Sexually Transmitted Diseases (STDs/STIs): Causes, Symptoms, Complications, Diagnosis, Modern Treatment and the Integrative Role of Unani Medicine

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

By Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

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

Introduction

In my clinical practice, I meet many patients who come with burning during urination, genital discharge, ulcers, blisters, genital growths, pelvic pain, testicular discomfort or anxiety after sexual contact. A considerable number of them have already taken medicines on their own before consulting a qualified doctor. Others delay examination because they feel embarrassed to discuss sexual-health problems.

I always explain that a **sexually transmitted infection is a medical problem, not a moral judgment**. It should be handled confidentially, scientifically and respectfully.

The expression **sexually transmitted infection (STI)** is generally preferred today over sexually transmitted disease (STD), because a person may carry and transmit an infection without having obvious symptoms or established disease.

STIs remain an enormous global public-health problem. WHO estimates that **more than one million curable STIs are acquired every day among people aged 15–49 years**, and most infections are asymptomatic. Approximately 374 million new infections with chlamydia, gonorrhoea, syphilis or trichomoniasis occurred globally in 2020.

In February 2026, WHO published its first consolidated operational handbook on STIs. It brings together guidance on prevention, asymptomatic infection, diagnosis, treatment, management of sexual partners, surveillance and integration of STI care into primary healthcare.

These developments reinforce an important principle I emphasize at **Saira Health Care**: treating an STI is not only about stopping discharge or burning. Good treatment should identify the infection, prevent transmission, protect the patient's partner, reduce complications and consider future reproductive health.

What Are Sexually Transmitted Infections?

STIs are infections caused by microorganisms that are transmitted predominantly through sexual contact.

The responsible organisms include bacteria, viruses, protozoa and other pathogens. More than 30 different microorganisms are known to be capable of sexual transmission.

Among the most important infections are gonorrhoea, chlamydia, syphilis, trichomoniasis, HIV infection, genital herpes, human papillomavirus infection and hepatitis B. Hepatitis C is primarily blood-borne, although sexual transmission can occur in some circumstances.

Four particularly common infections—**gonorrhoea, chlamydia, syphilis and trichomoniasis—are generally curable with appropriate antimicrobial treatment**. HIV, herpes and chronic hepatitis B can be controlled but are not routinely eradicated from the body with current treatment. HPV infection often clears naturally, although persistent high-risk infection can cause precancerous changes and cancers.

The background material supplied for this article proposes an integrative framework in which modern medicine addresses the infecting microorganism while Unani medicine focuses on constitution, recovery and overall physiological balance.

That framework can be useful if one important scientific principle is maintained: **supportive traditional care must not replace proven pathogen-specific treatment when such treatment is required.**

How Are STIs Transmitted?

Sexually transmitted infections can spread through vaginal, anal or oral sexual contact. Depending on the organism, transmission can occur through semen, vaginal and cervical fluids, blood, genital secretions or direct contact with infected skin and lesions.

Certain infections may also pass from a pregnant woman to her baby during pregnancy or childbirth. HIV, hepatitis B and hepatitis C may additionally be transmitted through exposure to infected blood.

It is important to understand that penetrative intercourse is not required for every STI to spread. **Herpes, HPV and syphilis may sometimes be transmitted through contact with affected skin or lesions.**

Similarly, an individual does not have to appear ill to transmit an STI.

Why Are Many STIs Called "Silent Infections"?

One of the greatest difficulties in sexual medicine is that symptoms can be unreliable.

A patient may feel perfectly well while carrying an infection.

Chlamydia frequently produces few or no symptoms. Gonorrhoea may remain silent, particularly in women and when infection is located in the throat or rectum. Syphilis can enter a latent stage without visible manifestations. Most people with herpes may have no symptoms or only very mild symptoms that they do not recognize.

For this reason, I tell patients:

"Feeling healthy does not always mean that an STI is absent."

When exposure or risk is significant, appropriate testing is far more reliable than waiting for symptoms to develop.

Common Symptoms of Sexually Transmitted Infections

STIs can produce many different symptoms, depending on the infection and anatomical site involved.

