Leukorrhea (White Vaginal Discharge) and "Internal Weakness" in Women

Understanding Normal and Abnormal Discharge, Back Pain, Fatigue, Sexual Health, Married Life, Treatment and the Unani Perspective

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Introduction

One of the most common concerns women bring to me is:

"Doctor, I have continuous white discharge. I also feel weak, tired, have lower-back pain and have lost interest in intimacy. Is the discharge making me internally weak?"

Another woman may say:

"The discharge has an unpleasant smell, so I feel uncomfortable being close to my husband."

Some women become so worried that they start believing every episode of vaginal discharge is draining the body's strength, damaging fertility or gradually weakening the reproductive organs.

This deserves a careful and respectful explanation.

Vaginal discharge itself is not always a disease.

A healthy vagina normally produces discharge. Normal discharge helps maintain the vaginal environment and remove dead cells. It commonly varies during the menstrual cycle, around ovulation, during pregnancy and with sexual arousal. Current ACOG guidance describes normal discharge as usually clear to white and without a strong or unpleasant odour.

The problem begins when discharge changes significantly from a woman's normal pattern or is accompanied by symptoms such as:

unpleasant odour, itching, burning, soreness, pelvic pain, painful intercourse, bleeding, fever or urinary discomfort.

The background research supplied for this article highlights another important dimension: in many South Asian communities, white discharge is associated in women's minds with “internal weakness,” fatigue, backache, reduced libido and concern about married life.

These symptoms and concerns should not be dismissed.

But we must distinguish between:

normal physiological discharge, pathological discharge caused by disease, and anxiety or culturally shaped beliefs about the loss of vaginal fluid.

That distinction is the foundation of appropriate treatment.

What Is Leukorrhea?

Leukorrhea, or leucorrhoea, is a general term used for vaginal discharge, particularly whitish discharge.

However, the word is often used too broadly.

A woman saying:

“I have leukorrhea”

does not automatically tell me whether she has an infection.

The first clinical question is:

Is the discharge physiological and healthy, or pathological and abnormal?

This distinction is extremely important because normal vaginal discharge does not require antimicrobial or “strengthening” treatment.

Normal Vaginal Discharge Is Part of Female Physiology

The vagina naturally contains microorganisms and produces secretions that contribute to its normal environment.

ACOG's current vulvovaginal guidance, updated in 2026, explains that normal discharge begins around puberty, is mostly water with beneficial microorganisms and naturally changes in amount and composition throughout the menstrual cycle.

Normal discharge may become more noticeable:

around ovulation, before menstruation, during pregnancy and during sexual arousal.

Around ovulation, cervical mucus often becomes clearer, wetter and more elastic to facilitate sperm movement.

During pregnancy, an increase in whitish discharge can also be physiological if there is no concerning odour, itching, pain or other abnormal symptom.

During arousal, vaginal lubrication also produces additional moisture.

These changes do **not** mean that a woman's body is losing strength.

What Does Normal Discharge Usually Look Like?

Normal discharge is commonly:

clear or white, mild smelling or without a noticeable odour, and variable in quantity according to hormonal changes.

The most useful comparison is not with another woman's discharge.

It is with **your own usual pattern**.

ACOG advises that changes in colour, odour, amount or consistency from what is normal for the individual can indicate a problem requiring assessment.

When White Discharge Becomes Abnormal

Abnormal vaginal discharge may arise from several conditions.

The common possibilities include:

Bacterial vaginosis, **vulvovaginal candidiasis**, **trichomoniasis**, cervicitis from sexually transmitted infections, hormonal tissue changes such as genitourinary syndrome of menopause and several less common inflammatory or structural disorders.

WHO's updated 2024 guideline identifies bacterial vaginosis, candidiasis and trichomoniasis among the major causes of abnormal vaginal discharge.

The underlying cause matters because **the treatment for one condition may be completely inappropriate for another**.

