Five Dangerous Myths About Sexually Transmitted Infections That Can Harm Sexual Health

An Evidence-Based and Unani Perspective on STI Prevention, Diagnosis, Fertility and Responsible Integrative Care

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Introduction

In my clinical work in sexual disorders and infertility, I have noticed that sexually transmitted infections are often made more dangerous not only by the microorganism itself, but also by **misinformation**. A patient may delay testing because there is no discharge. Another may believe oral sexual contact cannot transmit infection. Some men assume that good erections, physical strength or the use of sexual tonics somehow protects them from sexually transmitted diseases. Others believe that a “blood-purifying” medicine can remove HIV or herpes from the body.

These ideas may sound harmless, but they can delay diagnosis, allow infection to spread between partners and, in some circumstances, contribute to infertility or serious long-term disease.

Sexually transmitted infections, commonly abbreviated as **STIs**, remain a major global health problem. The World Health Organization estimates that more than **one million curable STIs are acquired every day among people aged 15–49 years**, with most infections producing no obvious symptoms. In 2020, an estimated 374 million new infections occurred with chlamydia, gonorrhoea, syphilis or trichomoniasis alone.

The background research prepared for this article identifies five particularly harmful misconceptions: believing that infection must be visible, believing that oral or anal sexual contact is risk-free, confusing sexual potency with immunity, believing that “blood purification” can eradicate viruses, and assuming that anything described as natural must automatically be safe.

My purpose in this article is not to reject the Unani system of medicine. I am myself trained in Unani medicine. Rather, I want patients to understand the difference between **qualified Unani practice and unsupported claims made in the name of traditional medicine**. Responsible Unani care can contribute meaningfully to health education, individualized lifestyle guidance, nutrition, convalescence and selected supportive symptoms. However, modern laboratory diagnosis and proven antimicrobial or antiviral treatment remain indispensable whenever an infection requires them.

Why STI Myths Are Particularly Dangerous

Many diseases cause obvious symptoms that immediately encourage a patient to seek medical care. STIs are different.

A person may feel healthy, remain sexually active and unknowingly transmit an infection. This is why visual appearance and self-assessment are unreliable.

WHO specifically notes that the majority of common STIs may be asymptomatic. Untreated infections can contribute to infertility, pregnancy complications, neurological and cardiovascular disease, cancers and an increased risk of HIV acquisition.

The problem is therefore not simply misinformation in theory. A wrong belief can change a person's behaviour. It can determine whether they use protection, obtain a laboratory test, inform a partner, complete treatment or continue taking an inappropriate remedy while an infection progresses.

For this reason, sexual-health education should correct myths without humiliating the patient. My approach is always to understand **why someone believes something and then replace that belief with an explanation that is medically accurate and easy to understand.**

Myth 1: “I Would Know If I Had an STI”

This is probably the most common misconception I hear.

People frequently tell me:

“Doctor, I have no discharge, pain or sore, so how could I have an infection?”

Unfortunately, sexually transmitted infections do not always produce visible symptoms.

Chlamydia is a classic example. CDC explains that chlamydia often causes no symptoms, yet it can still damage the female reproductive system and increase the risk of infertility and ectopic pregnancy.

Gonorrhoea can also remain silent. CDC notes that many women with gonorrhoea have no symptoms, and even symptomatic infection may resemble an ordinary urinary or vaginal problem.

Syphilis can become even more deceptive. Its initial sore may be painless or located somewhere that is not easily visible. Symptoms may later disappear while the infection remains inside the body.

The supplied research correctly identifies this misconception as a **"visual diagnostic fallacy"**: the belief that looking healthy proves that a person is infection-free.

Why Testing Matters More Than Appearance

Modern laboratory medicine allows us to detect infection even when the patient has no symptoms.

Depending on the suspected infection, testing may involve blood, urine, vaginal samples or swabs from the throat or rectum. CDC's March 2026 testing guidance specifically emphasizes that testing needs depend on a person's age, sexual history, sexual practices and symptoms, and that people with oral or anal exposure should discuss throat and rectal testing with their clinician.