Patients may experience genital or urethral discharge, burning while passing urine, genital ulcers, painful blisters, itching, unusual growths or warts, lower abdominal pain, pelvic pain, painful intercourse, bleeding after intercourse, testicular pain or swelling, rectal pain or discharge, unexplained skin rash or swollen lymph nodes.

However, none of these symptoms proves that an STI is present.

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

Therefore, good sexual medicine begins with **diagnosis rather than assumptions**.

Major Sexually Transmitted Infections at a Glance

Infection	Cause	Important concern	Main evidence-based approach
Gonorrhoea	*Neisseria gonorrhoeae*	PID, infertility, antimicrobial resistance	Appropriate antibiotics

Infection	Cause	Important concern	Main evidence-based approach
Chlamydia	*Chlamydia trachomatis*	Often silent; PID and infertility	Antibiotics
Syphilis	*Treponema pallidum*	Neurological/systemic disease; congenital infection	Penicillin-based therapy
Trichomoniasis	*Trichomonas vaginalis*	Discharge, pregnancy complications, increased HIV susceptibility	Metronidazole/tinidazole-based treatment
Genital herpes	HSV-1 or HSV-2	Recurrent painful outbreaks	Antiviral management
HIV	Human immunodeficiency virus	Progressive immune dysfunction if untreated	Antiretroviral therapy
HPV	Human papillomavirus	Warts and high-risk HPV-related cancers	Prevention, screening and lesion management
Hepatitis B	HBV	Chronic liver disease and cancer	Vaccination; antiviral management when indicated
Hepatitis C	HCV	Chronic liver disease	Direct-acting antiviral cure

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Gonorrhoea – Suzak in the Unani Tradition

Gonorrhoea is caused by **Neisseria gonorrhoeae** and may infect the urethra, cervix, throat or rectum.

WHO estimated about **82 million new infections worldwide in 2020**. One of the greatest modern concerns is antimicrobial resistance. Resistance has developed to numerous antibiotic classes, and even resistance to ceftriaxone—one of the principal treatments—has become an important public-health problem.

WHO surveillance data reported in November 2025 showed ceftriaxone resistance among participating surveillance countries increasing from 0.8% in 2022 to 5% in 2024, while cefixime resistance increased from 1.7% to 11%. These surveillance figures do not represent every country but demonstrate why antimicrobial stewardship is critical.

Unani perspective

Gonorrhoea has traditionally been described in Unani medicine as **Suzak or Sozak**.

Classical descriptions associate it with *Waram-e-Ehleel*, or urethral inflammation, and *Hirqat-ul-Baul*, or burning during urination. Traditional management emphasizes principles such as cooling and soothing inflamed tissues and supporting urinary elimination.

These traditional principles may be relevant to **supportive symptom management**, but they should not be interpreted as evidence that diuretic or cooling herbs can eradicate *N. gonorrhoeae*.

Current WHO recommendations emphasize effective antibiotic treatment and the use of local antimicrobial-resistance information whenever possible.

Chlamydia – A Common but Frequently Silent Infection

Chlamydia is caused by **Chlamydia trachomatis**.

WHO estimates that about **128.5 million new infections occurred worldwide in adults aged 15–49 during 2020**. Many patients have no symptoms.

Men who develop symptoms may experience urethral discharge, painful urination or testicular discomfort.

Women may notice unusual vaginal discharge, bleeding between periods or after intercourse, lower abdominal discomfort or painful urination.

The major concern is what can happen when infection remains untreated.

Chlamydia can ascend through the female reproductive tract and contribute to pelvic inflammatory disease, tubal damage, ectopic pregnancy and infertility.

There is no exact classical Unani equivalent of microbiologically proven *C. trachomatis* infection because the organism was discovered in the modern era. Classical Unani literature instead described patterns of abnormal genital discharge and reproductive inflammation.

In contemporary integrative care, the distinction is important: **abnormal discharge can be treated symptomatically, but confirmed chlamydia requires appropriate antibiotic eradication.**

Syphilis – Aatishak in Classical Unani Medicine

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

WHO estimates that approximately **8 million adults aged 15–49 acquired syphilis in 2022**.