Understanding the Common Causes

Condition	Typical Pattern	Other Common Clues
Normal physiological discharge	Clear to white, variable through cycle	No strong odour, severe itching or pain
Bacterial vaginosis (BV)	Thin, often grey-white	Strong fishy odour may occur
Vulvovaginal candidiasis	Often thick/curd-like white discharge	Intense itching, soreness, redness
Trichomoniasis	May be yellow-green or unusual	Irritation, odour, urinary discomfort; STI
Cervicitis/STI	Mucous or pus-like abnormal discharge may occur	Bleeding, urinary symptoms, pelvic discomfort; sometimes no symptoms
Menopausal/GSM changes	Dryness or altered secretions	Burning, dryness, painful intercourse

Appearance can provide clues, but **colour alone cannot reliably diagnose the cause**.

Laboratory or clinical assessment may be needed.

Bacterial Vaginosis

Bacterial vaginosis, or BV, is one of the most common causes of abnormal vaginal discharge among women of reproductive age.

WHO's November 2025 fact sheet describes BV as an imbalance in the vaginal bacterial community in which protective lactobacilli are reduced and other bacteria become more dominant. It estimates global BV prevalence among reproductive-age women at approximately **23–29%**, although rates vary considerably between populations.

Symptoms may include:

thin abnormal discharge and a strong fishy or musty odour, with occasional itching or burning.

Some women have no symptoms at all.

Importantly:

BV is not evidence of poor character, impurity or infidelity.

It is a vaginal microbiome disorder.

Sexual activity can influence BV and recurrence, but BV is not classified in the same way as classic STIs such as gonorrhoea or trichomoniasis.

An Important 2025–2026 Update About Recurrent BV

One of the more important recent developments concerns recurrent bacterial vaginosis.

A 2025 randomized controlled trial published in the *New England Journal of Medicine* found that, in monogamous heterosexual couples included in the study, treating both the woman and her male partner significantly reduced BV recurrence over 12 weeks compared with treating the woman alone. Recurrence occurred in 35% of women in the partner-treatment group compared with 63% in the standard-care group.

Following accumulating evidence, ACOG issued updated guidance in October 2025 supporting consideration of concurrent sexual-partner treatment for **recurrent symptomatic BV** in appropriate patients.

This is a good example of why management should follow current medical guidance rather than older assumptions.

Partner treatment is not something couples should begin independently; it should be discussed with an appropriate clinician.

Vulvovaginal Candidiasis: Yeast Infection

Another common cause of abnormal discharge is **vulvovaginal candidiasis**, usually caused by *Candida* species.

WHO's 2025 candidiasis guidance describes common symptoms including:

intense vulvar itching, redness, soreness, thick white discharge, painful urination and discomfort during intercourse.

Candida organisms can normally be present without producing disease.

Therefore:

finding Candida without symptoms does not automatically mean treatment is needed.

CDC guidance similarly notes that about 10–20% of women can carry Candida or other yeasts without symptoms.

This is another reason not to self-diagnose solely from discharge appearance.

Is Sugar the Main Cause of Yeast Infection?

The relationship is more complicated than is sometimes suggested.

Poorly controlled diabetes can increase susceptibility to candidiasis, but WHO states that scientific evidence supporting restrictive “Candida diets” as a treatment for vaginal yeast infection remains limited.

So I do not tell patients:

“Simply stop sugar and your infection will disappear.”

If recurrent candidiasis is occurring, diabetes control, immune status, medication exposure and accurate diagnosis may all need review.

Trichomoniasis

Trichomoniasis is different because it **is a sexually transmitted infection**.

WHO describes *Trichomonas vaginalis* as the most common non-viral STI worldwide and an important cause of abnormal vaginal discharge.

Women may experience:

unusual discharge, genital irritation, burning, soreness or discomfort during urination.

Treatment requires an effective antimicrobial, and sexual partners also need management to prevent reinfection. CDC recommends avoiding sexual activity until treatment has been completed and symptoms have resolved.

This is therefore not an appropriate condition for treating only with home remedies.

Chlamydia, Gonorrhoea and Cervical Infection

Some sexually transmitted infections can cause inflammation of the cervix and abnormal discharge.

The difficulty is that they may also be **asymptomatic**, particularly in women.

WHO's 2025 guidance on asymptomatic STIs emphasizes that gonorrhoea and chlamydia may remain undetected without appropriate screening in relevant populations.

