Sexually Transmitted Infections (STIs): Causes, Symptoms, Complications, Diagnosis, Treatment and the Supportive Role of Unani Medicine

A Comprehensive Guide to Sexual Infections, Reproductive Health and Integrative Patient Care

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Introduction

In my clinical practice, I regularly meet men and women who are worried about genital discharge, burning during urination, sores, itching, unusual growths, pelvic pain, testicular discomfort or symptoms that appeared after sexual contact. Some people become extremely anxious, while others avoid consultation because they feel embarrassed.

My first message to every patient is simple: **a sexually transmitted infection is a medical condition. It should be approached with knowledge, confidentiality and proper treatment—not shame or fear.**

Sexually transmitted infections, commonly called **STIs**, are infections transmitted mainly through sexual contact. The older term **sexually transmitted diseases (STDs)** is still widely used, but STI is medically more appropriate because a person can carry an infection without showing any symptoms or developing obvious disease.

That distinction is extremely important. Many sexually transmitted infections can remain completely silent while continuing to affect reproductive health or spread to another person.

According to the World Health Organization (WHO), **more than one million curable STIs are acquired every day worldwide among people aged 15–49 years, and most are asymptomatic**. WHO estimated about **374 million new infections with chlamydia, gonorrhoea, syphilis and trichomoniasis in 2020 alone**.

In 2026, WHO consolidated its STI guidance into an operational handbook covering prevention, asymptomatic infection, diagnostic testing, treatment, partner management, surveillance and integration of STI care into primary and sexual-health services. This reflects a modern understanding that treating symptoms alone is not sufficient: **prevention, testing, partner care and follow-up are all part of treatment.**

At Saira Health Care, where my principal area of clinical work is **sexual disorders and infertility**, I consider STI awareness especially important because untreated reproductive-tract infections can sometimes have consequences for fertility, pregnancy and long-term sexual health.

What Is a Sexually Transmitted Infection?

An STI develops when a microorganism capable of sexual transmission enters the body and establishes infection.

The responsible organisms may be:

- **Bacteria**, such as *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and *Treponema pallidum*.
- **Viruses**, such as HIV, herpes simplex virus, human papillomavirus and hepatitis B virus.
- **Parasites**, such as *Trichomonas vaginalis*.
- Other organisms capable of infecting the genital, urinary, rectal or throat areas.

More than 30 infectious agents can be transmitted sexually. WHO gives particular public-health importance to eight pathogens responsible for a major proportion of the global STI burden.

Among these, **chlamydia, gonorrhoea, syphilis and trichomoniasis are curable with appropriate antimicrobial treatment**. Viral infections including HIV, herpes, hepatitis B and HPV require different approaches because they may persist in the body even when they are well controlled.

The source material prepared for this article similarly considers STI management as an integration of pathogen-specific modern care with supportive attention to the patient's overall health and reproductive wellbeing.

How Are STIs Transmitted?

The most common route is sexual contact, including:

Vaginal intercourse, **anal intercourse** and **oral sexual contact**.

Depending on the infection, transmission may occur through semen, vaginal or cervical secretions, blood, genital secretions or direct contact with infected skin and lesions.

Some STIs can also spread through:

- infected blood;
- sharing contaminated injecting equipment;
- pregnancy;
- childbirth;
- and, for certain infections, breastfeeding.

This means penetrative intercourse is not necessary for every STI to spread. **Herpes, HPV and syphilis can sometimes spread through close skin or lesion contact.**

A patient should therefore never assume that absence of penetrative sex completely excludes STI risk.

Why Can a Person Have an STI Without Symptoms?

This is one of the most important facts I want the general public to understand.

You cannot reliably tell whether someone has an STI by looking at them.

Gonorrhoea and chlamydia may cause no symptoms, particularly in women and at rectal or throat sites. Syphilis can remain latent. HPV commonly produces no visible abnormalities, and herpes infection may be present even when no blisters are visible.

WHO issued specific guidance in 2025 on **asymptomatic STI management**, emphasizing that infections can remain undetected particularly in women and at non-urethral sites such as the throat and rectum.

Therefore, laboratory testing may sometimes be appropriate even when a patient feels perfectly healthy.

Common Symptoms of STIs

Symptoms vary according to the infection, anatomical site and individual patient.

