established diet eliminates latent HSV.

Can Unani medicine permanently cure herpes?

There is currently insufficient high-quality clinical evidence showing that Unani treatment can eradicate latent HSV from sensory nerve ganglia.

Is Unani medicine useful at all?

Yes, its responsible role can be:

supportive and integrative.

Depending on the patient, Unani care may support:

- general health,
- nutrition,
- digestion,
- sleep,
- physical recovery,
- stress management,
- sexual wellbeing.



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These areas can be particularly useful in patients whose recurrent disease is affecting quality of life.

Can Unani treatment replace acyclovir or valacyclovir during a severe outbreak?

It should not replace clinically indicated antiviral treatment.

A first or severe episode should receive appropriate antiviral management.

Can herbal medicine stop transmission completely?

No treatment currently guarantees zero HSV transmission.

Can herpes be permanently removed from the nerves?

There is currently no established clinical treatment that reliably eradicates latent HSV from human sensory ganglia.

A Message From Dr. Nizamuddin Qasmi to Patients

If you have recently been diagnosed with genital herpes, I want you to understand several things.

First:

do not panic.

Herpes is common.

Second:

do not assume your married life is finished.

It is not.

Third:

do not assume you are infertile.

Genital herpes is not established as a major direct cause of female infertility.

Fourth:

do not assume every future partner must automatically become infected.

Transmission risk can be reduced substantially through:



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- correct counselling,
- avoiding intercourse during outbreaks,
- condoms,
- suppressive treatment when appropriate.

Fifth:

if pregnancy is planned, inform the doctor.

Most women with established genital herpes can have healthy pregnancies and healthy babies.

Finally:

do not spend years searching for a “100% permanent cure.”

Our goal should be medically meaningful:

- control outbreaks,
- reduce transmission,
- protect pregnancy,
- maintain normal sexual and reproductive health.

What I Tell Couples Trying for Pregnancy

If one partner has HSV and the couple wants a baby, I first determine:

- which partner has infection,
- whether it is HSV-1 or HSV-2,
- whether outbreaks are frequent,
- whether the other partner is already seropositive,
- whether there is any actual infertility.

If the couple otherwise has normal fertility:

natural conception is usually possible.

There is generally no reason to move directly to IVF simply because HSV is present.

During:

- prodrome,



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- outbreaks,

intercourse should be avoided.

Outside outbreaks, transmission-reduction strategies can be individualized.

What I Tell Pregnant Women

If you have a history of genital herpes:

tell your obstetrician early.

Do not wait until labour.

If your partner has herpes and you do not, preventing a **new infection in late pregnancy** becomes particularly important because this is the situation with the greatest neonatal risk.

What I Tell Patients About “Permanent Cure” Advertisements

I advise caution whenever a clinic or product says:

“HSV cured permanently in 7 days.”

“PCR becomes permanently negative.”

“Virus completely removed from nerves.”

Current scientific evidence does not support these guarantees.

A patient may:

- stop getting visible outbreaks,
- have long symptom-free periods.

That does not establish eradication of latent HSV.

My Clinical Philosophy at Saira Health Care

My approach can be summarized as:

Confirm the diagnosis → identify HSV type → treat the active episode → evaluate recurrence frequency → reduce transmission → protect pregnancy → address sexual and emotional wellbeing → integrate appropriate Unani supportive care without false cure claims.



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This is particularly important in a clinic focused on:

Sexual Disorders & Infertility.

The goal is not simply:

healing one ulcer.

The goal is helping the patient return to:

- confidence,
- intimacy,
- reproductive planning,
- normal quality of life.

Saira Health Care's Contribution in Sexual Disorders & Infertility

At **Saira Health Care**, genital herpes is approached as part of comprehensive sexual and reproductive medicine.

Depending upon the patient, care may include:

- detailed sexual-health history,
- review of previous HSV testing,
- differentiation of HSV-1 and HSV-2,
- evaluation of recurrent genital ulcers,
- guidance regarding antiviral treatment,
- partner-transmission counselling,
- pregnancy planning,
- evaluation of infertility when actually present,
- male semen assessment where indicated,
- sexual-function evaluation,
- psychological and relationship counselling,
- carefully selected supportive Unani care.

I believe the most valuable contribution a clinician can make is to replace:

fear and misinformation



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with:

accurate diagnosis and a realistic long-term plan.

Conclusion

Genital herpes is a common lifelong viral infection caused by HSV-1 or HSV-2.

WHO's latest 2025 estimates indicate that approximately:

520 million people aged 15–49 worldwide live with HSV-2,

and hundreds of millions more have genital HSV-1 infection.