When symptoms are present, they may include:

abnormal discharge, bleeding between periods, bleeding after intercourse, pelvic discomfort or urinary symptoms.

Testing rather than guessing is important.

Pelvic Inflammatory Disease: When Infection Moves Upward

One of the most important conditions we do not want to miss is **pelvic inflammatory disease, or PID**.

PID occurs when infection involves the upper female reproductive organs.

Symptoms may include:

lower-abdominal or pelvic pain, fever, unusual foul-smelling discharge, pain or bleeding during intercourse, burning during urination and bleeding between menstrual periods.

Some cases are mild or even minimally symptomatic.

CDC notes that even mild PID can have reproductive consequences, and delayed treatment increases the possibility of complications including:

tubal scarring, ectopic pregnancy, infertility and chronic pelvic or abdominal pain.

This is why a woman with discharge **plus significant pelvic pain or fever** should not continue trying home remedies for weeks.

Does White Discharge Cause Lower-Back Pain?

This is one of the questions I am asked most frequently.

The answer requires an important distinction.

Normal vaginal discharge does not drain the bones or directly produce lower-back pain.

There is no physiological process in which ordinary vaginal fluid loss progressively weakens the spine.

However, a woman can have **abnormal discharge and back or pelvic pain because both symptoms are being produced by an underlying condition**.

For example, pelvic inflammatory disease can cause chronic pelvic pain, and pelvic pain may sometimes be perceived in surrounding areas.

Endometriosis, pelvic-floor disorders, urinary problems and other gynaecological conditions can also produce pelvic or back discomfort.

Therefore, the correct clinical reasoning is not:

“Discharge caused the back pain because fluid was lost.”

It is:

“Do the discharge and back pain have the same underlying cause, or are they two separate problems?”

That distinction can prevent unnecessary fear.

Lower-Back Pain May Have an Unrelated Cause

Back pain is extremely common even among women without vaginal discharge.

It may arise from:

muscular strain, prolonged sitting, poor posture, disc problems, obesity, pregnancy, vitamin or mineral deficiency, urinary disease or other conditions.

Therefore, persistent backache deserves its own clinical assessment rather than automatically being labelled “leukorrhea weakness.”

The source supplied for this article offers detailed proposed mechanisms linking pelvic inflammation with referred back pain. While that framework can be relevant in genuine pelvic disease, it would be inaccurate to apply it to every woman with ordinary white discharge.

Does Leukorrhea Cause Weakness and Fatigue?

Another common statement is:

“White discharge removes the strength of the body.”

Normal vaginal discharge itself does **not** contain enough nutrients or blood components to cause systemic physical depletion.

A woman does not become anaemic simply because normal cervical or vaginal secretions are leaving the body.

Persistent fatigue should make us think more broadly about possibilities such as:

anaemia, poor nutrition, thyroid disease, diabetes, depression, anxiety, chronic sleep deprivation, infection or another medical condition.

If serious infection is present, of course a patient may genuinely feel tired or unwell.

But the cause is the **disease process and systemic response**, not the mechanical loss of vaginal fluid.

Female Dhat Syndrome and the Belief That Discharge Causes Weakness

Modern research has become increasingly interested in this important South Asian phenomenon.

A 2025 scoping review of **21 studies involving 4,375 women** examined what is often called **female Dhat syndrome**.

Women commonly experienced:

weakness, fatigue and body pain, which they attributed to vaginal discharge. Depression, anxiety and somatic-symptom disorders were also common. The review concluded that presentation is strongly influenced by psychological and cultural factors and may be more frequent where access to sexual and health education is limited.

This is highly relevant to clinical practice.

If a woman tells me:

“The discharge has made my entire body weak,”

I do not tell her:

“Nothing is wrong with you.”

Her weakness may be completely genuine.

Instead I ask:

Is the discharge pathological?

Is she anaemic?

Is she sleeping adequately?

Is infection present?

Is she depressed or anxious?

Has she become frightened by the belief that every drop of discharge represents loss of bodily strength?

This approach treats the patient with respect while avoiding reinforcement of an unsupported biological belief.

Psychological Distress Can Produce Genuine Physical Symptoms

Anxiety is not imaginary.