Therefore:

No symptoms does not mean no infection.
A healthy appearance is not an STI test.

This is one area where contemporary Unani practitioners must make full use of modern diagnostic methods. Classical assessment of *Nabz*, *Baul*, *Mizaj* or visible *Alamat* may contribute to traditional constitutional assessment, but these methods cannot identify an asymptomatic *Chlamydia trachomatis* infection or measure an HIV viral load.

A qualified Unani physician should recognize this limitation rather than give false reassurance.

Myth 2: "Oral or Anal Sex Does Not Transmit STIs"

Another misconception is that only vaginal intercourse counts as "real sex" from an infection point of view.

Microorganisms do not make that distinction.

The mouth, throat, genital tract and rectum all contain tissues through which particular infections may be transmitted.

CDC states that oral sexual contact can transmit STIs to the mouth or throat and can transmit infection from an infected mouth or throat to the genital area. Gonorrhoea, syphilis and

other infections can spread this way, and a person can simultaneously have infection at more than one anatomical site.

This has an important practical consequence.

A patient may have a normal urine test yet still have an infection in the throat if appropriate throat testing was never performed.

What About Anal Sexual Contact?

Anal intercourse is an important route of transmission for several infections, particularly HIV when exposure occurs without appropriate protection.

WHO identifies condomless vaginal or anal intercourse as an important HIV risk factor.

Genital herpes, HPV, gonorrhoea, chlamydia and syphilis can also involve rectal or perianal sites depending on exposure.

The background material supplied for this article highlights how defining "sex" only as vaginal intercourse creates a blind spot in sexual-health education.

A physician must therefore ask about relevant exposure in a confidential and non-judgmental manner. If patients feel ashamed to disclose oral or anal exposure, the wrong anatomical site may be tested and an infection may be missed.

Myth 3: "If My Sexual Power Is Strong, My Immunity Must Also Be Strong"

This is particularly common among men.

Sexual potency and resistance to sexually transmitted infection are **completely different biological matters**.

A strong erection does not prevent gonorrhoea. High libido does not prevent HIV. Long sexual duration does not prevent syphilis. The appearance or thickness of semen does not create immunity against herpes.

The supplied research describes this as the **"vitality equals immunity" fallacy**, in which sexual potency, *Quwwat-e-Bah* or perceived physical strength becomes incorrectly associated with protection against infection.

From the Unani perspective, concepts of strength, constitution and *Quwwat* have legitimate historical significance in assessing general wellbeing. However, they should not be confused with immunity to a specific infectious organism.

Modern infectious immunity depends on complex mechanisms involving immune cells, antibodies, mucosal defences and pathogen-specific responses—not erectile performance.

Sexual Tonics Do Not Prevent STIs

A medicine intended to support sexual function is not a substitute for condoms, vaccination, testing or other evidence-based preventive strategies.

This distinction is especially important for patients who routinely use sexual-enhancement products.

A patient may feel more energetic or experience improved sexual performance after taking a product, but that improvement provides **no evidence whatsoever that the person is protected from infection**.

Sexual performance and infection status must always be treated as separate medical questions.

Myth 4: "A Blood Purifier Can Remove HIV or Herpes"

This misconception requires particular caution because it can become life-threatening when it causes a patient to abandon effective treatment.

Traditional Unani medicine contains the concept of **Musaffi-e-Dam**, commonly translated as medicines used in the traditional framework of blood purification. Historical Unani theory relates many disorders to disturbances of *Dam* and other humours and uses appropriate medicines as part of constitutional treatment.

However, describing this traditional concept as proof that a medicine can physically "flush a virus out of the blood" is scientifically incorrect.

The supplied source itself highlights the danger of extending the classical idea of *Musaffi-e-Dam* into claims that HIV or herpes can be removed from the body through purification.

Why HIV Cannot Simply Be "Flushed Out"

HIV infects immune cells and establishes persistent viral reservoirs. At present, there is no routine curative therapy that eliminates HIV from the body.