Possible symptoms include:

- burning or pain while passing urine;

- discharge from the penis;
- unusual vaginal discharge;
- sores, blisters or ulcers;
- genital itching or irritation;
- genital warts;
- bleeding between periods;
- bleeding after intercourse;
- lower abdominal or pelvic pain;
- pain during intercourse;
- testicular pain or swelling;
- rectal discomfort, bleeding or discharge;
- sore throat following relevant exposure;
- unexplained skin rash;
- fever or swollen lymph nodes.

However, these symptoms are **not specific to STIs**.

Urinary infections, dermatitis, fungal infections, prostatitis, balanitis, bacterial vaginosis and many other conditions can produce similar complaints.

That is why I advise patients not to diagnose themselves from an internet photograph or simply take an antibiotic because they have discharge.

Major Sexually Transmitted Infections

1. Gonorrhoea – Suzak in Classical Unani Medicine

Gonorrhoea is caused by **Neisseria gonorrhoeae**.

It may infect the urethra, cervix, rectum or throat. Men with urethral infection commonly develop burning urination and penile discharge, while women frequently have mild symptoms or remain asymptomatic.

WHO estimated approximately **82.4 million new gonorrhoea infections among adults worldwide in 2020**. Untreated infection can contribute to infertility and other reproductive complications.

Antimicrobial resistance

Gonorrhoea deserves particular attention because the organism has progressively developed resistance to numerous antibiotics, including older penicillins, tetracyclines, fluoroquinolones and macrolides.

WHO now considers increasing resistance to ceftriaxone—an important first-line antibiotic—a major global public-health concern.

This is why repeated self-medication with antibiotics is especially inappropriate for gonorrhoea.

Gonorrhoea in Unani medicine

Classical Unani literature generally describes gonorrhoea as **Suzak**, characterized particularly by *Waram-e-Ihlil* or urethral inflammation and *Hurqat-ul-Baul* or burning urination.

Traditional concepts emphasize excessive inflammatory heat and irritation. Management principles historically included **Tabreed** or cooling measures and **Idrar** or promotion of urinary flow. The supplied background material describes classical categories such as *Mubarridat* and *Madrurat* in this context.

Today, however, we know that the actual cause is *N. gonorrhoeae*. Therefore, **Unani supportive care must not replace the appropriate antibiotic needed to eradicate an active gonococcal infection.**

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2. Chlamydia – The Silent Infection

Chlamydia is caused by **Chlamydia trachomatis**.

WHO estimates that approximately **128.5 million new chlamydia infections occurred worldwide among adults aged 15–49 in 2020**. Many people have no symptoms.

When symptoms do develop, men may experience penile discharge, urinary burning or testicular discomfort. Women may have abnormal vaginal discharge, bleeding after intercourse, urinary discomfort or lower abdominal pain.

Untreated infection can ascend through the female reproductive tract and contribute to **pelvic inflammatory disease, tubal infertility and ectopic pregnancy**.

Chlamydia in the Unani framework

Chlamydia trachomatis is a modern microbiological diagnosis and does not have an exact historical Unani equivalent.

However, classical Unani physicians described clinical manifestations such as abnormal genital discharge and inflammatory disorders of the reproductive tract. The supplied source discusses conditions such as **Sailan-ur-Rahim** and categorization of discharge according to its origin and characteristics.

This should not mean that all leucorrhoea is chlamydia—or that chlamydia should be treated as ordinary leucorrhoea. Laboratory-confirmed infection requires appropriate antimicrobial treatment.

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3. Syphilis – Aatishak

Syphilis is caused by the bacterium **Treponema pallidum**.

WHO estimates that approximately **8 million people aged 15–49 acquired syphilis in 2022**. Many infections are unnoticed.

Syphilis can progress through several phases.

Primary syphilis

A painless ulcer or **chancre** may appear where the organism entered the body.

Secondary syphilis

The organism spreads throughout the body and may produce rash, swollen lymph nodes, fever and mucous lesions.

Latent syphilis

Symptoms disappear even though the infection remains in the body.

This stage is particularly dangerous from the patient's perspective because disappearance of visible symptoms can create the false impression of cure.

Tertiary and neurological complications

Without adequate treatment, syphilis can eventually damage the nervous system, cardiovascular system and other organs.