The disease can pass through primary, secondary, latent and late stages.

Early infection may produce a painless ulcer known as a chancre. Secondary disease can cause rash and systemic symptoms. Symptoms may subsequently disappear during the latent stage even though infection remains.

This makes syphilis particularly deceptive.

An untreated patient may believe they are cured because the visible sore or rash disappeared, while the organism remains inside the body.

In later stages, syphilis can damage the nervous system, cardiovascular system and other organs.

During pregnancy, syphilis is especially dangerous. WHO reports that inadequately treated maternal syphilis is associated with a high risk of serious adverse pregnancy outcomes.

Aatishak according to Unani medicine

The traditional Unani term for syphilis is **Aatishak**.

Historical Unani management emphasizes concepts including *Tasfiya-e-Dam*, *Tanqiya*, correction of temperament and medicines traditionally categorized as *Musaffi-e-Dam*. The supplied source discusses **Ushba and Chobchini** in this historical context.

Modern phytochemical research confirms that *Smilax* species contain bioactive compounds with anti-inflammatory, antioxidant and antimicrobial properties, but clinical evidence demonstrating that these plants eradicate human syphilis is lacking.

Therefore, **Unani supportive treatment should never replace penicillin-based therapy for active syphilis.**

Trichomoniasis

Trichomoniasis is caused by the protozoan **Trichomonas vaginalis**.

WHO estimates approximately **156 million new infections occurred globally among people aged 15–49 in 2020**, making it the most common non-viral STI.

Women may experience vaginal discharge, itching, painful urination or discomfort during intercourse. Most infected men are asymptomatic, although some develop urethral irritation or discharge.

Trichomoniasis has also been associated with adverse pregnancy outcomes and increased susceptibility to HIV acquisition.

It is a **curable infection**, generally treated with appropriate nitroimidazole medicines such as metronidazole or tinidazole.

Genital Herpes – A Lifelong but Manageable Viral Infection

Genital herpes is usually caused by HSV-2, although HSV-1 can also infect the genital area.

WHO estimates that approximately **520 million people aged 15–49 have HSV-2 infection worldwide**.

Herpes can cause painful blisters, ulcers, burning and recurrent outbreaks.

After infection, the virus remains latent inside nerve cells. This means antiviral medicines can control viral replication and reduce outbreaks, but they do not currently remove the latent virus from the body.

Common antiviral medicines include acyclovir, valacyclovir and famciclovir.

The supplied Unani material discusses herpes-like eruptions under the traditional term **Namlah** and describes cooling and topical approaches.

Some historical methods in traditional literature are not sufficiently validated for modern genital use. For example, I would not recommend potentially irritating topical combinations or invasive procedures for active herpes without suitable medical evidence and supervision.

The modern role of Unani medicine should therefore be limited to **carefully selected supportive measures for general wellbeing**, while proven antiviral therapy remains the foundation of clinical management.

Human Papillomavirus – HPV and Genital Warts

HPV is a group of approximately 200 viruses.

Most HPV infections are controlled naturally by the immune system, but persistent infection with certain high-risk types can cause cervical cancer and is associated with cancers of the anus, penis, vulva, vagina and throat.

Genital warts are generally produced by lower-risk HPV types and are different from precancerous lesions.

Prevention is extremely important.

HPV vaccination can prevent many HPV-associated cancers, and cervical screening can detect precancerous changes before invasive cancer develops.

Traditional Unani medicine contains descriptions of warts, but strongly caustic or mineral preparations historically used to destroy lesions should not be self-applied to genital tissue.

A suspicious genital lesion should be examined properly before treatment.

HIV Infection

Human immunodeficiency virus attacks the immune system, particularly CD4 T lymphocytes.

Without effective therapy, progressive immune suppression can eventually result in AIDS.

Modern HIV medicine has changed dramatically.

WHO reported in July 2026 that approximately **41 million people were living with HIV at the end of 2025**, and around 1.2 million people acquired HIV during 2025.