Modern antiretroviral therapy, however, can control the virus extremely effectively.

WHO reported in July 2026 that approximately **41 million people were living with HIV at the end of 2025**. Effective antiretroviral treatment allows HIV to be managed as a chronic medical condition.

An equally important message is **U=U — Undetectable = Untransmittable**.

WHO states that a person living with HIV who takes ART and maintains an undetectable viral load does **not sexually transmit HIV to their partner**.

Stopping ART in favour of an unproven "purification" treatment can therefore allow viral replication to return and may endanger both the patient and others.

Herpes Also Establishes Latency

Herpes simplex virus becomes latent in nerve tissue after infection. Antiviral therapy can suppress outbreaks and reduce transmission, but present-day treatments do not routinely eliminate this latent infection.

Therefore, claims that a traditional medicine "cleans herpes completely from the blood" confuse a historical medical metaphor with modern virology.

A responsible Unani physician should make this distinction very clear.

Myth 5: "Natural Means Completely Safe"

This is another misconception that affects both traditional and modern complementary medicine.

Plants can have biological effects. Minerals can have biological effects. The fact that a substance comes from nature does not make every dose, preparation or combination safe.

Even the Ministry of Ayush's pharmacovigilance programme specifically addresses the misconception that **natural products are always safe** and emphasizes monitoring adverse reactions associated with Ayurveda, Siddha and Unani medicines.

The background document similarly warns that unregulated sexual-health products may expose patients to undeclared or potentially toxic substances and that "natural" should never be treated as a synonym for harmless.

The U.S. FDA has also reported concerns about heavy-metal exposure—including lead, mercury and arsenic—from some traditional products available in the marketplace. These findings do not mean that every Unani or traditional medicine is unsafe. They demonstrate why **quality control, verified manufacturing and qualified prescribing matter**.

Qualified Unani Medicine Is Different From Unregulated Treatment

This distinction is extremely important.

Unani medicine is a formally recognized traditional medical system in India. Qualified physicians undergo structured education and should practice within professional and regulatory standards.

The problem begins when a person without appropriate qualifications uses the language of Unani medicine to sell secret formulas, mixes undisclosed drugs into products, promises guaranteed cures or tells patients to stop proven medical treatment.

That should not be confused with responsible Unani practice.

At Saira Health Care, my view is that **quality, diagnosis, patient safety and evidence must remain central to treatment**, regardless of whether a medicine comes from a modern pharmaceutical or a traditional pharmacopoeia.

Five Myths and the Medical Reality

Myth	Medical reality
"I look healthy, so I cannot have an STI."	Many STIs are asymptomatic; testing may be necessary.
"Only vaginal intercourse spreads STIs."	Vaginal, anal and oral sexual contact can transmit different STIs.
"Good sexual power means strong protection."	Erectile function and libido do not provide immunity against infectious organisms.
"Blood purification can eliminate HIV or herpes."	HIV and herpes establish persistent infection; proven antiviral management is required.
"Natural medicine cannot cause harm."	Herbal and traditional medicines can cause adverse effects or interactions and require quality-controlled, qualified use.

The Unani Perspective: What Should Be Preserved and What Must Be Updated?

Unani medicine has a rich and intellectually developed approach to health.

It traditionally describes the four principal humours as **Dam, Balgham, Safra and Sauda**, and health as a condition of appropriate balance or *Itidal*. Classical physicians also assess *Mizaj*, diet, lifestyle, sleep, digestion and other features of the whole patient.

These aspects remain valuable in patient-centred medicine because a person is more than a laboratory report.

The problem occurs when historical concepts are used to reject microbiology.

Today we know, for example, that gonorrhoea is caused by *Neisseria gonorrhoeae*, chlamydia by *Chlamydia trachomatis*, syphilis by *Treponema pallidum* and HIV by a retrovirus.

A contemporary Unani physician should therefore preserve the useful strengths of the system—**individualized care, diet, lifestyle, constitution and attention to recovery—while incorporating accurate modern diagnosis and referral.**

That is how a traditional medical system remains clinically relevant in the twenty-first century.