Syphilis during pregnancy

Syphilis during pregnancy is especially serious. WHO reports that inadequately treated maternal syphilis is associated with a very high risk of adverse pregnancy outcomes. **Benzathine penicillin is the first-line therapy and is the only WHO-recommended treatment for syphilis during pregnancy.**

Aatishak according to Unani medicine

Classical Unani literature refers to syphilis as **Aatishak**. The source material for this article describes traditional concepts including *Fasad-e-Dam*, *Tanqiya* and *Tasfiya*, together with *Musaffi-e-Dam* remedies used historically.

These concepts are historically important, but they do **not** replace modern microbiological treatment. Active syphilis must be managed with established antibiotic therapy.

4. Genital Herpes – HSV Infection

Genital herpes is caused by **herpes simplex virus**, particularly HSV-2, although HSV-1 can also cause genital infection.

The virus becomes latent inside sensory nerves after infection and can reactivate later.

Patients may experience:

- painful blisters;
- shallow ulcers;
- burning;
- tingling;
- pain;
- or recurrent outbreaks.

WHO estimates that approximately **520 million people aged 15–49 worldwide have HSV-2 infection**. Most infections are asymptomatic or unrecognized.

Unlike bacterial gonorrhoea or syphilis, herpes is **treatable but currently not eradicable from the body**. Antiviral medicines can shorten outbreaks, suppress recurrence and reduce transmission risk.

Herpes and Unani medicine

The supplied Unani review associates herpes-like eruptions with the classical condition **Namla**, traditionally understood as a hot or *Safrawi* eruption. Classical approaches emphasize cooling and soothing external measures.

In contemporary practice, any Unani approach should be considered **supportive only** and should not be described as eliminating latent HSV.

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5. Human Papillomavirus – HPV and Genital Warts

HPV is a large family of viruses. WHO describes approximately **200 known HPV types**.

Many infections clear naturally without producing disease, but persistent infection with certain high-risk types can contribute to cancers of the cervix, vulva, vagina, anus, penis and oropharynx.

WHO estimates HPV caused approximately **620,000 cancers in women and 70,000 cancers in men in 2019**.

Some lower-risk HPV types cause genital warts.

Prevention

HPV vaccination is one of the most important tools for preventing HPV-related cancers. HPV vaccination prevents infection; it is **not a treatment for an already established HPV infection**.

HPV according to Unani descriptions

The supplied material relates warts to traditional terms such as **Thaleel** or *Charmkeela*, with historical explanations based on thickened humoral material.

Historical texts also describe local destructive remedies. Some traditional preparations included caustic or mineral substances. Such agents can injure genital skin and should **not** be self-applied.

Modern evaluation is particularly important because a genital wart and a precancerous lesion are not the same thing.

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6. HIV Infection

Human immunodeficiency virus attacks important cells of the immune system, particularly **CD4 T lymphocytes**.

Without effective therapy, progressive immune dysfunction can eventually lead to AIDS.

Modern HIV treatment has transformed the disease.

According to WHO's July 2026 update, approximately **41 million people were living with HIV at the end of 2025**, while around **1.2 million people acquired HIV during 2025**.

Antiretroviral therapy

HIV currently has no routine curative treatment, but **antiretroviral therapy (ART)** can suppress viral replication so effectively that a person can live a long and healthy life.

One of the most important developments in sexual medicine is **U=U: Undetectable = Untransmittable**.

WHO confirms that a person taking effective ART who maintains an undetectable viral load **will not sexually transmit HIV to their partner**.

Prevention with PrEP and PEP

Modern HIV prevention may also include **pre-exposure prophylaxis (PrEP)** for people at substantial ongoing risk and **post-exposure prophylaxis (PEP)** after qualifying recent exposure.

PEP is time-sensitive and should be assessed urgently after a possible significant HIV exposure.

Role of Unani medicine in HIV

The source supplied for this article discusses Unani concepts of strengthening host resistance or **Taqwiyat-e-Mana'at**, along with nutritional and constitutional support. Importantly, the same source recognizes that herbal treatment is not a substitute for ART.

That is also my clinical position.

A patient living with HIV should **never stop or reduce ART in favor of a traditional medicine**. Supportive Unani care, where appropriate, should be coordinated around established HIV therapy and checked for possible drug interactions.