Chronic anxiety can cause:

fatigue, muscular tension, disturbed sleep, reduced concentration, headaches, palpitations and a feeling of bodily weakness.

Therefore, a woman who becomes intensely anxious every time she notices normal discharge may genuinely begin feeling physically unwell.

The symptoms are real.

But the treatment should include **education and psychological care**, not simply a vaginal medicine.

This distinction is central to compassionate sexual-health practice.

How Abnormal Discharge Can Affect Sexual Desire

Abnormal discharge can indirectly affect sexual desire in several ways.

A woman may worry:

“Will my partner notice the odour?”

She may feel embarrassed.

If itching or burning is present, sexual touch becomes uncomfortable.

If intercourse becomes painful, she may naturally start avoiding it.

Repeated avoidance can then be interpreted by the partner as loss of affection.

In recurrent bacterial vaginosis, quality-of-life research has documented substantial effects on sexual, mental and physical wellbeing. In one survey, nearly 70% of women reported a negative impact on sexual health.

So vaginal disease can certainly affect sexual wellbeing.

But it is important to identify **how**.

Dyspareunia: Pain During Intercourse

Vaginitis can cause painful intercourse.

CDC describes dyspareunia as one of the typical symptoms that may accompany vulvovaginal candidiasis.

With lower-genital inflammation, penetration can produce:

burning, tearing sensations, soreness and friction.

With PID or other deeper pelvic conditions, pain may instead be felt farther inside the pelvis.

Pain then creates another cycle:

pain → fear of pain → reduced arousal → less lubrication → more discomfort → avoidance.

The woman may therefore report:

"My libido has disappeared."

But the loss of desire may actually be a protective response to repeated painful experiences.

Can Leukorrhea Affect Married Life?

Yes—but not because normal white discharge somehow destroys a marriage.

Untreated symptoms, shame, misinformation, pain and poor communication can affect intimacy.

A woman may avoid sex because of:

odour, itching, embarrassment or pain.

Her partner may incorrectly interpret avoidance as rejection.

A couple may also incorrectly assume that an abnormal discharge automatically proves an STI or infidelity.

This can create unnecessary suspicion.

The supplied research highlights the extent to which vaginal-discharge concerns can become intertwined with sexual avoidance, body-image anxiety and relationship distress.

My advice to couples is simple:

Do not diagnose infidelity from a symptom. Diagnose the symptom medically.

BV and candidiasis, for example, are not proof that a partner has been unfaithful.

Trichomoniasis and certain cervicitis-causing infections are STIs and require appropriate partner assessment.

These are very different situations.

Shame Can Make a Treatable Problem Worse

Women sometimes tolerate abnormal discharge for months because they are embarrassed to discuss genital symptoms.

This can lead to repeated self-treatment with:

antiseptic solutions, vaginal washes, douches, herbal mixtures or over-the-counter medicines.

WHO specifically identifies vaginal cleansing, douching and insertion of herbs or other intravaginal products as practices that can increase the risk of bacterial vaginosis.

Therefore:

The vagina does not need to be repeatedly washed internally to remain clean.

Internal douching can disturb rather than restore the normal environment.

How Vaginal Discharge Is Diagnosed

Good treatment begins with diagnosis.

I first ask about:

when the discharge began, colour and consistency, odour, itching, burning, pelvic pain, urinary symptoms, menstrual pattern, pregnancy, medication or antibiotic exposure, diabetes, sexual history where relevant and whether symptoms are recurrent.

The examination and testing depend on the presentation.

ACOG notes that clinicians may examine the genital area and test a sample of discharge when vaginal infection is suspected.

Depending on the case, assessment may involve:

vaginal pH, microscopic examination, molecular testing, STI tests or other targeted investigations.

Why Self-Diagnosis From Colour Alone Is Unreliable

Although certain discharge appearances are traditionally associated with particular diseases, there is considerable overlap.

For example:

not every thick white discharge is candidiasis.

Not every malodorous discharge is BV.

And a woman may have more than one condition simultaneously.

WHO's symptomatic STI guidance therefore emphasizes evidence-informed assessment of **vaginal discharge syndrome**, including persistent discharge, rather than relying on one visible characteristic alone.

