

Sexual Health Preservation and Prevention of Sexually Transmitted Infections

A Comprehensive Modern and Unani Approach to Protecting Sexual Health, Preventing Infection and Preserving Fertility

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

When people hear the words “**sexual health**,” many think only about sexual performance, fertility or the absence of sexually transmitted disease. In my clinical experience, sexual health is much broader.

It includes the health of the reproductive organs, protection from infections, fertility, healthy sexual function, psychological confidence, responsible relationships, hygiene, lifestyle, appropriate medical screening and the ability to seek help without shame or embarrassment.

The World Health Organization describes sexual health as a state of physical, emotional, mental and social well-being related to sexuality, rather than simply the absence of disease or dysfunction.

This broad understanding is remarkably compatible with one of the central ideas of Unani medicine: the human body should not be considered as a collection of isolated organs. Health depends upon the overall condition of the individual, including diet, sleep, activity, emotional state, environment, elimination and other lifestyle factors.

The background material prepared for this article similarly proposes an integrated framework in which modern medicine provides precise knowledge about infectious organisms, vaccination and biomedical prevention, while Unani medicine approaches sexual



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well-being through concepts such as **Etedal-e-Mizaj**, or temperamental equilibrium, and regulation of the **Asbab-e-Sitta Zarooriyah**, the six essential factors of life.

However, integration must always be scientifically responsible.

An infection caused by *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, HIV, herpes or another identified pathogen cannot be explained only through temperament or humoral imbalance. Modern diagnostic testing and evidence-based antimicrobial or antiviral treatment remain essential.

At the same time, preventing disease and restoring overall health involve more than simply prescribing a medicine.

This is where a sensible, patient-centred combination of modern preventive medicine and carefully applied Unani principles can be valuable.

What Does “Preservation of Sexual Health” Mean?

Sexual-health preservation means protecting both present and future sexual and reproductive well-being.

This includes:

- Preventing sexually transmitted infections
- Detecting infections early
- Protecting reproductive organs
- Preserving male and female fertility
- Maintaining healthy sexual function
- Protecting against HPV-related cancers
- Preventing HIV and viral hepatitis
- Maintaining appropriate genital hygiene
- Avoiding harmful self-medication
- Maintaining healthy nutrition
- Getting sufficient sleep and physical activity
- Managing stress and psychological problems
- Protecting one's sexual partner
- Seeking appropriate medical help when symptoms develop



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I frequently tell my patients that **prevention should begin long before disease develops.**

This principle is strongly represented in Unani medicine through **Hifz-e-Sehat**, meaning preservation or maintenance of health.

Official CCRUM material describes prevention and preservation of health as important components of Unani medicine and identifies approaches such as **Ilaj-bil-Ghiza**, **Ilaj-bil-Dawa** and **Ilaj-bil-Tadbir** as established therapeutic modes.

Sexually Transmitted Infections: A Major Threat to Sexual and Reproductive Health

Sexually transmitted infections, commonly called **STIs**, remain a major global health concern.

According to WHO's September 2025 update, **more than one million curable STIs are acquired every day worldwide among people aged 15–49 years**, and most of these infections may be asymptomatic.

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

- Chlamydia
- Gonorrhoea
- Syphilis
- Trichomoniasis.

This is why I advise patients not to assume that a person is free from infection simply because he or she looks healthy.

Many infections produce no obvious symptoms.

How Sexually Transmitted Infections Spread

STIs may be transmitted through:

- Vaginal intercourse
- Anal intercourse
- Oral sexual contact
- Genital-to-genital skin contact
- Contact with infected sores or lesions
- Blood exposure



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- Sharing contaminated injecting equipment
- Mother-to-child transmission during pregnancy or delivery for certain infections

Some pathogens primarily spread through infected bodily fluids, while others can spread through direct contact with infected skin or mucous membranes.

The background material correctly emphasizes that sexual transmission is not limited to the exchange of semen or vaginal fluid. HPV and herpes, for example, can spread through infected skin or mucosal surfaces.

This has an important consequence:

Condoms greatly reduce the risk of many infections, but they do not provide absolute protection against every infection transmitted through uncovered skin.

This does not mean condoms are ineffective. It means they should be understood as an extremely important risk-reduction measure rather than a guarantee of zero risk.

The Problem of Silent Infection

Many patients ask:

“Doctor, if there is no discharge, pain or ulcer, how can an infection be present?”

The answer is that many sexually transmitted infections can remain clinically silent.