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7. Hepatitis B

Hepatitis B is a viral infection primarily affecting the liver. Sexual transmission is an important route, although mother-to-child and blood exposure are also major modes of infection.

WHO's July 2026 update estimates that approximately **240 million people were living with chronic hepatitis B infection in 2024**, with around 900,000 new infections annually.

Chronic hepatitis B can cause:

- liver fibrosis;
- cirrhosis;
- liver failure;
- and hepatocellular carcinoma.

The good news is that **hepatitis B is vaccine preventable**.

Chronic infection can be controlled with antiviral medicines such as tenofovir or entecavir in patients meeting treatment criteria.

Unani supportive approach to liver health

Unani medicine gives considerable importance to the liver or **Jigar**. The supplied source describes traditional concepts such as *Waram-e-Jigar* and hepatoprotective or *Muqawwi-e-Jigar* approaches.

Supportive dietary and Unani management may have a role in general liver care, but it should never replace hepatitis testing, antiviral treatment when indicated or liver-cancer surveillance.

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8. Hepatitis C

Hepatitis C is principally a **blood-borne infection**, although sexual transmission can occur, particularly when sexual exposure involves blood.

WHO's July 2026 update estimates approximately **47 million people are living with chronic hepatitis C worldwide**.

An important success of modern medicine is that direct-acting antiviral therapy can cure **more than 95% of hepatitis C infections**.

Unlike hepatitis B, there is currently no effective vaccine against hepatitis C.

Therefore, supportive herbal or Unani liver care should never delay curative direct-acting antiviral therapy.

STIs and Infertility

This relationship is particularly relevant to my work at Saira Health Care.

Not every STI causes infertility, and not every infertility problem is caused by infection.

However, particular untreated infections can damage reproductive structures.

In women

Untreated gonorrhoea or chlamydia may spread upward from the cervix to the uterus and fallopian tubes.

This produces **pelvic inflammatory disease (PID)**.

Inflammation may eventually cause scarring of the fallopian tubes. This can interfere with sperm reaching the egg and may increase the risk of:

- tubal infertility;
- ectopic pregnancy;
- chronic pelvic pain.

In men

Certain infections can cause urethritis or inflammation affecting reproductive structures such as the epididymis.

Severe or repeated inflammatory disease may potentially contribute to reproductive dysfunction in selected patients.

A man with a previous STI and subsequent fertility difficulty may therefore require appropriate examination, semen analysis and other investigations based on the clinical findings.

At Saira Health Care, my approach is to evaluate **the complete reproductive picture rather than treating an abnormal semen report or genital symptom in isolation**.

STIs During Pregnancy

Sexually transmitted infections require particular attention during pregnancy.

Syphilis, HIV, hepatitis B, gonorrhoea, chlamydia and herpes can each affect pregnancy or the newborn in different ways.

Possible consequences can include:

- miscarriage;
- premature birth;
- stillbirth;
- congenital infection;
- neonatal eye infection;
- and other serious complications.

In India, the National AIDS Control Organisation's current programme emphasizes **universal HIV and syphilis testing during pregnancy, early treatment of infected women and follow-up of exposed infants**.

Pregnant patients should not attempt self-treatment with antibiotics, herbal preparations or traditional medicines for suspected STI symptoms.

How Are STIs Diagnosed?

One of the greatest improvements in sexual medicine is the ability to identify infection accurately.

Depending on the suspected disease, testing can include:

Molecular tests

Nucleic acid amplification tests can detect gonorrhoea and chlamydia from appropriate urine or swab samples.

Blood tests

Blood testing may be used for HIV, syphilis and viral hepatitis.

Swab or lesion testing

Herpes or certain other infections can sometimes be diagnosed by testing material collected directly from an active lesion.

Culture

Culture remains particularly valuable in suspected treatment-resistant gonorrhoea because it can allow antimicrobial susceptibility testing.

Anatomical-site-specific testing

A very important modern principle is that testing should reflect the person's actual exposure.

For example, a urine test does not necessarily rule out an infection confined to the throat or rectum.

The WHO's 2025 asymptomatic-STI guidelines specifically emphasize improved detection of infection in these frequently overlooked sites.

Why Testing Is Better Than Guessing

A patient may tell me:

“Doctor, I have discharge. Please give me gonorrhoea medicine.”

But discharge is not a diagnosis.