Treatment of Physiological Leukorrhea

If examination and history indicate that the discharge is normal, the treatment is **reassurance and education**.

A normal physiological secretion does not require:

antibiotics, antifungals, vaginal tightening preparations or repeated herbal treatment.

The woman should instead be reassured that her reproductive tract is functioning normally.

This simple explanation can sometimes relieve years of fear.

Treatment of Bacterial Vaginosis

Symptomatic bacterial vaginosis is treated with appropriate antimicrobial therapy.

WHO and CDC list medicines such as **metronidazole and clindamycin** among established treatment options.

The exact regimen should be selected by an appropriate healthcare professional according to pregnancy status, recurrence, previous treatment and individual circumstances.

Because recurrent BV is common, follow-up may be needed when symptoms return.

And, as discussed earlier, current evidence increasingly supports partner-management strategies in selected recurrent cases.

Treatment of Candidiasis

Vulvovaginal candidiasis is treated with **antifungal medication**, usually using appropriate topical azoles or selected oral antifungal therapy depending on the clinical situation.

WHO emphasizes that candidiasis is treatable but also notes increasing concern about antifungal resistance and advises caution with unproven home remedies.

CDC reports that established azole therapy provides symptom relief and negative cultures in approximately **80–90% of patients who complete treatment for uncomplicated candidiasis**.

Recurrent or complicated candidiasis needs more careful evaluation.

Treatment of Trichomoniasis

Trichomoniasis requires effective antimicrobial treatment.

Partners must also be treated.

CDC recommends that people avoid sex until treatment has been completed by both partners and symptoms have resolved, and recommends repeat testing in women because reinfection is common.

This is very different from candidiasis, where routine treatment of an asymptomatic partner is generally unnecessary.

Treatment of Pelvic Inflammatory Disease

PID requires prompt broad-spectrum antibiotic treatment.

Waiting for home remedies to work can allow additional reproductive damage.

CDC notes that treatment can cure the infection when diagnosed early, but it **cannot reverse scarring that has already occurred**.

This is especially important in women concerned about future fertility.

Do Probiotics Cure BV?

Probiotics are widely marketed for vaginal health.

The science is still evolving.

Current CDC guidance states that studies of available intravaginal Lactobacillus and other probiotic preparations do **not currently support them as replacement or adjunctive treatment for BV**.

This does not mean a nutritious diet containing fermented foods is unhealthy.

It means:

do not replace proven treatment of symptomatic BV with yogurt or probiotics alone.

Nutrition: Important for Health, but Not a Direct Cure for Discharge

The supplied research discusses vitamin D, antioxidants, probiotics and several dietary associations in detail.

Nutrition is certainly important for:

immune function, energy, anaemia prevention, metabolic health and general wellbeing.

But associations between nutrient levels and vaginal conditions do not mean supplementation automatically cures leukorrhea.

I prefer to investigate genuine deficiencies when clinically indicated rather than recommending large doses of multiple nutrients to every patient with white discharge.

Similarly, WHO notes that although dietary approaches are frequently discussed for candidiasis, evidence for special restrictive anti-Candida diets remains limited.

The Unani Perspective on Leukorrhea

In classical and contemporary Unani literature, leukorrhea is commonly discussed under the term **Sayalan al-Rahim**.

CCRUM's Standard Unani Treatment Guidelines describe it traditionally as excessive vaginal discharge of varying character, sometimes associated with:

painful intercourse, urinary discomfort, lower-abdominal pain and general constitutional symptoms.

Classical Unani medicine interprets the condition through traditional concepts involving:

Mizaj – temperament,
Akhlat – the four humours,
Quwwat Ghaziya – nutritive faculty,
and the functional condition of the reproductive organs.

These concepts belong to a historical medical framework.

They should not be presented as direct biomedical equivalents of:

vaginal microbiome composition, bacterial culture, vaginal pH or hormone levels.

The Four Classical Humours in Unani Medicine

The four classical humours are:

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

Unani medicine traditionally considers health in relation to the balance of these humours and the individual's temperament.

From a contemporary integrative perspective, I find the greatest clinical value in combining the **whole-person emphasis of Unani medicine** with modern diagnosis.