A person may have:

- Chlamydia without symptoms
- Gonorrhoea without obvious symptoms
- HPV without visible warts
- Herpes without visible lesions
- HIV without early recognizable symptoms
- Syphilis during a latent phase without obvious signs

The source material also highlights asymptomatic viral shedding, particularly with herpes, meaning transmission can occur even when visible sores are absent.

Therefore:

No symptoms does not always mean no infection.

Testing becomes particularly important after relevant exposure or when recommended because of age, pregnancy, partner status or other risk factors.



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Common Sexually Transmitted Infections

Chlamydia

Chlamydia is caused by *Chlamydia trachomatis*.

It often produces no symptoms.

Possible symptoms include:

- Burning during urination
- Penile discharge
- Abnormal vaginal discharge
- Pelvic discomfort
- Rectal symptoms
- Epididymal or testicular discomfort

Untreated infection can contribute to pelvic inflammatory disease and tubal infertility in women and may occasionally cause epididymitis in men.

It is curable with appropriate antibiotic treatment.

Gonorrhoea

Gonorrhoea is caused by *Neisseria gonorrhoeae*.

It may infect the:

- Urethra
- Cervix
- Rectum
- Throat
- Occasionally the eyes

Symptoms may include:

- Thick penile discharge
- Burning urination
- Vaginal discharge



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- Pelvic discomfort
- Rectal pain or discharge

One of today's major concerns is **antimicrobial resistance**, because gonorrhoea has progressively developed resistance to many antibiotics previously used against it.

This is one reason random antibiotic use should be avoided.

Syphilis

Syphilis is caused by *Treponema pallidum*.

The disease develops in stages.

A painless genital ulcer may occur initially, followed later by symptoms such as:

- Rash
- Fever
- Enlarged lymph nodes
- General illness

Untreated infection can eventually affect the:

- Nervous system
- Brain
- Eyes
- Heart
- Blood vessels

Syphilis during pregnancy can also seriously harm the unborn child.

Appropriate antibiotic treatment can cure syphilis.

Genital Herpes

Genital herpes is caused primarily by HSV-1 or HSV-2.

Symptoms may include:

- Painful blisters
- Genital ulcers



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- Tingling
- Burning
- Recurrent outbreaks

However, many infected people have mild or unrecognized symptoms.

Herpes currently cannot routinely be eradicated permanently from the body, but antiviral medicines can considerably reduce:

- Duration of outbreaks
- Severity
- Recurrence
- Risk of transmission

Human Papillomavirus – HPV

HPV is one of the most common sexually transmitted viral infections.

Some HPV types cause genital warts.

Other high-risk types can lead to cancers involving the:

- Cervix
- Vulva
- Vagina
- Penis
- Anus
- Oropharyngeal region

Fortunately, HPV vaccination can prevent many of the most important disease-causing HPV infections.

HIV

Human immunodeficiency virus, or HIV, attacks the immune system.

Without treatment, HIV may eventually progress to AIDS.

Modern HIV treatment has transformed the prognosis.

People receiving effective antiretroviral therapy can live long and healthy lives.



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WHO states that people taking effective ART who have no detectable virus in the blood do not sexually transmit HIV to their partners.

This is commonly summarized as:

Undetectable = Untransmittable (U=U).

Hepatitis B

Hepatitis B is a viral infection affecting the liver.

Transmission may occur through:

- Sexual contact
- Blood
- Contaminated needles
- Mother-to-child transmission

Chronic hepatitis B can eventually lead to:

- Cirrhosis
- Liver failure
- Liver cancer

The most important preventive advantage is that **hepatitis B vaccination is available.**

Sexually Transmitted Infections and Infertility

Because infertility is one of my principal areas of clinical focus, I want patients to understand this relationship correctly.

Having an STI does **not** automatically mean that a person will become infertile.

However, certain untreated infections can damage reproductive organs.

Effect on Female Fertility

Chlamydia and gonorrhoea can sometimes travel upward from the cervix into the uterus and fallopian tubes.

This can cause **pelvic inflammatory disease (PID).**

Repeated or severe inflammation may result in scarring of the fallopian tubes.



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Possible consequences include:

- Difficulty achieving pregnancy
- Tubal infertility
- Chronic pelvic pain
- Increased risk of ectopic pregnancy

Early diagnosis and treatment can therefore help protect future fertility.

Effect on Male Fertility

In men, certain infections can produce:

- Urethritis
- Prostatitis in selected cases
- Epididymitis
- Epididymo-orchitis
- Testicular discomfort
- Inflammation affecting sperm transportation

Infertility resulting from an STI is not inevitable.