There is currently no routine cure, but antiretroviral therapy can suppress the virus extremely effectively and allow people to live long and healthy lives.

Unani medicine may contribute to nutrition, quality of life and general supportive care in selected patients, but **no herbal or traditional therapy should replace ART**.

The supplied background document also places Unani's potential contribution primarily in host-oriented restoration rather than replacement of pathogen-directed therapy.

Hepatitis B

Hepatitis B is a viral infection of the liver that can spread through blood, sexual contact and from mother to child.

According to WHO's June 2026 update, approximately **240 million people were living with chronic hepatitis B in 2024**, with about 900,000 new infections annually.

Chronic hepatitis B can cause cirrhosis and liver cancer.

A major advantage is that hepatitis B is **preventable through highly effective vaccination**.

When treatment is required, evidence-based antiviral medicines and appropriate monitoring remain essential.

Unani concepts of *Muqawwi-e-Jigar* or supportive liver care may be relevant to nutrition and general wellbeing, but they must not be presented as a method of eliminating chronic HBV.

Hepatitis C

Hepatitis C primarily spreads through infected blood. Sexual transmission is less efficient than hepatitis B but can occur, particularly when sexual practices involve exposure to blood.

WHO's July 2026 update estimates that approximately **47 million people worldwide live with chronic hepatitis C infection**.

Unlike many chronic viral diseases, hepatitis C can now be cured. Modern direct-acting antivirals cure **more than 95% of infected people**.

This represents one of the major achievements of contemporary infectious-disease medicine.

Supportive liver care should therefore never delay curative antiviral treatment.

STIs and Male Infertility

Because my principal area of practice is **sexual disorders and infertility**, this aspect deserves special attention.

Not every STI causes infertility, but infection and inflammation can affect male reproductive health.

Gonorrhoea and chlamydia may cause inflammation of the urethra or epididymis. Severe inflammatory disease can occasionally contribute to scarring or reproductive-tract obstruction.

When a man with a previous genital infection subsequently presents with infertility, evaluation may include clinical examination, semen analysis and additional investigations depending on the findings.

However, an abnormal semen report should never automatically be blamed on a previous STI. Male infertility has many possible causes, including varicocele, hormonal disorders, testicular disease, genetic abnormalities, obstruction, metabolic factors and lifestyle influences.

My approach is therefore to investigate the **whole reproductive system rather than making assumptions from one symptom or report**.

STIs and Female Infertility

The relationship between infection and infertility is particularly well established for untreated gonorrhoea and chlamydia.

These infections may ascend from the cervix into the uterus and fallopian tubes, resulting in **pelvic inflammatory disease (PID)**.

The inflammatory process can produce scarring or obstruction of the fallopian tubes.

This can lead to difficulty conceiving and an increased risk of ectopic pregnancy.

For this reason, timely STI diagnosis is not merely about treating today's symptoms—it can help protect tomorrow's fertility.

STIs During Pregnancy

Pregnancy changes the importance of STI screening and management because certain infections can affect both mother and baby.

Untreated syphilis can cause miscarriage, stillbirth, neonatal death or congenital syphilis.

HIV and hepatitis B may be transmitted to the baby without appropriate preventive measures.

Gonorrhoea and chlamydia can cause neonatal infections, while newly acquired genital herpes late in pregnancy can pose a serious risk of neonatal herpes.

Pregnant women should therefore never depend on self-medication or herbal treatment for a suspected STI.

How Are STIs Diagnosed?

The most appropriate test depends on the suspected infection and site of exposure.

Modern STI diagnosis may involve nucleic acid amplification tests for gonorrhoea and chlamydia, blood tests for HIV, syphilis and viral hepatitis, swabs from ulcers or lesions, and culture where antimicrobial resistance is suspected.

The WHO's 2026 STI handbook emphasizes a complete care pathway that includes prevention, asymptomatic case identification, diagnostics, treatment and partner management.

I particularly emphasize **site-specific testing**.

For example, a urine test may not detect gonorrhoea or chlamydia confined to the throat or rectum. Testing should therefore reflect the patient's actual exposure.

