

Human Papillomavirus (HPV) and Genital Warts

Understanding HPV Infection, Condyloma Acuminata, Cancer Risk, Diagnosis, Treatment, Vaccination, Fertility, Pregnancy and the Supportive Role of Unani Medicine

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A Message From Dr. Nizamuddin Qasmi

When a patient sees a small growth on the penis, vulva, groin or around the anus and is told:

“This may be HPV,”

the first emotion is often fear.

Patients ask me:

“Doctor, is this cancer?”

“Will these warts remain forever?”

“Can I marry?”

“Can I have normal sexual relations?”

“Can HPV make me infertile?”

“Will my wife or husband definitely become infected?”

“Can my future baby be affected?”

My first message is:

HPV infection is extremely common, and genital warts are usually caused by low-risk HPV types that are different from the types responsible for most cancers.



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This distinction is fundamental.

Human papillomavirus—HPV—is not one single virus.

It is a large family containing more than 200 known viral types. Some infect the skin, while others infect genital, anal and oral mucosa.

Some HPV types are called:

low-risk HPV

because they commonly cause:

- genital warts,
- benign papillomas

but rarely cause cancer.

Other types are:

high-risk or oncogenic HPV

because persistent infection can cause precancerous cellular changes and, after many years in some patients, cancer.

Therefore:

genital warts do not automatically mean cancer.

CDC states that more than **90% of genital warts are caused by HPV types 6 and 11**, which are considered non-oncogenic or low-risk types. High-risk types such as HPV 16 and 18 are much more strongly associated with precancers and cancers.

That is the first misconception I want to remove.

What Is Human Papillomavirus?

Human papillomavirus is a group of DNA viruses that infect:

- skin,
- genital mucosa,
- anal mucosa,
- oral and throat tissues.

WHO describes HPV as an extremely common sexually transmitted infection and notes that almost all sexually active people will acquire one or more HPV types at some point in life, usually without knowing it.



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Most infections:

- cause no symptoms,
- are controlled naturally by the immune system,
- become undetectable without causing long-term illness.

WHO reports that the body controls HPV infection spontaneously in approximately **90% of people.**

Therefore:

detecting HPV does not mean that serious disease will necessarily develop.

What Are Genital Warts?

Genital warts are benign skin or mucosal growths caused by certain HPV types.

The medical term is:

Condyloma Acuminata.

They can occur on:

In men

- penis,
- foreskin,
- glans,
- scrotal region,
- groin,
- perineum,
- around the anus,
- inside the anal canal.

In women

- vulva,
- vaginal opening,
- vagina,
- cervix,



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- perineum,
- around or inside the anus.

CDC describes anogenital warts as lesions that may be:

- flat,
- raised,
- papular,
- pedunculated,
- clustered.

Some have the classic:

cauliflower-like appearance.

But not every wart looks the same.

Which HPV Types Cause Genital Warts?

The most important wart-causing HPV types are:

HPV 6 and HPV 11.

CDC states that these two types cause **more than 90% of genital warts.**

These are different from the major cancer-causing types.

This is important because many patients see the word HPV and immediately think:

“I have cancer.”

That is usually incorrect.

Which HPV Types Are Associated With Cancer?

Important high-risk HPV types include:

- HPV 16,
- HPV 18,
- HPV 31,
- HPV 33,
- HPV 45,



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- HPV 52,
- HPV 58

and several others.

Persistent high-risk HPV infection can contribute to cancers of the:

- cervix,
- anus,
- penis,
- vulva,
- vagina,
- mouth and throat.

WHO states that persistent oncogenic HPV infection is the underlying cause of almost all cervical cancers.

Worldwide, WHO estimated approximately:

- **604,000 new cervical-cancer cases**
- **280,000 deaths**

in 2024.

This is why HPV deserves attention even though most infections remain harmless.

Does Having Genital Warts Mean I Have High-Risk HPV?

Not necessarily.

Most visible genital warts are caused by:

- HPV 6,
- HPV 11,

which are low-risk types.

However, a person may simultaneously carry more than one HPV type.

Therefore:

a genital wart does not prove cancer risk, but having warts also does not guarantee that no other HPV type is present.

Women should continue recommended cervical-cancer screening according to age and national guidance regardless of whether visible warts are present.

Do Genital Warts Turn Into Cancer?

Typical genital warts caused by HPV 6 or 11 usually do:

not transform into cancer.

CDC specifically distinguishes wart-producing HPV types from the HPV types responsible for most cancers.

However, a lesion that is:

- unusually dark,
- hard,
- fixed,
- ulcerated,
- bleeding,
- rapidly changing,
- not responding to treatment

should not automatically be assumed to be an ordinary wart.

Such lesions may require:

biopsy.

HPV Is Extremely Common

A diagnosis of HPV should never be treated as evidence that a patient is:

- dirty,
- immoral,
- careless.

HPV is one of the most common sexually transmitted infections in the world.

Most sexually active adults are exposed at some point.

Many never develop:

- symptoms,



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- warts,
- abnormal cervical tests.

Therefore, HPV should be approached as:

a medical infection—not a moral judgment.

How Is HPV Transmitted?

Genital HPV is primarily transmitted through:

- vaginal sexual contact,
- anal sexual contact,
- genital-to-genital skin contact,
- oral sexual contact.

Importantly:

penetration is not absolutely required.

Because HPV infects skin and mucosal surfaces, close genital contact can be sufficient.

CDC confirms that HPV may spread through:

- vaginal sex,
 - anal sex,
 - oral sex,
 - genital-to-genital contact without penetration.
-

Can HPV Spread When No Warts Are Visible?

Yes.

A person can carry and transmit HPV without visible genital warts.

This is one reason HPV spreads so easily.

An infected person may:

- never develop warts,
- have infection that is clinically invisible,



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- still transmit the virus.

Therefore:

absence of visible warts does not prove absence of HPV.

Can HPV Remain Silent for Years?

Yes.

This is particularly important for couples.

HPV infection may remain:

- asymptomatic,
- clinically unrecognized

for a long period.

A wart appearing today does not reliably tell us:

- exactly when HPV was acquired,
- which partner originally transmitted it.

CDC explicitly advises patients that partners frequently share HPV and that it is usually impossible to determine which partner originally transmitted the infection. HPV diagnosis does **not** establish that either partner has recently had sex outside the relationship.

This information can prevent unnecessary relationship conflict.

Does HPV Prove Infidelity?

No.

A new diagnosis does not establish that the infection is new.

Someone can acquire HPV and remain without obvious symptoms for months or years.

Therefore:

genital warts should never automatically be used as proof of infidelity.

Can HPV Spread Through Toilet Seats?

Sexual and intimate skin contact are the major transmission routes.



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HPV is not normally considered an infection acquired simply from:

- ordinary toilet-seat use,
- eating together,
- casual touching,
- sharing a room.

Normal hygiene is sufficient.

Patients should not isolate themselves socially.

What Do Genital Warts Look Like?