If a man has difficulty achieving pregnancy, investigation may include:

- Semen analysis
- Physical examination
- Hormonal testing
- Ultrasound where indicated
- Infection testing
- Assessment of the female partner

At Saira Health Care, I prefer to investigate infertility systematically rather than simply assuming that every abnormal semen report is caused by infection.

Correct Diagnosis Is the Foundation of Treatment

The symptoms of different genital diseases frequently overlap.



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Burning urination does not automatically mean gonorrhoea.

Discharge does not automatically mean chlamydia.

Genital itching does not automatically mean an STI.

A lump near the testicle does not automatically mean infection.

Depending upon symptoms and exposure, appropriate investigations may include:

- Urine testing
- NAAT for chlamydia or gonorrhoea
- Vaginal or cervical swab
- Urethral sample
- Rectal swab
- Throat swab
- Syphilis blood testing
- HIV testing
- Hepatitis testing
- Semen analysis
- Scrotal ultrasound
- Pelvic evaluation

The correct investigation is selected according to the patient rather than using the same test for everybody.

Condoms and Barrier Protection

Correct and consistent condom use remains one of the most important ways of reducing STI transmission.

Condoms are particularly effective at reducing exposure to pathogens transmitted through genital fluids.

They can substantially reduce the risk of:

- HIV
- Chlamydia
- Gonorrhoea



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- Trichomoniasis
- Hepatitis B during sexual exposure

They may also reduce the risk of HPV, herpes and syphilis, although protection is incomplete when infected skin lies outside the area covered by the condom.

CDC continues to recommend condoms as an important part of STI prevention.

HPV Vaccination: Prevention Before Disease Occurs

Vaccination is one of the most powerful examples of preventive sexual medicine.

The HPV vaccine protects against HPV types responsible for many genital warts and HPV-related cancers.

CDC's current recommendations include:

- Routine HPV vaccination at **11–12 years**
- Vaccination may begin at **age 9**
- Catch-up vaccination through **age 26** for people not adequately vaccinated earlier
- For some adults aged **27–45**, vaccination can be considered through shared decision-making with a healthcare professional.

The vaccine **prevents new HPV infections**.

It does not treat an HPV infection that is already established.

Hepatitis B Vaccination

Hepatitis B vaccination is another important component of sexual-health protection.

Patients who are unvaccinated should discuss their need for vaccination with an appropriate healthcare professional, particularly when they are at increased sexual or blood-exposure risk.

Vaccination is far better than waiting for chronic liver infection to develop.

HIV Pre-Exposure Prophylaxis – PrEP

One of the major developments in modern HIV prevention is **PrEP**, or pre-exposure prophylaxis.



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PrEP involves the use of antiretroviral medicine by an HIV-negative person before potential exposure to substantially reduce the likelihood of HIV acquisition.

WHO currently recognizes several PrEP options, including oral tenofovir-based PrEP and long-acting preventive options.

PrEP does **not** protect against all other STIs.

Condom use, STI testing and appropriate vaccination therefore remain important.

HIV Post-Exposure Prophylaxis – PEP

Another extremely important concept is **HIV PEP**.

PEP is used **after a possible HIV exposure**.

WHO's 2024 guideline emphasizes that PEP should be started as soon as possible—ideally within **24 hours and no later than 72 hours after exposure**. A 28-day course is generally recommended.

Therefore, anybody who believes they have experienced a significant HIV exposure should seek medical assessment urgently rather than waiting for symptoms.

Doxycycline Post-Exposure Prophylaxis – Doxy-PEP

Another recent development in sexual-health prevention is **doxycycline post-exposure prophylaxis**, commonly called **Doxy-PEP**.

This is a targeted preventive strategy and should not be interpreted as something everybody should take after sexual intercourse.

CDC recommends discussing Doxy-PEP particularly with gay, bisexual and other men who have sex with men and transgender women who had chlamydia, gonorrhoea or syphilis during the previous 12 months.

In this selected population, randomized trials found that 200 mg doxycycline taken within 72 hours after sexual exposure reduced syphilis and chlamydia infections by more than 70% and gonorrhoea by approximately 50%.

CDC's November 2025 public guidance continues to emphasize that Doxy-PEP should be used only after discussion with a healthcare professional and should be accompanied by regular STI and HIV testing.

Doxy-PEP Is Not a General “After-Sex Antibiotic”

This is very important.



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It should **not** be casually adopted by the general population.

Its use requires consideration of:

- Individual STI risk
- Previous infection
- Antibiotic side effects
- Medication interactions
- Frequency of exposure
- Antimicrobial resistance
- Effects on the microbiome
- Regular follow-up

CDC specifically notes that questions remain about its longer-term effects on antimicrobial resistance and the microbiome.