Why Sexual Partners Need Attention

One of the most frequent causes of an infection apparently “coming back” is not drug failure but **reinfection**.

One patient takes treatment while the partner remains infected.

After sexual contact resumes, the treated patient becomes infected again.

The solution is not automatically a stronger medicine.

Partner evaluation, treatment where indicated and correct advice about resuming sexual activity are fundamental elements of STI management. WHO's latest operational framework specifically includes partner management as part of comprehensive STI care.

The Unani Understanding of Health and Infection

Unani medicine evaluates health through several classical concepts.

The four principal *Akhlat* or humours are:

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

Health is understood as an appropriate equilibrium of temperament or **Mizaj** and humours.

Illness may traditionally be interpreted as **Su-e-Mizaj**, disturbance of temperament, together with accumulation of abnormal matter or *Madda*.

The supplied source describes therapeutic principles including **Tadeel-e-Mizaj** or correction of temperament, *Istifragh* or elimination, *Tasfiya-e-Dam* or traditional purification concepts, and *Taqwiyat-e-Aza* or strengthening affected organs.

These principles provide a valuable historical framework for individualized lifestyle, nutrition and supportive medicine.

However, modern microbiology has shown that STIs are caused by identifiable infectious agents.

The classical theory and modern germ theory therefore should not be treated as interchangeable explanations.

How Unani Medicine Can Be Useful in Modern STI Care

I believe the most rational and medically responsible role of Unani medicine is **integrative and supportive**.

When used appropriately, Unani principles can contribute to broader patient care in areas such as nutrition, digestion, sleep, hydration, constitutional assessment, recovery from illness and management of selected residual symptoms after the primary infection has been appropriately treated.

Traditional Unani care may also give useful attention to **Ilaj-bil-Ghiza**, or dietotherapy; *Hifz-e-Sehat*, or preservation of health; and individualized lifestyle regulation.

Medicinal plants used in traditional practice continue to be investigated scientifically. For example, *Smilax* species contain flavonoids, phenolics and other compounds with anti-inflammatory, antioxidant and antimicrobial activity in experimental models. Nevertheless, modern reviews emphasize that much of this evidence comes from laboratory and preclinical research and that clinical evidence remains inadequate for using these plants as substitutes for established antimicrobial treatment.

That distinction is essential.

Correcting an Important Misconception About "Detoxification"

Traditional Unani texts use concepts such as *Istifragh*, *Munzij* and *Mushil*.

The supplied research document describes these as strategies for eliminating abnormal or "morbid" matter.

From the viewpoint of modern biomedical evidence, however, claims that purgation can remove "dead bacterial debris," eradicate infection or prevent STI recurrence have **not been demonstrated in high-quality clinical trials**.

I therefore would not present purgation, detoxification, enemas or similar procedures as a microbiological treatment for an STI.

Historical concepts can inform traditional practice, but patient-facing healthcare information should distinguish traditional theory from experimentally demonstrated biological effects.

Can Unani Medicine Reduce Antibiotic Resistance?

This is another area where careful language is essential.

Certain plant compounds show antimicrobial or antibiotic-synergistic effects in laboratory studies.

That is scientifically interesting and deserves further investigation.

But there is currently **no adequate clinical evidence that adding a particular Unani formulation to standard STI treatment prevents antimicrobial resistance in individual patients or allows lower antibiotic doses to be used safely**.

Antimicrobial resistance is best prevented today through correct diagnosis, appropriate antibiotic selection, correct dosing and duration, good-quality medicines, partner management and avoiding unnecessary antibiotic use. WHO identifies misuse and overuse of antimicrobials as important drivers of gonococcal resistance.

Safety of Unani and Herbal Medicines

The fact that a medicine is traditional does not automatically make it safe for every patient.

Certain historical formulations have contained mineral ingredients, strong purgatives or irritating topical substances.

Herbs can also interact with prescription medicines.

For this reason, I do not recommend indiscriminate use of multiple formulations alongside antibiotics, ART or antivirals without reviewing potential interactions.