Warts can appear as:

- tiny flesh-coloured bumps,
- pink papules,
- greyish lesions,
- flat lesions,
- soft projections,
- cauliflower-like clusters.

They may occur:

- singly,
- in groups.

Some are almost invisible.

Others become relatively large.

Are Genital Warts Painful?

Often they are:

painless.

But depending on location and size they may cause:

- itching,
- irritation,



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- burning,
- tenderness,
- bleeding,
- discomfort during intercourse.

CDC notes that genital warts are commonly asymptomatic but may become painful or itchy according to their anatomical location.

Can Genital Warts Bleed?

Yes.

Large or irritated warts can occasionally:

- bleed during intercourse,
- bleed during cleaning,
- become inflamed.

However:

spontaneous persistent bleeding deserves examination.

A bleeding lesion should not simply be self-treated indefinitely.

Warts Around the Anus

Perianal warts can occur even in people who have never had receptive anal intercourse.

CDC specifically notes that intra-anal or perianal warts may occur in both men and women without a history of receptive anal sex.

When external anal warts are present, a clinician may consider examination of the anal canal.

HPV in the Mouth and Throat

HPV can infect the:

- mouth,
- oropharynx.

Certain high-risk HPV types are linked to:



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- oropharyngeal cancer.

The HPV types responsible for ordinary genital warts are different from the types responsible for most HPV-related throat cancers.

Why Do Some People Develop Warts and Others Do Not?

Whether visible warts develop depends partly upon:

- HPV type,
- immune response,
- smoking,
- immune suppression,
- local skin conditions.

Many people infected with HPV never develop visible lesions.

HPV and Immunity

The immune system controls most HPV infections naturally.

This is why HPV often becomes undetectable without any antiviral treatment.

WHO reports that most infections resolve or are controlled within approximately:

one to two years.

However, some infections persist.

Persistent infection becomes particularly important when it involves:

high-risk HPV.

Why Does HPV Persist in Some People?

Factors associated with persistence or progression include:

- immune suppression,
- HIV infection,
- smoking,
- certain coexisting infections.



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WHO reports that women living with HIV have approximately **six times the risk of cervical cancer** compared with women without HIV.

Therefore, immunocompromised patients require particularly careful follow-up.

Smoking and HPV

Smoking is important because it reduces local immune defence and is associated with:

- HPV persistence,
- progression toward cervical precancer and cancer.

WHO and CDC both emphasize smoking cessation as part of HPV-related cancer prevention.

Stopping smoking cannot instantly remove HPV, but it removes an important avoidable cofactor.

How Are Genital Warts Diagnosed?

In most cases, diagnosis is made through:

careful visual examination.

CDC states that anogenital warts are usually diagnosed clinically.

An experienced clinician considers:

- appearance,
- location,
- texture,
- medical history.

However, not every genital growth is an HPV wart.

Conditions That Can Resemble Genital Warts

Other lesions can include:

- molluscum contagiosum,
- skin tags,
- pearly penile papules,



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- vestibular papillomatosis,
- sebaceous glands,
- seborrheic keratosis,
- syphilitic condyloma lata,
- benign skin lesions,
- precancerous lesions.

Therefore:

do not burn or apply acid to every genital bump before obtaining a correct diagnosis.

Pearly Penile Papules Are Not HPV

Pearly penile papules are small normal anatomical papules around the rim of the glans penis.

They are:

- not sexually transmitted,
- not HPV,
- not dangerous,
- not contagious.

They do not require treatment unless the patient has a purely cosmetic concern.

This is one example of why professional diagnosis matters.

Vestibular Papillomatosis Is Not Genital Warts

Some women have symmetrical small papillae around the vestibule.

These may represent:

normal vestibular papillomatosis.

They should not automatically be diagnosed or treated as HPV.

Unnecessary cautery or chemical treatment can cause:

- pain,
- burns,



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- scarring.

When Is Biopsy Needed?

Most ordinary warts do not require biopsy.

CDC recommends considering biopsy when the lesion is:

- pigmented,
- hard or indurated,
- attached firmly to underlying tissue,
- bleeding,
- ulcerated,

or when:

- diagnosis is uncertain,
- standard treatment fails,
- disease worsens,
- the patient is immunocompromised.

This is an important safety measure.

Is HPV Testing Used to Diagnose Genital Warts?

Usually:

No.

This is a common misunderstanding.

HPV tests are mainly designed to detect:

high-risk cervical HPV

for cervical-cancer screening and follow-up.

CDC specifically states that HPV testing is:

- not recommended for diagnosing genital warts,
- not recommended as a general STI test,
- not recommended to test male partners of HPV-positive women.



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Visible genital warts are primarily a clinical diagnosis.

Can Men Have an HPV Test?

There is no routine clinically recommended HPV screening test for men comparable with cervical HPV screening in women.

A man with visible genital warts should be:

- examined,
- treated appropriately.

Routine penile HPV DNA testing is not standard infertility or STI care.

Should the Partner Be Tested for HPV?

Routine HPV testing of partners of patients with genital warts is not recommended.

CDC notes that partners often already share HPV even when they have:

- no visible wart.

Partners may benefit from:

- examination if lesions are present,
 - testing for other STIs according to risk.
-

HPV and Other Sexually Transmitted Infections

A diagnosis of genital warts does not automatically mean another STI is present.

However, because HPV is sexually transmitted, sexual-health assessment may sometimes include testing for:

- HIV,
- syphilis,
- chlamydia,
- gonorrhea

depending upon:

- symptoms,
- sexual history,



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- risk.

Testing should be individualized rather than driven by stigma.

Can Genital Warts Disappear Without Treatment?

Yes.

Genital warts can:

- disappear spontaneously,
- remain unchanged,
- increase in number or size.

CDC notes that spontaneous resolution can occur and observation is therefore a reasonable option for selected patients.

However, treatment is often preferred when warts are:

- symptomatic,
 - multiplying,
 - cosmetically distressing,
 - interfering with sexual activity.
-

What Is the Goal of Genital Wart Treatment?

The goal is:

removal of visible warts and relief of symptoms.

Treatment does not reliably eradicate all HPV from nearby skin.

CDC states clearly that available wart therapies may reduce visible lesions but do not necessarily eradicate HPV infectivity.

Therefore:

wart removal and HPV eradication are not the same thing.

Can Warts Come Back After Treatment?

Yes.

Recurrence is common, especially during the first months after treatment.



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This does not necessarily mean:

- treatment failed,
- reinfection occurred,
- a partner was unfaithful.

HPV may remain in surrounding skin after the visible wart has disappeared.

Over time, the immune system often gains better control.

Is There One Best Genital Wart Treatment?

No.

CDC states that no single recommended therapy is superior for every patient.

Treatment depends upon:

- number of warts,
- size,
- location,
- pregnancy,
- immune status,
- patient preference,
- cost,
- clinician experience.

Current Treatments for External Genital Warts

Recommended treatment options include both:

patient-applied treatments

and:

clinician-administered treatments.

Current CDC options include:

Patient-applied

- imiquimod,



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- podofilox/podophyllotoxin,
- sinecatechins.