Patients should therefore never start Doxy-PEP simply after reading about it online.

The Growing Problem of Antibiotic Resistance

Antibiotics transformed the treatment of bacterial infections.

Unfortunately, unnecessary and inappropriate antibiotic use also places evolutionary pressure on bacteria.

This can produce **antimicrobial resistance**, meaning that medicines that once worked effectively may become less reliable.

This is particularly concerning in gonorrhoea.

Therefore, I strongly advise patients:

Do not take random antibiotics for genital discharge, burning or suspected STI.

Correct diagnosis comes first.

Correct treatment comes second.

Genital Hygiene: Useful but Often Misunderstood

Hygiene is important, but excessive cleaning can also cause harm.

Some patients repeatedly wash the genital area with:



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- Strong antiseptics
- Perfumed soaps
- Detergents
- Disinfectants
- Herbal concentrates

and then develop irritation, dryness or dermatitis.

The genital skin and mucosa are delicate.

Female Genital Hygiene

The vagina is naturally self-cleaning.

Routine internal washing or douching is unnecessary.

ACOG specifically advises against vaginal douching because it can remove protective bacteria and disturb the normal vaginal environment. Gentle external vulval care is preferable.

A sensible routine includes:

- Wash the external vulva gently
- Use lukewarm water
- Avoid strongly scented products
- Avoid vaginal deodorants
- Avoid internal douching
- Keep the area reasonably dry
- Seek assessment for abnormal odor or discharge instead of repeatedly masking it

A strong or unusual odor is not simply a “cleanliness problem.” It may indicate bacterial vaginosis, trichomoniasis or another condition requiring diagnosis.

Male Genital Hygiene

For men, normal daily hygiene is generally sufficient.

For uncircumcised men:

- Gently retract the foreskin if it retracts comfortably
- Rinse the glans and foreskin



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- Avoid aggressive scrubbing
- Dry gently
- Avoid harsh chemicals on the glans

Accumulated secretions, irritation or inflammation may contribute to balanitis, but excessive washing can also damage the skin barrier.

Persistent redness, pain, discharge, ulcers or inability to retract the foreskin should be medically assessed.

Unani Medicine and the Preservation of Sexual Health

The Unani approach to health begins with a fundamentally holistic question:

What is the condition of the whole person?

The reproductive system does not function independently of:

- Nutrition
- Sleep
- Digestion
- Emotional health
- Physical condition
- Hormonal health
- Circulation
- Environment
- Age
- General illness

The source material similarly describes sexual function as connected to systemic balance rather than an isolated mechanism.

This broader perspective can be particularly useful in sexual-health care.

Mizaj – Individual Temperament

One of the foundational principles of Unani medicine is **Mizaj**, or temperament.

Traditionally, every individual possesses characteristic constitutional qualities.



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The four classical humours are:

- **Dam** – blood
- **Balgham** – phlegm
- **Safra** – yellow bile
- **Sauda** – black bile

The supplied material describes sexual health within traditional Unani theory as dependent upon equilibrium appropriate to an individual's constitution.

From a modern scientific perspective, these humours should be understood as concepts belonging to the historical Unani medical framework rather than literal substitutes for microbiology, hormones or laboratory measurements.

In clinical practice, however, the principle of **individualization** remains valuable.

Two patients with the same complaint may differ greatly in:

- Age
- Nutrition
- Sleep
- Stress
- Fertility status
- Cardiovascular health
- Diabetes
- Medications
- Psychological condition
- Relationship circumstances

Treatment should therefore not be identical merely because the complaint has the same name.

Tabiyat – The Unani Concept of the Body's Regulatory Capacity

Traditional Unani medicine describes **Tabiyat** as the body's inherent regulatory or self-preserving capacity.

The supplied material presents Tabiyat as the body's internal organizing principle supporting physiological balance and recovery.



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Modern medicine would explain these processes through:

- Immunology
- Homeostasis
- Tissue repair
- Endocrine regulation
- Nervous-system function
- Metabolic adaptation

The terminology differs, but both perspectives remind us that good clinical care should support the body's overall health rather than focus only on one symptom.

Asbab-e-Sitta Zarooriyah – The Six Essential Factors

One of the most useful preventive concepts in Unani medicine is **Asbab-e-Sitta Zarooriyah**, the six essential factors considered important for health preservation.

The supplied material describes them as:

1. Air and environment
2. Food and drink
3. Physical movement and rest
4. Psychological movement and rest
5. Sleep and wakefulness
6. Retention and evacuation.