Where Unani Medicine Can Be Very Useful

The most scientifically defensible and clinically useful role of Unani medicine in STI-related care is **supportive and integrative rather than a substitute for pathogen-specific treatment**.

After the primary infection has been appropriately diagnosed and treated, selected patients may still experience urinary irritation, general weakness, disturbed sleep, poor appetite, digestive complaints, anxiety or concerns about reproductive health.

An individualized Unani plan can consider constitution, diet, sleep, hydration, digestive function and overall convalescence. Classical principles of *Hifz-e-Sehat*—preservation of health—and personalized lifestyle management can complement modern treatment.

The psychological aspect is also important.

Sexual-health patients often carry enormous anxiety and embarrassment. A physician who listens carefully and explains the condition in culturally familiar language can improve adherence and reduce unnecessary fear.

The source material itself ultimately recommends integrating health education with cultural terminology while ensuring that qualified Unani practitioners support modern diagnostic testing.

This is a much more constructive approach than either rejecting Unani medicine entirely or making unsupported cure claims.

The Role of Unani Medicine After an STI Has Been Treated

Some patients continue to experience symptoms after infection treatment.

This does not automatically mean that the pathogen remains.

For example, persistent urinary irritation may require reassessment for residual inflammation, reinfection, another organism or a completely different urological condition.

Similarly, anxiety about sexual performance may continue even after an STI has been cured.

At this stage, supportive Unani management may be considered according to the patient's individual condition, but only after important medical causes have been excluded.

I particularly advise patients not to repeatedly take different antibiotics every time burning or discharge returns. Recurrent symptoms deserve reassessment rather than automatic medication.

STIs, Fertility and Why Early Diagnosis Matters

Because my practice is strongly focused on **sexual disorders and infertility**, I want patients to understand that certain sexually transmitted infections can have reproductive consequences.

WHO identifies gonorrhoea and chlamydia as important causes of pelvic inflammatory disease and infertility in women.

Chlamydia may progress without obvious symptoms and can damage the reproductive tract even when a woman feels well. CDC similarly notes the potential for permanent reproductive-system damage.

In men, reproductive-tract infection may sometimes cause inflammation affecting structures such as the epididymis.

Therefore, when a patient with a previous history of significant infection later presents with infertility, I do not look only at one semen value. The evaluation may need to consider the entire reproductive picture, including semen quality, testicular health, obstruction, varicocele, hormonal factors and the partner's reproductive status.

Timely diagnosis can therefore protect not only today's sexual health but also **future fertility**.

Oral Sex, Throat Infection and the Importance of Site-Specific Testing

This area deserves separate emphasis because many patients have never been told about it.

A gonorrhoea or chlamydia test performed only on urine does not necessarily answer what is happening in the throat or rectum after exposure at those sites.

CDC's latest testing guidance recommends discussing throat and rectal testing when relevant oral or anal sexual activity has occurred.

This is why a confidential sexual history is not unnecessary questioning by the doctor. It helps determine **which test should be performed and from which part of the body**.

Patients should feel able to give this information without fear of judgment.

Condoms: Highly Important but Not an Absolute Shield

Correct condom use substantially reduces the risk of many sexually transmitted infections.

CDC states that condoms are especially protective against infections transmitted predominantly through genital fluids, including gonorrhoea and chlamydia. Protection is less complete for conditions transmitted through affected skin outside the area covered by a condom, such as herpes, syphilis and HPV.

Therefore, saying either “condoms prevent every STI completely” or “condoms are useless” would be incorrect.

The medically accurate message is that condoms are an **important risk-reduction tool** and should be used correctly and consistently when appropriate.

The Difference Between Sexual Strength and Sexual Health

At Saira Health Care, I believe this distinction deserves much more public attention.

Sexual strength may refer to libido, erection quality, ejaculation control or physical stamina.

Sexual health is much broader. It includes freedom from untreated infection, healthy reproductive organs, emotional wellbeing, informed consent, fertility where desired and responsible prevention.