Clinician-administered

- cryotherapy,
- surgical removal,
- electrosurgery,
- laser treatment,
- trichloroacetic acid or bichloroacetic acid.

India's updated 2024 NACO-aligned guidance similarly includes:

- cryotherapy,
- surgical removal,
- TCA/BCA,
- podophyllum preparations,
- imiquimod,
- podophyllotoxin,
- sinecatechins

according to clinical circumstances.

Imiquimod

Imiquimod is a topical:

immune-response modifier.

It stimulates local immune activity rather than directly burning the wart.

Possible adverse effects include:

- redness,
- irritation,
- erosion,
- burning,
- ulceration.



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CDC includes:

- 5%,
- 3.75%

preparations among patient-applied options.

It should be used only on lesions identified correctly by a healthcare professional.

Podofilox / Podophyllotoxin

Podofilox causes wart tissue destruction.

It is used in treatment cycles.

However:

podofilox is contraindicated during pregnancy.

Patients should not apply it over:

- large areas,
- normal skin,
- internal mucosa

without proper instruction.

Sinecatechins

Sinecatechins is a standardized botanical extract derived from:

green-tea catechins.

It is an evidence-based topical treatment included in international guidelines for selected external genital warts.

This is important because it shows that:

a plant-derived treatment can become part of modern medicine when formulation, dose, efficacy and safety are scientifically standardized.

However, it should not be confused with untested home herbal mixtures.

Cryotherapy

Cryotherapy uses:

liquid nitrogen

or an appropriate cryoprobe to freeze and destroy wart tissue.

It is one of the most commonly used treatments.

The wart tissue undergoes:

- freezing,
- cellular destruction,
- eventual healing.

Patients may experience:

- pain,
- blistering,
- temporary swelling.

Proper technique matters because excessive freezing can cause tissue damage.

Trichloroacetic Acid — TCA

TCA is a strong chemical acid applied directly to warts by an experienced clinician.

It causes controlled tissue destruction.

Because it can damage healthy surrounding tissue:

TCA should not be self-applied.

CDC includes TCA/BCA 80–90% among clinician-administered options.

Electrocautery and Surgical Removal

Large, numerous or resistant warts may be removed using:

- electrosurgery,
- curettage,
- surgical excision,
- laser.

These approaches can remove a large amount of wart tissue in a single visit.

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removing every visible wart does not guarantee that HPV has disappeared from surrounding skin.

Laser Treatment

Laser can be useful for:

- extensive,
- resistant,
- anatomically difficult lesions.

It should be carried out by trained clinicians with appropriate infection-control and smoke evacuation procedures.

Laser should not be viewed as a “permanent HPV cure.”

It removes lesions.

Should Patients Burn Warts at Home?

No.

Patients sometimes apply:

- strong acids,
- lime,
- garlic,
- caustic herbal preparations,
- wart-removal liquids intended for hands or feet.

Genital skin is delicate.

These treatments can cause:

- severe burns,
- ulcers,
- scarring,
- secondary infection.

Ordinary over-the-counter wart removers containing strong salicylic acid are generally **not designed for genital mucosa.**



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Cervical Warts Require Special Care

A visible wart on the cervix should not simply be treated like a wart on external skin.

CDC recommends specialist management and appropriate assessment to exclude:

high-grade squamous intraepithelial disease

before treatment of exophytic cervical warts.

Anal Warts

When warts occur:

- around,
- inside the anus,

specialist assessment may be needed.

Intra-anal disease may require:

- anoscopy,
 - colorectal expertise.
-

HPV and Cervical Cancer Screening

This is one of the most important preventive topics for women.

High-risk HPV infection of the cervix can cause cellular changes that gradually progress from:

- HPV infection,
- precancer,
- cancer.

The process usually takes many years.

WHO states that persistent HPV infection may take approximately:

15–20 years

to progress to cervical cancer in immunocompetent women, although progression can occur faster in immunocompromised patients.

This gives us an important opportunity:



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screening can identify disease before cancer develops.

Pap Smear and HPV Testing

Cervical screening may use:

- HPV testing,
- cytology/Pap smear,
- combinations of tests

depending upon:

- age,
- national guidelines,
- previous results.

WHO recommends high-performance cervical screening beginning around age 30 in the general population and earlier for women living with HIV.

National Indian screening protocols should be followed locally.

HPV Vaccination

Vaccination is one of the most powerful methods of preventing:

- HPV infection,
- genital warts,
- cervical cancer,
- other HPV-associated cancers.

Vaccination works best:

before exposure to HPV.

It prevents infection.

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

Does the HPV Vaccine Treat Existing Genital Warts?

No.



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This is very important.

The vaccine:

prevents future infection with vaccine-covered HPV types.

It does not remove:

- an existing wart,
- an existing HPV infection.

However, previous genital warts do not necessarily mean vaccination has no value because a patient may not have been exposed to every vaccine-covered HPV type.

CDC states that HPV vaccination can still be given to eligible people with a history of:

- genital warts,
- abnormal Pap results,
- HPV positivity.

Which Types Does Gardasil-4 Cover?

The quadrivalent vaccine protects against:

- HPV 6,
- HPV 11,
- HPV 16,
- HPV 18.

This means it covers:

The two HPV types responsible for more than 90% of genital warts

and:

two of the most important high-risk cancer-causing HPV types.

Which Types Does Gardasil-9 Cover?

The 9-valent vaccine covers:

- 6,
- 11,



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- 16,
- 18,
- 31,
- 33,
- 45,
- 52,
-

58.

It therefore provides protection against:

- major wart-causing types,
- a broader group of high-risk oncogenic types.

India's HPV Vaccination Programme — 2026 Update

India reached an important cervical-cancer-prevention milestone in 2026.

The Government of India launched a:

nationwide HPV vaccination programme on 28 February 2026.

The programme provides:

free, voluntary, single-dose Gardasil-4 vaccination to eligible 14-year-old girls

at designated government health facilities.

By **11 September 2026**, the Government reported that more than:

80 lakh HPV vaccine doses

had been administered nationally.

The same government update reported particularly strong coverage in several states, including Uttar Pradesh.

This represents a major public-health opportunity for the prevention of:

- cervical cancer,
- genital warts caused by vaccine-covered HPV types.



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WHO HPV Vaccination Guidance

WHO identifies girls aged:

9–14 years

as the primary vaccination target because vaccination is most effective before sexual exposure.

WHO permits a single-dose schedule for selected vaccine programmes in people aged 9–20 years and advises additional doses for immunocompromised individuals according to clinical circumstances and national schedules.

Vaccination programmes vary by country.

HPV Vaccination in Boys and Men

HPV affects men as well as women.

Vaccination can help prevent:

- genital warts,
- anal cancer,
- penile cancer,
- HPV-related oropharyngeal disease.

Some countries routinely vaccinate boys.

Adults who missed vaccination earlier may also be candidates depending upon:

- age,
- national policy,
- medical guidance.