These concepts can be interpreted responsibly in contemporary sexual-health practice.

1. Air and Environment

A healthy environment contributes to general well-being.

Important modern considerations include:

- Avoid smoking
- Avoid second-hand smoke
- Minimize unnecessary exposure to pollution
- Maintain a healthy working environment



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- Avoid excessive heat exposure when male fertility is a concern
- Use appropriate protective equipment around reproductive toxins

Environmental health does not directly prevent an STI acquired from sexual exposure, but it contributes to general health.

2. Food and Drink – Ilaj-bil-Ghiza

Dietotherapy, known as **Ilaj-bil-Ghiza**, is an established concept within Unani medicine.

CCRUM describes diet as an important component of health promotion and disease management and emphasizes that diet may be individualized according to factors such as age, temperament, physiological condition and physical activity.

For sexual and reproductive health, I generally encourage a balanced diet containing:

- Adequate protein
- Whole grains
- Vegetables
- Fruits
- Nuts and seeds
- Healthy fats
- Appropriate hydration

Nutrients such as:

- Zinc
- Selenium
- Folate
- Vitamin C
- Vitamin E
- Other antioxidants

are involved in normal reproductive physiology.

However, no single food can cure infertility or eradicate an STI.

Food supports health—it does not replace diagnostic or antimicrobial treatment.



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3. Physical Activity and Rest

Regular physical activity can support:

- Cardiovascular health
- Healthy body weight
- Insulin sensitivity
- Mental health
- Endothelial function
- Sexual confidence
- General energy

These factors are particularly relevant because erectile function depends substantially on healthy vascular and neurological mechanisms.

At the same time, excessive exercise, severe calorie restriction or extreme physical exhaustion can negatively affect reproductive and hormonal health in some people.

Moderation is therefore important.

4. Psychological Health

Sexual function is strongly influenced by the mind.

Common problems such as:

- Performance anxiety
- Depression
- Relationship stress
- Fear of infertility
- Previous sexual-health experiences
- Chronic work stress
- Lack of confidence

can significantly influence libido, erection and sexual satisfaction.

This is an area where the traditional Unani emphasis on **Harkat-o-Sukoon-e-Nafsani**, or balance in psychological activity and rest, remains conceptually useful.

Stress management should not be dismissed as “just psychological.”



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Mental and physical sexual health are closely connected.

5. Sleep and Wakefulness

Sleep is essential for overall health.

Persistent sleep deprivation is associated with:

- Poor mood
- Reduced concentration
- Metabolic disturbance
- Cardiovascular risk
- Reduced general well-being

Good sleep also supports normal endocrine function.

The traditional Unani framework places significant importance on appropriate sleep and wakefulness, and the supplied source similarly emphasizes sleep as an essential factor in reproductive health.

Patients with persistent sexual weakness should therefore also consider whether they are:

- Sleeping adequately
- Working night shifts
- Experiencing sleep apnea
- Chronically stressed
- Using stimulants excessively

rather than immediately assuming that the problem requires a sexual tonic.

6. Appropriate Regulation of Bodily Functions

Traditional Unani medicine discusses **Ihtibas-o-Istifragh**, broadly concerning retention and evacuation.

Modern interpretation should avoid rigid rules about an allegedly “correct” frequency of sexual intercourse.

There is **no universal medically required number of times a person should have intercourse or ejaculate**.



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Normal frequency varies greatly between individuals and couples.

What matters is whether sexual activity is:

- Comfortable
- Consensual
- Safe
- Not causing injury
- Not interfering with daily life
- Compatible with the person's health

Ilaj-bil-Tadbir – Regimental Therapy

CCRUM lists **Ilaj-bil-Tadbir**, or regimental therapy, as one of the principal therapeutic approaches in Unani medicine.

Depending upon the disease and practitioner assessment, traditional regimens may include:

- Exercise
- Massage
- Bathing
- Other lifestyle-based interventions

In sexual-health care, I consider such approaches primarily as **supportive measures for general health**, not as substitutes for pathogen-specific STI treatment.

A Note About Herbal Washes, Sitz Baths and Genital Oils

Traditional literature describes various external applications and bathing regimens.

However, modern patients should be cautious.

I do **not** recommend inserting herbal decoctions, alum solutions, concentrated neem preparations, oils or other products inside the vagina for STI prevention.

Such products have not been established as replacements for evidence-based STI prevention and may cause:

- Irritation
- Dryness



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- Allergy
- Disturbance of the vaginal microbiome
- Delayed diagnosis

The supplied source itself discusses traditional *Abzen* and external regiminal practices.