A person can have a strong erection and an asymptomatic STI.

Another person can have erectile dysfunction while having no infectious disease whatsoever.

Confusing the two creates unnecessary fear around sexual weakness while allowing genuinely important infection risks to be ignored.

Why “Semen Loss” Should Not Distract From Genuine Infection

In South Asia, some men experience intense anxiety about semen, nocturnal emissions or perceived loss of sexual strength.

These concerns deserve respectful clinical attention rather than ridicule.

However, semen-related anxiety must not distract from objective symptoms such as urethral discharge, genital ulcers, testicular swelling or a significant exposure history.

A patient concerned about “weakness” may actually need an STI test rather than a sexual tonic.

Equally, a person with normal semen appearance may still carry an infection.

The correct approach is to separate cultural concerns from laboratory-detectable disease and address both appropriately.

Responsible Use of Unani Medicine at Saira Health Care

My own approach is not to prescribe Unani medicine simply because a patient prefers traditional treatment.

The first question should be:

What is the actual diagnosis?

If a bacterial STI is present, established antimicrobial treatment must be prioritized.

If HIV is diagnosed, ART is essential. If herpes is diagnosed, antiviral therapy may be indicated depending on the clinical situation. If reproductive complications are suspected, appropriate investigation should not be delayed.

Once these priorities are addressed, an individualized Unani approach may be considered where it can reasonably support general health, constitution, diet, digestion, recovery or associated symptoms.

This is what I consider **responsible integrative medicine**.

Special Clinical Approach of Dr. Nizamuddin Qasmi

As **Founder & Chief Physician of Saira Health Care**, with a focused practice in sexual disorders and infertility, my clinical objective is to provide patients with privacy, understandable explanations and individualized management.

My listed qualifications include:

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

When a patient presents with a sexual-health concern, I believe in evaluating symptoms rather than treating embarrassment, testing when infection is possible, reviewing previous medicines, assessing fertility when clinically relevant and choosing Unani supportive treatment according to the patient's actual needs rather than giving the same formulation to everyone.

This approach is particularly valuable in conditions where the patient has both an infectious history and reproductive or sexual-function concerns.

Contribution of Saira Health Care to Sexual Disorders and Infertility

Saira Health Care aims to provide a professional environment for conditions that many people still hesitate to discuss openly.

Sexual disorders and infertility are fields particularly vulnerable to misinformation because patients often want privacy and rapid results.

Our educational mission is therefore as important as treatment.

We aim to help patients understand when symptoms may be harmless, when testing is required, when modern antimicrobial or antiviral treatment is essential, where Unani supportive care may have a useful place, and when specialist investigation or referral is necessary.

A qualified physician should never use a patient's embarrassment to sell fear.

The goal should be to reduce fear through **accurate diagnosis and clear medical communication**.

Natural Medicine, Quality Control and Patient Safety

Responsible Unani medicine requires responsible manufacturing.

The Ministry of Ayush maintains a national pharmacovigilance programme for Ayurveda, Siddha and Unani products, with the explicit objective of documenting adverse reactions and improving medicine safety.

Patients should therefore avoid unlabelled preparations, undisclosed mixtures and medicines from sources that cannot clearly identify what the product contains.

Patients should also tell their doctor about any Unani, herbal or nutritional products they are already using. This is particularly important when taking long-term treatments such as antiretroviral medicines, anticoagulants or medicines for liver, kidney, heart or metabolic disease.

Integrative medicine works best when **every treating professional knows what the patient is taking**.

What Should You Do After Possible STI Exposure?

The appropriate response depends on the infection, timing and nature of exposure.

The best first step is usually to contact an appropriate healthcare professional and explain what happened honestly.

Testing performed too early may not detect every infection, so the clinician may recommend testing at particular intervals according to the suspected organism.

Certain exposures involving HIV may qualify for **post-exposure prophylaxis**, which is time-sensitive. Other situations may require hepatitis B vaccination, pregnancy-related care or specific testing.

The important lesson is: do not wait for a rash or discharge before seeking advice when the exposure itself was significant.