CDC recommends catch-up vaccination through age 26 and shared clinical decision-making for selected previously unvaccinated adults aged 27–45.

Local Indian vaccine recommendations and product licensing should guide individual decisions.

HPV Vaccine and Fertility

A persistent internet myth claims:



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“HPV vaccination causes infertility.”

Current scientific evidence does not support this claim.

HPV vaccination is designed to prevent:

- persistent HPV,
- precancers,
- cancers.

Preventing cervical disease may actually help protect future reproductive health by reducing the need for invasive cervical treatment.

Vaccination During Pregnancy

HPV vaccination is not routinely recommended during pregnancy.

CDC advises delaying remaining vaccine doses until after pregnancy when pregnancy is recognized during the vaccine series.

However, accidental vaccination before discovering a pregnancy is not considered a reason for panic.

Genital Warts During Pregnancy

Pregnancy can sometimes cause genital warts to:

- enlarge,
- become more numerous,
- become more friable.

This is partly related to:

- hormonal changes,
- altered immunity.

Treatment may be considered, but response can sometimes be incomplete until after delivery.

Which Wart Medicines Should Be Avoided During Pregnancy?

CDC states that during pregnancy:



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- podofilox/podophyllotoxin should not be used;
- podophyllin should not be used;
- sinecatechins should not be used.

Imiquimod has limited pregnancy data and is generally avoided until more evidence is available.

Pregnant women should not self-medicate genital warts.

Does HPV Mean Cesarean Delivery Is Necessary?

Usually:

No.

Cesarean delivery is not recommended solely to prevent HPV transmission to the baby.

CDC notes that cesarean delivery may be considered when genital warts:

- obstruct the pelvic outlet,
- are likely to cause excessive bleeding during vaginal delivery.

Can HPV Pass to a Baby?

Perinatal transmission is possible but serious neonatal disease is rare.

HPV 6 and 11 are rarely associated with:

recurrent respiratory papillomatosis

in children.

Because this complication is rare and cesarean delivery has not been shown to reliably prevent transmission, cesarean delivery is not performed solely because the mother has genital HPV.

HPV and Female Fertility

This is an important question at Saira Health Care.

CDC's counselling guidance states directly:

having HPV itself does not generally make it harder for a woman to become pregnant or carry a pregnancy.



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However, HPV may affect fertility indirectly.

For example:

- high-risk HPV can cause cervical precancer or cancer;
- treatment of significant cervical precancer may involve procedures such as excision/conization;
- cervical or cancer surgery can influence future reproductive outcomes in selected women.

Therefore:

HPV infection itself and treatment of advanced HPV-related disease are not the same fertility issue.

Does HPV Block Fallopian Tubes?

HPV is not recognized as a typical cause of:

- tubal blockage,
- hydrosalpinx

in the way that pelvic inflammatory disease caused by:

- chlamydia,
- gonorrhea

can be.

If a woman with HPV is infertile, she still needs an ordinary infertility evaluation including:

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

Do not automatically blame HPV.

HPV and Male Fertility



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Research concerning HPV and male fertility is evolving.

A 2024 systematic review and meta-analysis involving **6,942 men across 25 studies** found lower sperm morphology in HPV-positive groups and reported evidence suggesting negative associations between HPV and some reproductive parameters.

A newer umbrella review published in 2026, synthesizing **16 systematic reviews and meta-analyses**, found HPV-positive semen was associated statistically with lower:

- progressive sperm motility,
- total motility,
- sperm count,
- viability,
- morphology.

These findings are scientifically important.

However:

association does not prove that HPV is the sole cause of infertility in an individual man.

Many semen abnormalities have multiple possible causes.

Should Every Infertile Man Be Tested for HPV?

No.

Routine semen HPV testing is not currently part of standard basic male-infertility evaluation.

The first-line male evaluation still includes:

- reproductive history,
- semen analysis,
- physical examination,
- hormonal or genetic testing when indicated.

HPV testing may be considered in research or selected specialist contexts, but it should not distract from established infertility evaluation.

HPV and Assisted Reproduction



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Research has investigated possible associations between HPV infection and:

- fertilization,
- embryo development,
- implantation,
- miscarriage.

A 2025 integrative review found evidence suggesting possible reproductive effects in both sexes, but study quality and findings remain variable.

Therefore, couples undergoing:

- IVF,
- ICSI

should not automatically be told that HPV makes treatment impossible.

Management remains individualized.

Should IVF Be Delayed Because of Genital Warts?

Not automatically.

If active genital warts are:

- extensive,
- infected,
- interfering with procedures,

treatment may be sensible before fertility treatment.

But visible external warts alone do not necessarily mean that IVF cannot proceed.

The reproductive team should decide based on:

- anatomy,
- cervical findings,
- fertility urgency,
- partner status.

Can Genital Warts Interfere With Sexual Intercourse?



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Yes.

Warts may cause:

- embarrassment,
- fear of transmission,
- discomfort,
- bleeding,
- sexual avoidance.

These can indirectly reduce the frequency of intercourse and therefore affect natural conception attempts.

This is especially relevant in my focused practice in:

Sexual Disorders & Infertility.

HPV and Erectile Dysfunction

HPV does not usually directly damage the physiological mechanisms responsible for erection.

However, a man diagnosed with genital warts may develop:

- anxiety,
- shame,
- fear of infecting his partner,
- performance anxiety.

This can contribute to situational erectile difficulty.

Treating the psychological and relationship impact can therefore be an important part of sexual-health care.

HPV and Painful Intercourse

Large vulvar or vaginal warts can produce:

- discomfort,
- friction,
- bleeding.



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Women can also develop anxiety and pelvic-floor guarding after a genital-wart diagnosis.

If painful intercourse persists after warts have healed, other causes such as:

- vulvodynia,
- pelvic-floor dysfunction,
- vaginal infection

should also be considered.

Can Condoms Prevent HPV?

Condoms reduce the risk.

But they do not provide complete protection because HPV can infect genital skin that a condom does not cover.

WHO and CDC both recommend condom use while emphasizing this limitation.

Therefore:

condom use lowers risk—it does not create zero risk.

Should Couples Avoid Sex Until All Warts Disappear?

During active wart treatment, sexual contact may:

- irritate lesions,
- increase discomfort,
- expose the partner.

It is generally sensible to avoid direct sexual contact with visible lesions during treatment.

Even after warts disappear, however, HPV may remain temporarily present in nearby skin.

There is no clinical test that tells a couple:

“today transmission risk became exactly zero.”

Should Partners Separate After an HPV Diagnosis?

No.

HPV infection does not mean a relationship must end.

Couples often already share the virus before visible warts appear.

The practical approach is:

- honest communication,
- treatment of visible disease,
- appropriate vaccination,
- cervical screening,
- safer-sex counselling.

The Unani Perspective on HPV and Genital Warts

As a physician trained in **Unani medicine** and focused on **Sexual Disorders & Infertility**, I consider genital warts not only as visible skin growths but also as a condition affecting:

- physical comfort,
- sexual confidence,
- emotional health,
- married relationships,
- reproductive planning.