These should be understood as descriptions of traditional practice rather than evidence that they prevent sexually transmitted pathogens.

For routine female genital hygiene, modern evidence supports gentle **external** washing and avoiding douching.

Unani Herbal Medicines: What Can They Realistically Do?

Unani medicine contains a very large pharmacopoeia of single herbs and compound formulations.

Some are traditionally categorized as:

- Muqawwi-e-Bah – supportive sexual tonics
- Muwallid-e-Mani – traditionally used for semen-related concerns
- Mumsik – traditionally used in premature ejaculation
- General nutritive or restorative tonics

However, an important distinction must be maintained.

A traditional medicine used for:

- Weakness
- Libido
- Digestion
- General health
- Sexual performance
- Constitutional support

is **not automatically a treatment for a sexually transmitted pathogen**.

If a patient has:

- Gonorrhoea
- Chlamydia



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- Syphilis
- Trichomoniasis
- HIV
- Herpes
- Hepatitis B

the infection must be managed according to established medical evidence.

Unani medicines may be considered for selected supportive needs after a proper diagnosis, but should not delay essential treatment.

Why Potentially Toxic Traditional Ingredients Require Particular Caution

Some historical formulations contain ingredients that may have significant toxicity if improperly prepared or used.

For example, the supplied source mentions **Datura** within traditional formulations.

Datura contains potent anticholinergic alkaloids and can be dangerous.

It should **never be used casually or as a home remedy**.

“Traditional” does not automatically mean harmless.

This is why professional supervision, quality control and appropriate dosing are extremely important in herbal and Unani medicine.

Dr. Nizamuddin Qasmi's Integrated Approach to Sexual-Health Preservation

At **Saira Health Care**, my approach is not to hand every patient the same “sexual medicine.”

A proper consultation should first determine what the actual problem is.

My approach may include the following stages.

1. Confidential Sexual and Medical History

I consider:

- Present symptoms
- Duration of symptoms
- Previous infections



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- Previous treatment
- Sexual exposure where relevant
- Fertility history
- Erectile function
- Ejaculatory function
- Menstrual or pelvic symptoms where relevant
- Testicular complaints
- Medication history
- Lifestyle
- Diet
- Sleep
- Psychological stress

Sexual-health care must be confidential and non-judgmental.

2. Identify Infection Before Treating It

Where infection is suspected, appropriate modern testing should be used.

There should be no hesitation in using:

- NAAT
- Blood tests
- Urinalysis
- Swab testing
- Imaging

when clinically indicated.

An accurate diagnosis protects the patient from unnecessary medicines.

3. Treat Confirmed Infection Correctly

If an STI is confirmed, evidence-based treatment comes first.

That can mean:



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- Antibiotics for appropriate bacterial infection
- Antiparasitic therapy where required
- Antiviral management
- HIV treatment
- Specialist referral

Traditional supportive therapy must not delay pathogen eradication or disease control.

4. Protect the Sexual Partner

Partner management is an essential part of sexual-health treatment.

Depending upon the infection, partners may require:

- Testing
- Treatment
- Vaccination
- Counseling

Ignoring the partner can lead to repeated infection.

5. Evaluate Reproductive Health

If fertility is a concern, I assess the reproductive system separately rather than assuming that treating the infection alone will solve infertility.

For men this may include:

- Semen analysis
- Sperm count
- Motility
- Morphology
- Hormonal investigations
- Ultrasound when required
- Evaluation for varicocele or obstruction

For women, appropriate gynecological fertility evaluation may be required.



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6. Individualized Unani Supportive Treatment

After addressing urgent medical issues, individualized Unani care may focus on:

- Mizaj
- Diet
- Digestion
- Physical activity
- Sleep
- Stress
- General weakness
- Sexual function
- Reproductive-health support

This is where I believe the holistic nature of Unani medicine can be particularly useful.

It encourages us not to forget that we are treating a **person**, not merely a report.

7. Regular Follow-Up

Sexual and reproductive health sometimes requires ongoing follow-up.

Follow-up may include:

- Repeat STI testing
- Semen analysis
- Fertility assessment
- Review of symptoms
- Vaccination
- Medication monitoring
- Lifestyle correction
- Partner counseling

Long-term improvement is more likely when patients are actively involved in understanding their own health.



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Saira Health Care's Contribution to Sexual Disorders and Infertility

At **Saira Health Care**, our focused clinical and educational work includes:

- Male infertility
- Male sexual disorders
- Erectile dysfunction
- Premature ejaculation
- Loss of sexual desire
- Semen-related concerns
- Testicular and epididymal conditions
- Varicocele-related concerns
- Sexual-health education
- Sexually transmitted infection awareness
- Reproductive-health counseling
- Fertility evaluation
- Individualized Unani supportive management

A major part of our work is also correcting misinformation.