A similar symptom can result from gonorrhoea, chlamydia, other urethritis, a urinary infection or a non-infectious condition.

Similarly, genital sores can result from herpes, syphilis, trauma or other dermatological disorders.

Modern laboratory testing enables us to move from **symptom-based guessing to organism-based diagnosis**.

This is especially important in the era of antimicrobial resistance.

Partner Testing and Treatment

Another very common problem is reinfection.

A patient completes treatment, feels better and resumes sexual contact with a partner who was never evaluated.

The patient becomes infected again and concludes:

“The medicine did not work.”

In fact, the original treatment may have worked perfectly.

Appropriate STI care should therefore include **partner notification, evaluation and treatment where indicated**.

WHO's latest STI framework incorporates partner services as a fundamental part of prevention and care.

Treatment of STIs: One Disease Does Not Have One Universal Medicine

Patients frequently ask for “the best STI medicine.”

There is no single medicine that treats every STI.

Treatment depends completely on the organism.

Infection	Main evidence-based approach
Gonorrhoea	Appropriate antibiotic treatment guided by current recommendations and resistance patterns
Chlamydia	Appropriate antibiotics
Syphilis	Penicillin-based treatment is central; regimen depends on stage
Trichomoniasis	Antiprotozoal antimicrobial treatment
Herpes	Antiviral suppression or episodic therapy
HIV	Lifelong effective antiretroviral therapy
HPV	Management of warts/precancerous lesions plus prevention through vaccination and screening
Hepatitis B	Monitoring and antiviral therapy when indicated; vaccination for prevention
Hepatitis C	Direct-acting antiviral therapy capable of cure in >95% of cases

Treatment protocols can change as resistance patterns and scientific evidence evolve.

For this reason, patients should not copy doses from social media or reuse an old prescription.

Antibiotic Resistance and Sexual Health

Antibiotic resistance deserves special emphasis.

Neisseria gonorrhoeae has repeatedly demonstrated an extraordinary capacity to develop resistance.

WHO's 2025 update described resistance involving numerous antibiotic classes and highlighted ceftriaxone resistance as a growing threat.

Unnecessary antibiotic use contributes to this problem.

Therefore:

Do not use leftover antibiotics.
Do not stop treatment early.
Do not repeatedly change medicines yourself.
Do not assume every genital symptom needs an antibiotic.

Responsible antimicrobial use protects both the individual patient and society.

STI Prevention

Treatment is important, but prevention is even more valuable.

Condom use

Correct and consistent condom use substantially reduces the risk of many STIs.

Protection is not absolute for infections such as HPV, herpes or syphilis when infectious skin or lesions lie outside the area covered by a condom.

Nevertheless, condoms remain a major preventive tool.

Vaccination

Two particularly important STI-related vaccines are:

Hepatitis B vaccine and **HPV vaccine**.

WHO reports that HPV vaccination can prevent HPV-associated cancers.

Testing

Testing is particularly important when there is:

- a new sexual partner;
- multiple partners;
- known exposure to an STI;

- a partner diagnosed with an STI;
- symptoms;
- pregnancy;
- or other recognized risk circumstances.

Partner communication

Open, respectful communication between partners can prevent repeated infection and encourage timely testing.

The Unani Understanding of Sexual and Reproductive Disease

Unani medicine is a historically developed Greco-Arabic medical system that looks at health through a broader constitutional framework.

Classically, health is associated with balance among the four *Akhlat* or humours:

Dam – blood
Balgham – phlegm
Safra – yellow bile
Sawda – black bile

A disturbance is described as **Su-e-Mizaj**, or altered temperament.

The supplied background material also emphasizes **Tabiyat**, the body's intrinsic regulatory capacity, and the **Asbab-e-Sitta Zarooriya**, the six essential factors governing health—including environment, food and drink, physical activity and rest, psychological balance, sleep and wakefulness, and appropriate elimination and retention.

These concepts continue to provide a useful framework for lifestyle and supportive care.

However, a modern Unani physician must also recognize microorganisms.

A bacterial infection cannot be explained away simply as “heat” or “humoral imbalance” after microbiology has identified the responsible organism.

How Can Unani Medicine Be Useful in STI Management?

This requires a balanced answer.

Unani medicine can have meaningful value in **supportive, constitutional and recovery-oriented care**, particularly when used responsibly alongside necessary modern treatment.