Most infections are:

- asymptomatic,
- mild,
- unrecognized.

When symptoms occur, they may include:

- painful blisters,
- genital ulcers,
- itching,
- burning,
- painful urination,
- fever and body aches during a first episode.

HSV establishes latency inside sensory nerves.

This is why:

genital herpes can be controlled but is not currently eradicated by available treatment.

For active lesions, **PCR/NAAT testing is the most sensitive diagnostic approach**, while HSV IgM testing is not recommended.

Effective antiviral treatments include:

- acyclovir,
- valacyclovir,
- famciclovir.



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Current Indian **NACO 2024 guidance** recommends acyclovir-based treatment for primary herpes and provides both episodic and suppressive regimens for recurrent disease.

For patients with frequent HSV-2 recurrence:

suppressive treatment can reduce outbreaks by approximately 70–80%.

Transmission can still occur without visible sores because of:

asymptomatic viral shedding.

Therefore, prevention involves:

- informing partners,
- avoiding sexual activity during outbreaks and prodrome,
- consistent condom use,
- suppressive antivirals where appropriate.

Regarding fertility:

genital herpes should not automatically be blamed for infertility.

A 2025 review found that direct evidence connecting genital HSV with female infertility remains remarkably sparse.

Some observational evidence suggests an association between HSV and altered semen parameters in infertile men, but stronger studies are required before a direct causal relationship can be assumed.

Pregnancy requires special counselling.

Women with established recurrent herpes generally have a very low neonatal transmission risk, whereas **new genital herpes acquired near delivery carries a substantially higher neonatal risk—estimated by CDC at 30–50%.**

This is why pregnancy management includes:

- careful history,
- late-pregnancy antiviral suppression where appropriate,
- examination for lesions or prodrome during labour,
- cesarean delivery when active genital herpes is present at delivery.

From the **Unani perspective**, individualized supportive treatment can contribute to:

- nutrition,



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- digestion,
- sleep,
- stress management,
- general recovery,
- sexual wellbeing,
- quality of life.

These are important areas, particularly in recurrent disease where psychological and sexual effects can be substantial.

However:

there is currently insufficient high-quality evidence that Unani or herbal medicine can permanently eliminate latent HSV.

Therefore, at **Saira Health Care**, my preferred approach is integrative but scientifically responsible:

use evidence-based antiviral treatment when indicated, reduce transmission, protect pregnancy, evaluate fertility independently when required, address sexual and relationship concerns, and use carefully selected Unani supportive care to improve the patient's overall health and wellbeing without claiming viral eradication.

My most important message to every patient is:

Genital herpes is lifelong—but it does not have to control your life.

With correct diagnosis, appropriate treatment, responsible partner communication and proper pregnancy planning, most affected people can maintain:

healthy relationships, a normal sexual life and the possibility of healthy parenthood.

About the Author

Dr. Nizamuddin Qasmi

**Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility**

Qualifications & Professional Training



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CGO

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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 whose clinical work at **Saira Health Care** has a focused emphasis on:

- sexual disorders,
- male infertility,
- female infertility,
- reproductive health.

His approach to genital herpes combines:

- appropriate diagnosis,
- evidence-based antiviral management,
- sexual-health counselling,
- partner education,
- fertility assessment where necessary,
- pregnancy planning,
- individualized supportive principles of Unani medicine.

The emphasis is on helping patients understand that successful herpes management involves much more than treating visible lesions.

It also involves restoring:

- sexual confidence,
- relationship health,
- reproductive planning,
- long-term quality of life.

Medical Disclaimer



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

Genital ulcers should not automatically be assumed to be herpes because several infectious and noninfectious conditions can produce similar lesions.

Where active lesions are present, appropriate laboratory testing—preferably HSV NAAT/PCR when available—may be required.

Patients should not diagnose genital herpes solely from:

- photographs,
- an isolated HSV IgM test,
- internet symptoms.

Antiviral medications including acyclovir, valacyclovir and famciclovir should be used under appropriate medical supervision, especially in:

- pregnancy,
- kidney disease,
- severe infection,
- immunocompromised patients.

Pregnant women with known or suspected genital herpes should inform their obstetric team.

Severe genital pain, inability to pass urine, neurological symptoms, severe systemic illness or suspected herpes during late pregnancy requires prompt medical assessment.

No conventional, herbal or Unani medicine should currently be advertised as a guaranteed permanent cure capable of eradicating latent herpes simplex virus.

Individualized Unani supportive care may be used where clinically appropriate, but it should not delay necessary antiviral treatment, STI testing, HIV testing or pregnancy-related care.



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