Sexual-health misinformation is particularly dangerous because patients often feel embarrassed to ask questions.

As a result, they may depend on:

- Internet advertisements
- Unqualified practitioners
- Random antibiotics
- Unsafe sexual tonics
- Unproven home remedies

By the time they seek professional consultation, the original problem may have become more complicated.

Our aim is to encourage earlier, confidential and scientifically responsible care.



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About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi is the Founder and Chief Physician of **Saira Health Care**, with 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 approach emphasizes:

- Confidential consultation
- Correct diagnosis
- Sexual-health education
- Male fertility assessment
- Reproductive-health preservation
- Modern investigation when needed
- Individualized Unani supportive care
- Appropriate referral where specialist medical or surgical intervention is necessary

Frequently Asked Questions

Can good hygiene completely prevent STIs?

No.

Good hygiene can reduce irritation and some non-sexually transmitted genital problems, but it cannot prevent all STIs.

Condoms, vaccination, testing and appropriate preventive medicine are far more important for STI prevention.

Should I wash immediately after sex to prevent infection?



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Washing may improve personal comfort and hygiene, but it cannot reliably remove organisms that have already entered genital or mucosal tissues.

Do not depend on washing as STI prevention.

Can urinating after intercourse prevent an STI?

No.

Urinating after intercourse may be recommended in some people as part of strategies to reduce urinary-tract infection risk, but it does not reliably prevent sexually transmitted infections.

Can I tell whether someone has an STI by looking at them?

No.

Many people have no symptoms whatsoever.

Does a condom give 100% protection?

No preventive intervention apart from avoiding exposure entirely gives absolute protection.

Condoms are nevertheless extremely useful and substantially reduce transmission of many STIs when used correctly and consistently.

Can HPV vaccination cure genital warts?

No.

HPV vaccination prevents new infections with vaccine-covered HPV types; it does not treat an established infection or existing wart.

Is HIV preventable?

Yes.

Modern HIV prevention may include:

- Condoms
- Testing



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- PrEP
- PEP after qualifying exposure
- Sterile injecting equipment
- Effective ART in people living with HIV

WHO recognizes PrEP and PEP as important HIV-prevention tools.

Should everyone use Doxy-PEP?

No.

Doxy-PEP is currently recommended for particular higher-risk populations according to clinical guidance and individual discussion.

It should not be routinely self-prescribed after sexual intercourse.

Can Unani medicine prevent every sexually transmitted infection?

No responsible physician should claim this.

Unani medicine can make a valuable contribution to:

- Diet
- Lifestyle
- Constitutional health
- General well-being
- Sexual function
- Reproductive-health support

but vaccines, condoms, laboratory testing and pathogen-specific medicines remain essential components of STI prevention and treatment.

Can herbal medicines improve fertility?

Some herbs and nutritional approaches are traditionally used for reproductive health, and some are being investigated scientifically.

However, infertility has many causes.



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No herbal medicine should be guaranteed to increase fertility without first establishing whether the problem involves:

- Sperm production
- Hormonal disorders
- Varicocele
- Obstruction
- Ovulation
- Fallopian tubes
- Age
- Genetic factors
- Another underlying disease

Diagnosis comes before treatment.

When Should You Consult a Doctor?

Arrange an evaluation if you experience:

- Penile discharge
- Abnormal vaginal discharge
- Burning during urination
- Genital ulcer
- Blisters
- Genital wart
- Testicular pain
- Scrotal swelling
- Pelvic pain
- Pain during intercourse
- Bleeding after intercourse
- Rectal discharge
- Persistent genital itching



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- Symptoms following a new sexual exposure
 - An STI diagnosis in your partner
 - Difficulty achieving pregnancy
 - Recurring sexual-health symptoms
-

When Should You Seek Urgent Medical Care?

Prompt assessment is important for:

- Sudden severe testicular pain
- Rapidly increasing scrotal swelling
- Severe pelvic or abdominal pain
- High fever associated with genital symptoms
- Heavy bleeding
- Severe illness during pregnancy
- Possible significant HIV exposure within the previous 72 hours

Sudden severe testicular pain should be considered urgent because **testicular torsion** must be excluded quickly.

A Personal Message to My Patients

Many patients come to me frightened because they have read something online about an STI, infertility or sexual weakness.

Some believe that one infection has permanently destroyed their fertility.

Others become so anxious that they repeatedly take medicines without confirming any diagnosis.