STI Testing Should Become Normal Healthcare

There is still considerable stigma around STI testing.

I would like patients to view it differently.

People routinely check blood pressure, blood sugar, cholesterol and other health parameters even when they have no symptoms.

Sexual-health testing should similarly be regarded as preventive healthcare when a person's circumstances indicate it.

CDC emphasizes that STI testing is an important health-protection measure and that healthcare providers can determine which tests are appropriate according to sexual history and practices.

The more routine and confidential testing becomes, the less power shame and misinformation will have.

Frequently Asked Questions

Can someone with an STI look completely healthy?

Yes. Many STIs cause no symptoms or only mild symptoms. Appearance cannot reliably determine infection status.

Can oral sex transmit an STI?

Yes. Gonorrhoea, syphilis and several other infections can be transmitted through oral sexual contact.

Does a strong erection mean I cannot have an STI?

No. Erectile function has no protective relationship with infection by HIV, gonorrhoea, syphilis, herpes or other STI pathogens.

Can a blood purifier eliminate HIV?

No. There is no evidence that a Unani or herbal “blood purifier” eradicates HIV. Antiretroviral treatment is essential for HIV management. Effective ART with an undetectable viral load prevents sexual transmission.

Can herbal medicine permanently cure herpes?

There is currently no routine treatment—herbal or conventional—that eliminates latent herpes simplex virus from the body. Antiviral therapy can manage outbreaks and reduce transmission.

Is every natural medicine safe?

No. Traditional medicines can have adverse effects, interactions or contamination problems. Qualified prescribing and quality-controlled manufacturing are important. India's Ayush pharmacovigilance programme specifically monitors safety concerns with traditional medicines.

Can Unani medicine still be useful?

Yes. Qualified Unani medicine may be useful as **supportive, individualized and integrative care**, including attention to diet, constitution, recovery, general wellbeing and selected symptoms. It should not replace proven pathogen-directed treatment for an active STI.

Can STIs cause infertility?

Certain untreated infections, particularly gonorrhoea and chlamydia, can cause reproductive complications and contribute to infertility.

Do condoms prevent every STI?

They substantially reduce risk but do not provide absolute protection. Their protection is strongest for infections spread through genital fluids and less complete when infection spreads through skin outside the area covered.

My Final Message to Patients

As a physician working in sexual disorders and infertility, I believe one of the most important treatments we can provide is **correct information**.

Please do not wait for your body to “look infected” before taking a genuine risk seriously. Do not assume oral sexual contact is automatically safe. Do not mistake sexual potency for immunity. Do not stop effective HIV or STI treatment because someone promises to “clean your blood.” And do not believe that every product described as natural is automatically harmless.

At the same time, patients should not conclude that these warnings are arguments against Unani medicine.

Qualified Unani medicine has an important tradition of individualized care, diet, lifestyle, temperament and maintenance of general health. Its responsible role should be strengthened—not weakened—by using modern laboratory diagnosis, recognizing infectious organisms and referring patients for proven treatment when necessary.

The supplied research makes the same constructive recommendation: health education should use familiar cultural language to improve understanding, while university-trained Unani practitioners should act as allies in encouraging appropriate modern testing and safe care.

At **Saira Health Care**, this is the approach I aim to follow.

Respect the patient's beliefs, but correct dangerous myths.
Use traditional knowledge responsibly, but never delay proven treatment.
Treat infection, but also protect fertility and long-term reproductive health.

That is how sexual healthcare becomes more scientific, more humane and more useful to the patient.

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Medical Disclaimer

This article is provided for general health education and awareness. It is not a personal diagnosis or prescription and should not replace consultation, examination or laboratory testing by an appropriately qualified healthcare professional.

Suspected sexually transmitted infections should be diagnosed and treated according to current medical guidance. Antibiotics, antivirals or antiretroviral therapy should not be delayed, stopped or substituted with traditional or herbal preparations without appropriate

professional advice. Unani concepts discussed here describe a traditional medical framework and should be distinguished from modern microbiological mechanisms.