Classical Unani medicine contains descriptions of:

- warty skin growths,
- papular lesions,
- abnormal tissue overgrowth

within its traditional dermatological framework.

Traditional management may use concepts such as:

- **Mizaj** or constitutional assessment,
- Islah-e-Ghiza or dietary correction,
- general health optimization,
- carefully selected topical or systemic therapies.



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These historical approaches can contribute to the broader clinical understanding of the patient.

However, modern HPV biology gives us information that classical medicine did not have:

genital warts are caused by specific human papillomaviruses.

Therefore, modern viral knowledge must form part of responsible integrative treatment.

How Unani Medicine May Be Useful

Individualized Unani treatment may be useful as:

supportive integrative care.

Depending upon the individual patient, the objectives may include:

- improving general health,
- nutritional wellbeing,
- digestive health,
- sleep,
- reducing psychological stress,
- supporting recovery after local wart treatment,
- improving sexual wellbeing.

This can be meaningful because recurrent or visible genital warts can create substantial:

- anxiety,
 - shame,
 - sexual avoidance.
-

Direct Evidence for Unani Treatment of Genital HPV Is Limited

This needs to be stated honestly.

There are published Unani case reports describing improvement of:

ordinary cutaneous warts.



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For example, reports from investigators associated with Unani research institutions in India have described improvement in individual patients with common skin warts following Unani treatment.

However:

these reports were not high-quality randomized trials of genital HPV infection.

They do not prove:

- eradication of genital HPV,
- prevention of HPV-related cancer,
- prevention of transmission,
- superiority over established genital-wart therapies.

Therefore, ordinary wart case reports should not be presented as proof of a cure for sexually transmitted genital HPV.

Why Common Warts and Genital Warts Are Not Exactly the Same Problem

Common warts on:

- hands,
- feet,
- face

are also caused by papillomaviruses.

But they frequently involve different HPV types and different anatomical environments.

Therefore, a treatment reported for:

a hand wart

cannot automatically be assumed to be:

safe and effective on genital mucosa.

This is particularly important because genital skin is much more sensitive.

Can Unani Medicine Permanently Remove HPV From the Body?

At present:



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there is insufficient high-quality evidence showing that Unani medicine can reliably eradicate HPV infection from the body.

WHO states that there is currently **no treatment that directly eliminates HPV infection itself**; treatment is directed toward:

- warts,
- precancer,
- cancer.

This limitation is not unique to Unani medicine.

Modern conventional medicine also does not currently have a drug that reliably eradicates latent or subclinical HPV from every infected cell.

Can Unani Medicine Be Used Alongside Wart Treatment?

Potentially, when:

- clinically appropriate,
- safe,
- coordinated with medical care.

For example, supportive treatment may focus on:

- general health,
- digestion,
- nutrition,
- sleep,
- stress.

But active genital lesions may still require:

- cryotherapy,
- TCA,
- imiquimod,
- surgical treatment

depending upon location and severity.



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Avoid Strong Unani or Herbal Caustics on Genital Skin Without Supervision

Traditional and home wart remedies can be strongly:

- irritant,
- corrosive.

Genital skin and mucosa can be easily damaged.

Patients should not self-apply concentrated:

- acids,
- herbal extracts,
- alkalis,
- corrosive oils

to genital tissue.

Improper treatment can lead to:

- chemical burns,
- ulceration,
- secondary infection,
- scarring,
- sexual pain.

Any topical treatment used on genital lesions should have a clear safety rationale.

Unani Care Should Not Replace Cervical Screening

A woman with:

- high-risk HPV,
- abnormal cervical cytology

must receive appropriate:

- gynecological assessment,
- colposcopy,
- biopsy,
- precancer treatment



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where indicated.

Herbal or Unani treatment should never be used to delay investigation of a potential cervical precancer.

Cervical cancer is highly preventable when:

- vaccination,
- screening,
- treatment of precancer

are used appropriately.

Special Treatment Planning by Dr. Nizamuddin Qasmi

When a patient visits me for genital warts, I do not begin by simply saying:

“Apply this medicine.”

I first determine:

Are these lesions actually genital warts?

Where are they located?

How many lesions are present?

Are they external, anal, vaginal or cervical?

Are they typical or suspicious?

Is the patient immunocompromised?

Are they pregnant?

Have warts returned after previous treatment?

Is the partner affected?

Has HPV vaccination been completed?

Is cervical screening due?

Is pregnancy being planned?

Is infertility also present?

These questions determine the treatment strategy.



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What “Special Treatment” Means at Saira Health Care

Specialized treatment does not mean one proprietary medicine for every patient.

Different clinical situations require different management.

Patient One — A Few Small External Warts

A young patient has:

- two or three typical external warts,
- no pregnancy,
- no immunosuppression.

Options may include:

- patient-applied treatment,
- cryotherapy,
- TCA

depending upon location and preference.

Patient Two — Multiple Large Warts

A patient has extensive cauliflower-like growths.

Repeated home treatment may be inefficient.

Provider-administered:

- cryotherapy,
- electrosurgery,
- laser,
- surgical removal

may provide more effective lesion reduction.

Patient Three — Wart-Like Lesion That Is Dark and Bleeding

This should not simply be burned.

Because it is:



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- atypical,
- bleeding,

biopsy may be necessary to rule out:

- precancer,
- malignancy,
- another diagnosis.

Patient Four — Warts During Pregnancy

Some standard wart medicines are unsafe or inadequately studied during pregnancy.

Treatment must therefore be chosen carefully.

Podofilox, podophyllin and sinecatechins should not be used during pregnancy.

Patient Five — Warts Plus Infertility

I do not assume:

“HPV is the cause of your infertility.”

The couple still requires assessment of:

- female age,
- ovulation,
- ovarian reserve when indicated,
- fallopian tubes,
- uterus,
- male semen parameters.

HPV itself usually does not prevent a woman from becoming pregnant.

Patient Six — Husband With Abnormal Semen and HPV History

This requires a complete male infertility assessment.

Recent evidence suggests semen HPV may correlate with poorer sperm quality in some populations, but it is not sufficient to explain every semen abnormality.



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I would investigate:

- concentration,
- motility,
- morphology,
- hormonal or other male factors

rather than attributing everything to HPV.

Patient Seven — Positive High-Risk HPV Without Warts

This is not primarily a wart-management problem.

The priority is:

cervical cancer prevention.

Management depends on:

- age,
 - HPV genotype,
 - cervical cytology,
 - previous results,
 - national screening guidance.
-

Patient Eight — Genital Warts After Vaccination

Vaccination greatly reduces risk but does not protect against every HPV type.

Also, if exposure occurred before vaccination, the vaccine does not cure an established infection.

Therefore, warts after vaccination do not automatically mean:

“the vaccine failed completely.”

Patient Nine — Married Couple Concerned About Transmission

Partners frequently share HPV before diagnosis.

Routine HPV testing of the unaffected partner is generally not useful.



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The plan may include:

- examination if lesions appear,
- appropriate vaccine counselling,
- condoms,
- women's cervical screening.