India's Pharmacopoeia Commission for Indian Medicine & Homoeopathy, under the Ministry of Ayush, develops official pharmacopoeial and formulary standards and sets quality parameters including limits for toxic metals, pesticides, aflatoxins and microbial contamination.

Quality control is therefore an essential part of responsible traditional medicine.

My Integrative Approach at Saira Health Care

At Saira Health Care, I describe my preferred approach as **diagnosis first, infection control second, recovery and reproductive-health support third**.

The model is straightforward.

When a bacterial STI is confirmed or strongly suspected and modern antimicrobial therapy is indicated, that treatment should be given according to current medical recommendations.

When a viral infection such as HIV, herpes or chronic hepatitis requires ongoing antiviral management, evidence-based therapy should continue.

Alongside this, carefully selected Unani measures may be considered for constitutional and supportive care where appropriate.

For me, integrative medicine should never mean giving every patient two systems of medicines at the same time.

It means **using each medical approach only where it adds real value and does not compromise safety or proven treatment**.

Special Approach of Dr. Nizamuddin Qasmi

In my work with patients suffering from sexual-health and infertility concerns, I follow an individualized clinical approach rather than using a single formula for every person.

The assessment may consider the nature and duration of symptoms, previous infections, previous antibiotic or antiviral treatment, laboratory reports, reproductive history, semen findings where relevant, partner history and other medical conditions.

Where a sexually transmitted bacterial infection is suspected, proper diagnostic testing and antimicrobial management receive priority.

Where appropriate after that, supportive Unani treatment may focus on the patient's general constitution, urinary or reproductive discomfort, nutrition, digestion and recovery.

If infertility is also present, I believe it deserves its own detailed evaluation rather than assuming that treating the STI alone will automatically restore fertility.

This approach reflects my clinical focus in **sexual disorders and infertility** and my training across Unani medicine, infertility and reproductive-health disciplines.

Contribution of Saira Health Care to Sexual Disorders and Infertility

At **Saira Health Care**, one of our most important objectives is to make sexual and reproductive-health information understandable and approachable.

Many patients delay care because sexual problems are associated with embarrassment, social stigma or misinformation.

Our educational work therefore focuses on explaining disorders in language that ordinary patients can understand while maintaining professional medical standards.

We encourage proper investigation for reproductive infections, infertility, semen abnormalities and sexual dysfunction rather than depending solely on self-diagnosis.

The objective is to provide a confidential environment where patients can discuss intimate health problems without fear.

For patients who seek a Unani approach, our philosophy is to use Unani medicine responsibly while acknowledging where modern diagnostics, antibiotics, antivirals, vaccination, surgery or specialist referral are necessary.

Why Integrative Medicine Must Remain Evidence-Based

The uploaded background report uses the expression **“Dual Approach”** for combining pathogen-directed modern medicine with host-focused Unani care.

I find that concept useful when it is interpreted carefully.

Modern medicine is extremely effective at identifying and treating many infectious organisms.

Unani medicine offers a broader traditional framework for diet, lifestyle, constitution and convalescence.

But integration should never become an excuse for unsupported statements such as "detoxification prevents recurrence" or "herbal treatment eliminates resistant bacteria."

Good integrative medicine must be willing to say **what we know, what is traditionally believed, and what still requires research**.

That is how traditional medical knowledge gains scientific credibility rather than losing it.

When Should You Consult a Doctor?

Medical evaluation is advisable when there is new genital discharge, burning urination, genital ulcers or blisters, unexplained genital warts, unusual bleeding, persistent pelvic pain, testicular pain or swelling, fever with genital symptoms, possible exposure to an STI or notification that a sexual partner has tested positive.

Pregnancy with possible STI exposure requires particular attention.

Severe pelvic pain, high fever, sudden severe testicular pain, serious systemic illness, neurological symptoms or significant eye infection after sexual exposure may require urgent assessment.

Prevention of STIs

Prevention remains one of the strongest forms of sexual healthcare.

Correct and consistent condom use reduces the risk of many sexually transmitted infections, although it cannot provide complete protection against infections transmitted through uncovered skin.