The supplied source similarly concludes that the best integrative approach combines pathogen-directed modern treatment with Unani attention to host resilience, nutrition, lifestyle and symptom recovery.

Potential areas of supportive care may include:

1. Management of residual discomfort

After appropriate treatment of an infection, some patients may continue to experience inflammatory or urinary discomfort that requires reassessment and supportive management.

2. Dietary regulation – Ilaj-bil-Ghiza

Unani medicine has traditionally placed considerable importance on diet according to a patient's constitution, digestive tolerance and stage of illness.

Good nutrition can support recovery, although no food should be advertised as “killing” an STI.

3. Lifestyle regulation

Adequate sleep, hydration, hygiene, physical activity and emotional wellbeing are all relevant to general recovery.

4. Individualized constitutional care

Unani medicine emphasizes that two patients with the same diagnosis may differ in temperament, digestive function and associated complaints.

This individualized approach can be useful when it remains **complementary to disease-specific treatment**.

5. Reproductive-health support

For patients who have completed STI treatment but subsequently have fertility concerns, an individualized reproductive assessment may include semen analysis, hormonal evaluation, imaging or female-factor assessment when clinically appropriate.

What Unani Medicine Should Not Be Used to Claim

Scientific integrity is extremely important to me.

At present, there is insufficient evidence to state that Unani herbal treatment alone can reliably eradicate:

- active gonorrhoea;
- chlamydia;

- syphilis;
- HIV;
- chronic herpes infection;
- or persistent HPV infection.

Laboratory evidence that a herb has antimicrobial or antioxidant activity does **not** prove microbiological cure in human infection.

Therefore, proven antimicrobial or antiviral treatment should not be stopped or delayed because a patient has started an herbal preparation.

The safest and most scientifically responsible model is **complementary care, not therapeutic substitution**.

Safety of Traditional Medicines

Another important point is that “natural” does not automatically mean safe.

Classical medical literature sometimes employed mineral or caustic ingredients. The supplied background document, for example, mentions traditional wart preparations containing strongly corrosive substances.

Such remedies should never be self-applied to genital tissue.

Genital skin is sensitive, and chemical burns can cause severe pain, infection, scarring and delayed diagnosis of an underlying lesion.

Patients should use only appropriately manufactured products and seek qualified professional guidance.

My Approach as Dr. Nizamuddin Qasmi

As a physician focused on sexual disorders and infertility, I believe patients benefit most when traditional knowledge and current scientific medicine are used responsibly rather than presented as competing systems.

When a patient comes to me with suspected STI symptoms, my priorities are:

1. **Listen confidentially and without judgment.**
2. Understand the patient's symptoms and relevant exposure history.
3. Determine whether laboratory testing or specialist referral is required.
4. Identify whether a bacterial, viral or other infection is likely.

5. Ensure proven pathogen-directed treatment is used when necessary.
6. Assess whether sexual partners also require evaluation.
7. Review reproductive-health concerns when appropriate.
8. Consider individualized Unani supportive care where it may reasonably benefit the patient.
9. Arrange follow-up rather than assuming disappearance of symptoms equals cure.

This approach is particularly important when infertility is also present.

The objective is not simply to stop discharge or burning for a few days. The objective is to **protect the patient's future reproductive health, prevent transmission, identify complications early and restore overall wellbeing.**

Specialized Sexual & Reproductive Health Care at Saira Health Care

At **Saira Health Care**, we work to bring greater awareness to health problems that patients often hesitate to discuss openly.

Our clinical and educational focus includes sexual disorders, infertility and related reproductive-health concerns.

A patient may come because of an STI, but the consultation may reveal additional questions about:

- semen quality;
- fertility;
- testicular health;
- genital pain;
- previous infections;
- erectile or ejaculatory concerns;
- female reproductive health;
- or anxiety related to sexual wellbeing.

These issues require confidentiality and careful differentiation.

Under the clinical guidance of **Dr. Nizamuddin Qasmi**, the objective is to provide an individualized plan based on the patient's actual condition rather than treating every sexual complaint with the same medicine.

Where evidence-based antimicrobial or antiviral treatment is required, it should be used.

Where individualized Unani supportive care may contribute to recovery, constitution, diet or reproductive wellbeing, it can be considered responsibly.