Saira Health Care's Contribution to Sexual Disorders & Infertility

At **Saira Health Care**, I approach HPV and genital warts from the perspective of:
complete sexual and reproductive health.

The visible wart may be only one part of the patient's problem.

A patient may also be dealing with:

- erectile anxiety,
- fear of sexual contact,
- reduced libido,
- marital stress,
- painful intercourse,
- fear of infertility,
- fear of cancer,
- pregnancy planning.

Because my clinical practice has a focused emphasis on:

Sexual Disorders & Infertility,

these concerns deserve separate attention.

Treating the wart while leaving the patient frightened to have sex again is incomplete care.

HPV and Psychological Health

Many patients experience significant emotional distress after diagnosis.

Common fears include:



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“Everyone will know.”

“My spouse will reject me.”

“I have cancer.”

“I will never be able to have children.”

Correct counselling can eliminate much of this distress.

The facts are:

- HPV is extremely common;
 - genital warts are usually caused by low-risk HPV;
 - most HPV infections are controlled naturally;
 - women with HPV can usually conceive normally;
 - warts can be treated;
 - vaccination can prevent many future HPV-related diseases.
-

Can Genital Warts Be Prevented From Returning?

No strategy can guarantee zero recurrence.

However, good management includes:

- treating visible lesions appropriately,
- smoking cessation,
- optimizing general health,
- HPV vaccination when appropriate,
- follow-up when lesions return.

Recurrence often becomes less frequent as immune control develops.

Does Shaving Spread Genital Warts?

Repeated shaving over active lesions may:

- irritate the skin,
- create microtrauma,
- potentially mechanically spread wart material locally.



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It is sensible to avoid shaving directly across active warts.

Use careful grooming methods until treatment is completed.

Can I Remove a Wart Myself?

Do not:

- cut,
- pull,
- tie,
- burn

a genital wart yourself.

This can cause:

- bleeding,
- infection,
- scarring.

More importantly, the lesion might not actually be a wart.

What Patients Should Avoid

I advise patients to avoid:

- diagnosing every genital bump as HPV;
- applying ordinary hand-wart acid to genital tissue;
- attempting surgical removal at home;
- believing genital warts automatically mean cancer;
- believing HPV proves recent infidelity;
- requesting repeated HPV DNA tests to check whether a wart is “gone”;
- stopping cervical screening after vaccination;
- relying solely on herbal therapy for suspicious cervical lesions;
- delaying biopsy of atypical lesions;
- assuming HPV is automatically the cause of infertility.



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Frequently Asked Questions

What is HPV?

HPV is a family of more than 200 human papillomaviruses that can infect skin and mucosal tissues.

Is HPV common?

Extremely common.

Almost all sexually active people are exposed to HPV at some stage, often without symptoms.

Does everyone with HPV develop genital warts?

No.

Most HPV infections produce no symptoms.

Which HPV types cause genital warts?

More than 90% of genital warts are associated with:

- HPV 6,
- HPV 11.

Are HPV 6 and 11 cancer-causing?

They are considered low-risk types and are not responsible for most HPV cancers.

Which HPV types cause most cervical cancers?

High-risk types are responsible, particularly HPV 16 and 18 along with several additional oncogenic types.

Do genital warts mean cancer?

Usually no.



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Typical genital warts are generally caused by low-risk HPV.

Can genital warts become cancer?

Typical HPV 6/11 warts are not considered precancerous.

However, an atypical lesion may require biopsy because another disease can resemble a wart.

How does HPV spread?

Through:

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

Can HPV spread without penetration?

Yes.

Can HPV spread when no wart is visible?

Yes.

Does HPV prove my partner was unfaithful?

No.

HPV may remain asymptomatic for a long time, and it is usually impossible to determine who transmitted the infection originally.

How long does HPV stay in the body?

Most infections become controlled or undetectable naturally within approximately one to two years.

Some persist.

Can HPV be permanently cured with medicine?

There is currently no treatment that reliably eradicates HPV infection itself.

Treatment is available for:

- genital warts,
 - precancers,
 - cancer.
-

Can genital warts disappear naturally?

Yes.

They may:

- disappear,
 - remain unchanged,
 - increase in number.
-

If my wart disappears, is HPV definitely gone?

Not necessarily.

Visible lesion clearance and complete viral clearance are not the same.

Why do genital warts return?

HPV may remain in surrounding tissue after visible warts are removed.

How are genital warts diagnosed?

Usually through clinical examination.

When is biopsy needed?

Biopsy may be considered when lesions are:

- pigmented,
- indurated,
- fixed,
- bleeding,
- ulcerated,

or when diagnosis is uncertain or treatment fails.

Do I need an HPV DNA test for genital warts?

Usually no.

CDC does not recommend HPV testing to diagnose visible genital warts.

Can men be routinely tested for HPV?

There is no routine general HPV screening test recommended for men.

Should my partner have an HPV test?

Routine HPV testing of partners of people with genital warts is not recommended.

Partners can seek examination if lesions develop and may benefit from appropriate STI screening.

What treatments are available for genital warts?

Options include:

- imiquimod,
- podofilox,
- sinecatechins,
- cryotherapy,
- TCA/BCA,
- electrosurgery,
- surgical removal,



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- laser.

Which is the best treatment?

There is no one best treatment for every patient.

Choice depends upon wart:

- size,
- number,
- site,

and patient factors.

Is cryotherapy effective?

It is an established provider-administered treatment and is commonly used for genital warts.

Is laser a permanent cure?

No.

Laser can remove warts but does not guarantee complete HPV eradication.

Can I use salicylic-acid wart remover on genital warts?

Ordinary over-the-counter products for hand and foot warts should not be applied to genital mucosa unless specifically prescribed for that purpose.

What is imiquimod?

It is an immune-response-modifying cream used for selected external genital warts.

What is sinecatechins?

It is a standardized green-tea-derived topical treatment included in genital-wart treatment guidelines.



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Can genital warts occur in pregnancy?

Yes.

They may enlarge or become more friable during pregnancy.

Can podophyllotoxin be used in pregnancy?

No.

Podofilox/podophyllotoxin is contraindicated during pregnancy.

Does HPV require cesarean delivery?

Usually no.

Cesarean delivery is not recommended solely to prevent HPV transmission.

It may be required if large warts:

- obstruct delivery,
 - may cause excessive bleeding.
-

Can HPV pass to a baby?

Transmission is possible, but serious childhood disease is rare.

Can women with HPV become pregnant?

Yes.

CDC states that HPV itself generally does not make it harder for a woman to become pregnant or carry pregnancy.

Does HPV block fallopian tubes?

HPV is not recognized as a typical cause of tubal blockage.

Can cervical precancer treatment affect fertility?

Some treatment procedures involving the cervix can affect:



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- cervical anatomy,
- pregnancy outcomes

in selected women.

This is different from saying HPV infection itself causes infertility.

Can HPV affect male sperm?