My advice is simple:

Do not allow fear to replace investigation.

If there is a possibility of infection, get tested.

If an infection is confirmed, treat it correctly.

If your partner requires treatment, make sure that is addressed.

If you are concerned about fertility, assess fertility properly.



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And if your general health, diet, sleep, stress or constitution also needs attention, those areas should be managed as part of the complete treatment plan.

I deeply value the principles of Unani medicine because they encourage individualized care and preservation of health.

But I also believe that responsible practice means using laboratory diagnosis, modern imaging, vaccination, antimicrobial treatment and specialist referral whenever they are needed.

A patient should receive the benefit of knowledge—not become trapped between different medical systems.

Modern Medicine and Unani Medicine: Not Competition, but Responsible Integration

Modern medicine is particularly powerful at answering questions such as:

Which organism is causing this infection?

Which antibiotic kills that organism?

Is HIV present?

Is this HPV type associated with cancer risk?

Is a vaccine available?

Is there structural damage?

Unani medicine asks broader questions such as:

What is the patient's overall constitution?

How is the patient's diet?

How is digestion?

How is sleep?

How much physical activity does the patient perform?

Is chronic psychological stress affecting sexual function?

How can general health be preserved?

These are different questions.

Both can be relevant.

Official CCRUM guidance itself describes **removal of the causative factor (Izala-i-Sabab)** as a fundamental Unani treatment principle.



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In a laboratory-confirmed STI, the identified infectious organism is an important causative factor.

Therefore, treating that cause appropriately is entirely compatible with the broader principle of responsible medical care.

The Future of Sexual-Health Prevention

Sexual-health medicine is rapidly advancing.

Today we have prevention tools that would have been impossible several decades ago:

- HPV vaccination
- Hepatitis B vaccination
- Highly accurate molecular STI testing
- HIV PrEP
- HIV PEP
- Effective HIV ART
- Doxy-PEP for selected populations
- Improved infertility investigations
- Assisted reproductive technologies

At the same time, important challenges remain:

- Antibiotic resistance
- STI-related stigma
- Delayed diagnosis
- Lack of screening
- Unequal access to healthcare
- Reinfection
- Poor partner treatment
- Misinformation
- Unsafe self-medication

The future of sexual-health care therefore requires not simply more medicines but **better education, better prevention and more responsible integration of care.**



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Conclusion

Sexual health is much more than the absence of infection or sexual dysfunction.

It represents the combined health of the:

- Body
- Reproductive organs
- Mind
- Relationships
- Fertility
- Lifestyle

and the individual's ability to enjoy sexual and reproductive life safely and responsibly.

Sexually transmitted infections remain an important threat because many can be transmitted without obvious symptoms.

Modern prevention should therefore include:

- Responsible sexual practices
- Correct condom use
- STI testing
- Partner management
- HPV vaccination
- Hepatitis B vaccination
- HIV PrEP when indicated
- HIV PEP following qualifying exposure
- Doxy-PEP only for appropriately selected individuals
- Early medical consultation

The Unani system adds a valuable preventive philosophy through **Hifz-e-Sehat, Mizaj, Ilaj-bil-Ghiza, Ilaj-bil-Tadbir and the Asbab-e-Sitta Zarooriyah.**

Its strongest contribution in this context is the individualized management of:

- Diet
- Lifestyle



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- Sleep
- Exercise
- Psychological well-being
- General constitution
- Recovery
- Reproductive-health support

—not the replacement of vaccines, diagnostic tests, antibiotics or antiviral medicines.

At **Saira Health Care**, my approach is therefore to combine the strengths of responsible contemporary sexual and reproductive medicine with appropriate individualized Unani principles.

The objective is not simply to treat disease after it occurs.

The greater objective is:

to preserve sexual health, protect fertility, prevent infection, maintain overall well-being and help every patient make informed decisions about his or her health.

Important Medical Disclaimer

This article is intended for **general educational and public-health information** and should not replace individual medical consultation, laboratory testing, diagnosis or prescribed treatment.

Patients should not self-start antibiotics, antiviral medicines, Doxy-PEP, HIV PrEP/PEP, herbal preparations or Unani medicines solely on the basis of this article.

Traditional herbal washes, internal vaginal products, genital oils or other remedies should not be assumed to prevent or treat sexually transmitted infections.

Confirmed bacterial, viral and parasitic infections require appropriate evidence-based management.

Anyone experiencing severe pelvic pain, sudden testicular pain, high fever, genital ulceration, significant bleeding or possible recent HIV exposure should obtain prompt medical attention.



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