This is the form of **integrative sexual and reproductive healthcare** that I believe best serves patients.

Dr. Nizamuddin Qasmi – Professional Profile

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My professional interest is focused particularly on **male and female reproductive health, infertility and sexual disorders**, with an emphasis on understandable patient education, confidential consultation and individualized management.

Frequently Asked Questions

Can I have an STI even if I have no symptoms?

Yes. Many STIs can remain completely asymptomatic. WHO specifically emphasizes the large burden of undetected asymptomatic infection.

Does genital discharge always mean an STI?

No. Several infectious and non-infectious conditions can cause discharge. Proper evaluation is required.

Can an STI cause infertility?

Certain infections, especially untreated chlamydia and gonorrhoea, can damage reproductive structures and increase infertility risk.

Can a cured STI come back?

Yes. A person can become reinfected. Successful treatment does not necessarily create immunity.

Should my partner also be evaluated?

Often yes. Partner management is a fundamental part of STI control and helps prevent reinfection.

Can herpes be permanently cured?

Current antiviral medicines can control outbreaks and reduce transmission, but they do not eliminate latent HSV from the body.

Can HIV-positive people have normal relationships and family life?

Yes. Effective ART enables people living with HIV to live long, healthy lives. A person maintaining an undetectable viral load does not sexually transmit HIV—commonly described as U=U.

Can hepatitis C be cured?

Yes. Modern direct-acting antiviral medicines cure more than 95% of hepatitis C infections.

Is there a vaccine for every STI?

No. Effective vaccines exist for **hepatitis B and HPV**, but not currently for most other major STIs.

Can Unani medicine be useful?

Yes, Unani medicine can be valuable as **individualized supportive and complementary care**, especially in areas such as constitution, diet, recovery and associated symptoms. It should not replace established antimicrobial or antiviral treatment where such treatment is required.

Can I use herbal medicines while taking antibiotics or ART?

Do not assume every combination is safe. Herbal products may interact with conventional medicines. The treating clinician should know everything you are taking.

When Should You Seek Medical Attention Promptly?

Consult a qualified healthcare professional if you experience:

- genital discharge;
- painful urination;
- genital ulcers or blisters;

- testicular swelling;
- significant pelvic pain;
- fever associated with genital symptoms;
- unexplained genital warts;
- unusual bleeding;
- possible STI exposure during pregnancy;
- or notification from a partner that they have tested positive.

Sudden severe testicular pain, severe pelvic or abdominal pain, serious systemic illness or neurological symptoms require urgent medical assessment.

A Final Message From Dr. Nizamuddin Qasmi

When patients come to me worried about a sexually transmitted infection, I remind them that early diagnosis changes everything.

Do not allow embarrassment to delay treatment.

Do not repeatedly take medicines without knowing what infection you have.

Do not assume that because discharge, sores or burning disappeared, the organism has also disappeared.

And do not believe that every traditional medicine and every modern medicine must oppose each other.

The scientifically responsible approach is much simpler.

Diagnose correctly. Treat the actual infection with proven therapy. Protect your partner. Check for complications. Protect fertility. Then use appropriate supportive care—including Unani principles where suitable—to help restore the patient's overall health.

The Unani system has a rich tradition of individualized healthcare, prevention, diet and constitutional management. Modern medicine gives us microbiology, highly accurate diagnostics, antibiotics, antivirals and vaccines. When both are understood correctly, we can preserve what is valuable in traditional medicine without compromising the proven treatment of potentially serious infections.

At **Saira Health Care**, this balanced, confidential and patient-centred philosophy is central to our work in **sexual disorders and infertility**.

Sexual health is not separate from overall health. Protecting it responsibly protects the individual, the partner, the family and—in many cases—future fertility.

About the Author

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Medical Disclaimer

This article is intended for **general medical education and public awareness**. It should not be considered a personal diagnosis, prescription or substitute for consultation with a qualified healthcare professional.

Bacterial sexually transmitted infections require appropriate diagnostic testing and antimicrobial treatment. Patients should not stop, reduce or replace prescribed antibiotics, antivirals, ART or hepatitis treatment with Unani, herbal or other complementary products without appropriate medical advice. Treatment recommendations may change with emerging evidence, antimicrobial resistance, pregnancy status, allergies and individual clinical circumstances.