Vaccination is particularly important for **hepatitis B and HPV**.

Testing according to personal risk and exposure can identify asymptomatic infection.

Partner evaluation prevents reinfection.

Avoiding unnecessary antibiotics protects against antimicrobial resistance.

The 2026 WHO operational handbook emphasizes precisely this integrated prevention-and-care model rather than relying on medicines alone.

Frequently Asked Questions

Can an STI go away without treatment?

Some symptoms can disappear, but that does not necessarily mean the organism has been eradicated. Syphilis, for example, may enter a symptom-free latent stage while infection remains.

Can someone transmit an STI without symptoms?

Yes. Asymptomatic infection is extremely common.

Can STIs cause infertility?

Certain untreated infections—particularly chlamydia and gonorrhoea—can contribute to reproductive-tract damage and infertility.

Can gonorrhoea become resistant to antibiotics?

Yes. Gonococcal antimicrobial resistance is one of the most important current challenges in STI medicine.

Can genital herpes be permanently cured?

No routine treatment currently eliminates latent HSV. Antiviral medicines control symptoms and reduce recurrences and transmission risk.

Is HIV curable?

There is currently no routine cure, but modern ART can suppress HIV effectively and allow patients to live long and healthy lives.

Can hepatitis C be cured?

Yes. Direct-acting antivirals cure more than 95% of hepatitis C infections.

Can Unani medicine be useful for STIs?

Unani medicine may have a valuable **supportive and integrative role**, particularly for individualized diet, general health and selected post-treatment symptoms. It should not replace evidence-based antimicrobial or antiviral therapy when eradication or viral suppression is required.

Should I take Unani medicines and antibiotics together?

Not automatically. The combination should be reviewed by a qualified practitioner because herbal products can have adverse effects or interact with prescription medicines.

A Message to Patients From Dr. Nizamuddin Qasmi

Whenever I speak with a patient who is worried about an STI, I ask them not to allow embarrassment to delay proper care.

The earlier we identify an infection, the easier it is in many cases to prevent transmission and long-term complications.

My advice is also not to repeatedly self-medicate.

A disappearing discharge is not laboratory confirmation of cure. A healing ulcer does not necessarily prove that an infection has been eliminated. A recurrence does not automatically mean that stronger medicines are required.

First understand **what disease is actually present**.

As a physician trained in Unani medicine and focused on sexual disorders and infertility, I value the traditional concepts of constitution, temperament, diet and restoration of health. At the same time, I believe a responsible physician must use the advantages modern science has given us—microbiological testing, effective antibiotics, antivirals, vaccines and modern reproductive investigation.

For me, the ideal approach is not “Unani versus modern medicine.”

It is **responsible integration**.

Use modern treatment when an organism must be eradicated or suppressed. Use Unani principles carefully where they can contribute to recovery, general wellbeing and individualized support. Protect the patient's partner. Protect reproductive health. Investigate fertility properly when required.

Above all, never sacrifice proven treatment for an exaggerated claim.

This is the patient-centred philosophy we aim to follow at **Saira Health Care**.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi
Founder & Chief Physician – Saira Health Care
Focused Practice in Sexual Disorders & Infertility

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's clinical work at Saira Health Care focuses on sexual disorders and infertility, with emphasis on confidential consultation, reproductive-health education and individualized patient management.

For more information:
https://www.sairahealthcare.com/

Medical Disclaimer

This article is intended for **general education and public-health awareness**. It does not constitute personal diagnosis, prescription or a substitute for consultation with a qualified medical professional.

Suspected sexually transmitted infections require appropriate assessment and, where indicated, laboratory confirmation. Proven antibiotics, antivirals, ART or hepatitis treatment should not be stopped, delayed, reduced or replaced by Unani or herbal preparations without suitable clinical advice.

Traditional Unani concepts and formulations discussed in this article are presented primarily in their historical and supportive context. Evidence for many traditional interventions remains limited, and further well-designed clinical research is required before they can be considered substitutes for established pathogen-directed therapy.