Recent systematic reviews and meta-analyses report associations between HPV-positive semen and poorer:

- count,
- motility,
- morphology,
- viability

in some populations.

This does not prove HPV is the sole cause of an individual man's infertility.

Should every infertile man undergo HPV testing?

No.

It is not part of routine first-line male infertility testing.

Can someone with HPV have IVF?

Yes.

HPV itself does not automatically prevent:

- IVF,
- ICSI.

Management should be individualized.

Does the HPV vaccine cure an existing infection?

No.



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The vaccine prevents new vaccine-type infections but does not treat established HPV.

Can someone who already had genital warts still receive HPV vaccination?

Potentially yes when otherwise eligible.

A previous wart does not mean exposure to every vaccine HPV type.

Does HPV vaccination prevent genital warts?

Vaccines containing HPV 6 and 11 coverage substantially reduce genital warts caused by those types.

What is India's current HPV programme?

India launched a nationwide programme on **28 February 2026** offering free voluntary single-dose Gardasil-4 vaccination to eligible 14-year-old girls through government health facilities.

Is the HPV vaccine available free in India?

Under the 2026 national campaign, eligible 14-year-old girls can receive it free at designated government facilities.

How successful has India's programme been?

By **11 September 2026**, the Government reported over **80 lakh doses administered nationally**.

Should vaccinated women still undergo cervical screening?

Yes.

Vaccination does not cover every possible oncogenic HPV type and does not treat infection acquired before vaccination.

WHO recommends continuing appropriate cervical screening.

Can condoms prevent HPV completely?

No.

They reduce risk but cannot cover all potentially infected genital skin.

Does smoking worsen HPV?

Smoking is associated with persistence and progression of HPV-related cervical disease.

Stopping smoking is strongly advisable.

Is HPV related to HIV?

HPV is not HIV.

However, immunosuppression from HIV makes HPV more likely to:

- persist,
- recur,
- progress.

Women living with HIV have substantially greater cervical-cancer risk.

Can HPV cause oral or throat cancer?

Certain high-risk HPV types are linked to:

- oropharyngeal cancer.

The common genital-wart types are different from the types responsible for most cancers.

Can Unani medicine cure genital warts?

Unani care may be used supportively, and limited case reports describe improvement in ordinary cutaneous warts.

However, high-quality evidence specifically proving cure of genital HPV infection through Unani treatment is currently insufficient.

Can Unani medicine permanently clear HPV?

There is currently insufficient evidence to claim that any Unani formulation reliably eradicates genital HPV from the body.

Is Unani medicine useful at all?

Yes, when used responsibly as:

supportive integrative care.

Depending upon the patient's needs, Unani care may contribute to:

- nutritional wellbeing,
 - digestion,
 - sleep,
 - stress management,
 - general health,
 - sexual confidence,
 - recovery after local treatment.
-

Can I apply a strong herbal wart medicine myself?

This is not advisable on genital skin.

Some caustic herbal or chemical products can cause:

- severe burns,
 - ulceration,
 - scarring.
-

Can Unani treatment replace biopsy of a suspicious lesion?

No.

A lesion that is:

- pigmented,
- fixed,
- ulcerated,



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- bleeding,
- treatment-resistant

may require biopsy and appropriate specialist assessment.

Can Unani treatment replace cervical cancer screening?

No.

Women need appropriate evidence-based cervical screening regardless of complementary treatment.

A Message From Dr. Nizamuddin Qasmi

When a patient asks:

“Doctor, I have HPV. Is my life ruined?”

my answer is:

No.

HPV is common.

Most infections are controlled by the immune system.

If you have genital warts:

- the warts can be treated.

If you have high-risk cervical HPV:

- regular screening can identify precancer before cancer develops.

If you are eligible for vaccination:

- vaccination can reduce future HPV-related disease.

If you are concerned about marriage:

- HPV does not prevent marriage.

If you are concerned about fertility:

- HPV usually does not prevent natural conception in women.

If a man's semen is abnormal:

- we investigate his fertility completely rather than blaming HPV alone.



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The patient needs:

accurate information—not fear.

What I Tell Patients With Genital Warts

I explain:

“The wart is treatable, but wart removal and HPV eradication are not the same thing.”

We select the treatment according to:

- wart location,
- number,
- pregnancy,
- immune health,
- patient preference.

Then we discuss:

- recurrence,
 - partner counselling,
 - vaccination,
 - cervical screening where relevant.
-

What I Tell Women With High-Risk HPV

I explain:

“High-risk HPV does not mean that you have cervical cancer.”

Most HPV infections disappear without causing cancer.

The important issue is:

persistence.

Regular cervical screening allows us to identify abnormal cells before they become invasive cancer.

This is one of the great successes of preventive medicine.



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What I Tell Couples Concerned About Infertility

If a couple has been trying for pregnancy without success, I do not accept:

“HPV is the cause”

without investigation.

I assess:

In the woman

- age,
- ovulation,
- ovarian reserve when indicated,
- uterus,
- fallopian tubes.

In the man

- semen concentration,
- motility,
- morphology,
- reproductive history.

This is particularly important because infertility is frequently:

multifactorial.

What I Tell Men With Warts and Abnormal Semen

Research increasingly suggests a relationship between semen HPV and poorer sperm parameters.

But that evidence should be used intelligently.

I still investigate other common causes such as:

- varicocele,
- hormonal abnormalities,
- smoking,
- obesity,



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- heat exposure,
- previous infection,
- genetic causes where indicated.

One positive HPV result should not become a shortcut that ends the male infertility evaluation.

What I Tell Pregnant Women

If you develop genital warts during pregnancy:

do not panic and do not self-medicate.

Some wart medicines are unsuitable during pregnancy.

Your obstetrician can select safer treatment if removal is necessary.

Most women with genital warts do not require cesarean delivery solely because of HPV.

What I Tell Parents About HPV Vaccination

Vaccination is most effective:

before sexual exposure.

This is precisely why adolescent vaccination is important.

The purpose is not to comment on a child's future behaviour.

The purpose is to provide immunity **before the virus is encountered.**

India's 2026 national vaccination initiative for 14-year-old girls represents an important opportunity to prevent:

- genital warts,
 - future cervical cancer.
-

My Clinical Philosophy at Saira Health Care

My approach can be summarized as:

Diagnose correctly → distinguish low-risk wart HPV from high-risk oncogenic HPV → treat visible warts appropriately → screen the cervix when indicated → vaccinate



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eligible patients → counsel partners → assess fertility independently → integrate safe supportive Unani care without false claims of viral eradication.

This matters particularly in a clinic focused on:

Sexual Disorders & Infertility.

The patient needs more than wart removal.

They may need help returning to:

- normal intimacy,
- confidence,
- marriage planning,
- fertility planning.

Current Medical Understanding — 2026 Update

1. HPV is one of the world's most common sexually transmitted infections

Most sexually active people are exposed during their lifetime.

2. Most HPV infections resolve naturally

The immune system controls approximately 90% of infections without long-term illness.

3. Genital warts and HPV cancers are usually caused by different viral types

HPV 6 and 11 cause more than 90% of genital warts, while high-risk types such as HPV 16 and 18 are major cancer-associated types.

4. There is no medication that routinely eradicates HPV itself

Treatment targets:

- visible warts,
- precancers,
- cancer.

5. Genital warts have several effective treatments

Current options include:

- imiquimod,
- podofilox,
- sinecatechins,



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- cryotherapy,
- TCA/BCA,
- electrosurgery,
- surgical or laser removal.

6. HPV tests should not be used to diagnose ordinary genital warts

Diagnosis is usually clinical; biopsy is reserved for selected suspicious or resistant lesions.

7. HPV vaccination is central to prevention

Vaccination prevents new vaccine-type infections but does not cure an established infection.

8. India now has a nationwide HPV vaccination programme

The programme began on **28 February 2026** for eligible 14-year-old girls, using free single-dose Gardasil-4 through government facilities.

9. Cervical screening remains necessary after vaccination

Vaccination and screening work together to prevent cervical cancer.

10. The HPV–fertility relationship requires nuance

HPV itself does not generally prevent a woman from becoming pregnant. Newer evidence suggests semen HPV may be associated with poorer sperm parameters, but this does not prove causation in an individual infertile man.

Conclusion

Human Papillomavirus—HPV—is an extremely common viral infection affecting the skin and mucosal surfaces of the genital, anal and oral regions.

It is important to understand that HPV is:

not one virus and not one disease.

Some HPV types cause:

benign genital warts.

Other persistent high-risk types can cause:

precancer and cancer.

More than 90% of genital warts are caused by:



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HPV 6 and HPV 11,

which are low-risk types.

The principal high-risk types—including HPV 16 and 18—are linked to cancers of the:

- cervix,
- anus,
- penis,
- vulva,
- vagina,
- oropharynx.

Most HPV infections cause no symptoms and are naturally controlled by the immune system.

WHO states that approximately 90% of infections resolve or become controlled without causing long-term disease.

When genital warts develop, they can be treated through methods including:

- cryotherapy,
- imiquimod,
- podofilox,
- sinecatechins,
- TCA,
- surgery,
- electrocautery,
- laser.

However:

wart removal does not guarantee immediate HPV eradication.

This is why recurrence can occur.

Suspicious lesions should never simply be burned or treated repeatedly.

A wart-like growth that is:

- dark,
- indurated,



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- fixed,
- ulcerated,
- bleeding,
- resistant to treatment

may require:

biopsy.

HPV vaccination is one of the most powerful preventive measures now available.

India launched its nationwide HPV vaccination programme on:

28 February 2026,

providing voluntary free single-dose Gardasil-4 vaccination to eligible 14-year-old girls through government facilities.

By September 2026, the programme had administered more than:

80 lakh doses nationally.

This vaccine protects against:

- HPV 6,
- HPV 11,
- HPV 16,
- HPV 18,

thereby addressing major causes of both:

genital warts

and:

cervical cancer.

Regarding fertility, patients deserve reassurance.

HPV infection itself generally does not prevent a woman from becoming pregnant.

CDC specifically states that HPV does not ordinarily make pregnancy harder, although significant HPV-related precancer, cancer or procedures required to treat those conditions can affect reproductive outcomes.

In men, recent research suggests semen HPV may be associated with poorer:

- sperm count,



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- motility,
- morphology,
- viability.

A 2026 umbrella review found statistically significant reductions in several semen parameters among HPV-positive groups.

However:

this association should not be interpreted as proof that HPV is the cause of infertility in every affected man.

A complete male infertility evaluation remains essential.

From the **Unani perspective**, individualized supportive care may contribute to:

- nutritional wellbeing,
- digestive health,
- sleep,
- stress management,
- sexual confidence,
- general health.

Limited case reports describe successful treatment of ordinary cutaneous warts with Unani approaches, but these do not constitute proof of eradication of sexually transmitted genital HPV.

Therefore:

Unani treatment should be integrated responsibly rather than promoted as a guaranteed permanent HPV cure.

At **Saira Health Care**, my approach is:

confirm the diagnosis, distinguish benign warts from suspicious lesions, treat visible warts appropriately, assess high-risk HPV and cervical health where indicated, encourage vaccination, counsel partners, evaluate infertility independently, address sexual-health concerns, and integrate safe individualized Unani supportive care without delaying proven medical treatment.

The most important message I want patients to remember is:

HPV is common, genital warts are treatable, and a diagnosis does not mean cancer, infertility or the end of a normal sexual life.



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At the same time:

persistent high-risk HPV should never be ignored.

Through:

- vaccination,
- cervical screening,
- timely treatment of precancer

many HPV-related cancers can now be prevented.

About the Author

Dr. Nizamuddin Qasmi

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

Qualifications & 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

Dr. Nizamuddin Qasmi is a well-qualified physician whose clinical practice at **Saira Health Care** has a focused emphasis on:

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

His approach to HPV and genital warts emphasizes that successful care involves more than simply destroying a visible lesion.

Depending upon the individual patient, assessment may include:

- detailed sexual and reproductive history,
- clinical examination of genital lesions,



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- differentiation of warts from other benign or suspicious lesions,
- biopsy referral where required,
- evaluation of additional sexually transmitted infections where indicated,
- cervical screening and gynecological referral where appropriate,
- HPV vaccination counselling,
- pregnancy counselling,
- male and female infertility evaluation where conception is difficult,
- sexual-function and relationship counselling.

Where clinically appropriate, individualized Unani principles may be incorporated to support:

- nutrition,
- digestion,
- sleep,
- stress management,
- general health,
- sexual wellbeing

without replacing appropriate wart treatment, cervical screening or cancer-prevention care.

Medical Disclaimer

This article is intended for public health education and general awareness. It does not establish an individual diagnosis or replace examination by an appropriately qualified physician, dermatologist, gynecologist, urologist, sexual-health specialist or other healthcare professional.

Not every genital bump is an HPV wart.

Patients should seek clinical examination before using:

- caustic chemicals,
- ordinary wart removers,
- herbal acids,



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- self-cautery,
- home surgical methods

on genital skin.

Visible genital warts usually do not require HPV DNA testing.

Atypical lesions—particularly those that are:

- pigmented,
- hard,
- fixed,
- bleeding,
- ulcerated,
- treatment-resistant

may require biopsy.

HPV vaccination prevents new vaccine-covered infections but does not cure an existing wart or established HPV infection.

Vaccinated women should continue cervical-cancer screening according to applicable national recommendations.

Pregnant women should not self-treat genital warts. Several common wart medicines are contraindicated or inadequately studied during pregnancy.

There is currently insufficient high-quality evidence that Unani or herbal medicines can reliably eradicate genital HPV infection from the body. Supportive Unani care may be incorporated where clinically appropriate but should not delay:

- biopsy of suspicious lesions,
- cervical screening,
- treatment of cervical precancer,
- established genital-wart therapy.

Patients experiencing infertility should undergo a complete couple-based reproductive evaluation rather than assuming HPV is the sole cause.



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