For example:

a patient may be assessed through Unani principles of diet, sleep, activity and general constitution while vaginal infection is simultaneously diagnosed with appropriate modern examination and testing.

The two approaches should not be confused.

Asbab-e-Sitta Zarooriya and Women's Reproductive Health

One of the most useful preventive concepts in Unani medicine is **Asbab-e-Sitta Zarooriya**, the Six Essential Factors related to maintaining health.

These traditionally include:

air/environment, food and drink, movement and rest, psychological activity and repose, sleep and wakefulness, and retention/elimination.

Applied responsibly to a woman with recurrent genital complaints, this encourages attention to:

appropriate nutrition, sleep, physical activity, stress, bowel health, personal hygiene and overall lifestyle.

These are useful supportive principles even though they do not replace microbiological treatment when infection is present.

Ilaj bil Ghiza – Dietotherapy

Unani medicine places considerable importance on **Ilaj bil Ghiza**, or treatment through appropriate diet.

For women reporting both discharge and weakness, I consider:

overall nutritional status, anaemia risk, diabetes, body weight, appetite and dietary quality.

A woman who is iron deficient needs the deficiency identified and treated.

A diabetic patient with recurrent candidiasis requires good glucose management.

A woman with a normal diet and normal laboratory status does not need to be told she must replace “lost reproductive fluid” through excessive rich foods.

Diet should support health—not reinforce fear.

Ilaj bit Tadbir – Regimenal and Lifestyle Care

Unani regimenal care can support general health through:

appropriate physical activity, adequate sleep, stress reduction and healthy daily routine.

This can be particularly valuable when a woman is experiencing:

fatigue, anxiety, poor sleep and reduced sexual confidence.

However, regimenal care remains **supportive**.

A woman with gonorrhoea, trichomoniasis or PID needs appropriate antimicrobial treatment.

Psychological Well-Being in the Unani Approach

The holistic Unani framework also gives importance to psychological activity and repose.

This is very relevant to women who have developed fear around vaginal discharge.

A patient may repeatedly inspect underwear, worry that her body is becoming weak and then lose sleep or sexual interest because of that fear.

Education, reassurance and psychological support can therefore be genuine parts of treatment.

The 2025 female Dhat syndrome review supports this approach, finding anxiety, depression and somatic symptoms frequently associated with distress about otherwise non-pathological vaginal discharge.

Unani Pharmacotherapy

Unani medicine contains a variety of classical single drugs and compound formulations for **Sayalan al-Rahim**.

I believe these should be used only after an appropriate diagnosis.

The purpose of Unani pharmacotherapy should not be:

“Stop every discharge.”

Remember:

some discharge is physiologically necessary.

The clinical aim is to identify and manage **abnormal excessive or symptomatic discharge**, while protecting normal vaginal physiology.

What Does Clinical Research on Unani Treatment Show?

CCRUM has conducted clinical research on traditional formulations for Sayalan al-Rahim.

One study of **Ma'jun Muqawwi-i-Rahim** enrolled 118 women, with 102 completing treatment. The investigators reported varying degrees of improvement and no significant adverse changes in the measured haematological and biochemical parameters.

Another CCRUM study evaluated Unani pharmacopoeial preparations in women with excessive white discharge and associated symptoms such as weakness or backache. The authors themselves noted that scientific safety and efficacy data for these traditionally used formulations had previously been lacking, which was the reason the study was undertaken.

These studies are relevant and encouraging for continued Unani research.

But they should be interpreted carefully.

They do **not** establish that a Unani formulation cures every microbiologically defined case of:

BV, candidiasis, trichomoniasis, chlamydia, gonorrhoea or PID.

Larger controlled trials and condition-specific diagnosis remain important.

Why I Do Not Recommend Unsupervised Vaginal Douching

Some traditional literature includes vaginal washes or locally applied preparations.

However, current evidence requires caution.

WHO's 2025 BV guidance specifically notes that vaginal cleansing, douching and insertion of herbs or other intravaginal products can increase BV risk.

For this reason, I do not advise patients to prepare strong herbal solutions and repeatedly wash the inside of the vagina without professional supervision.

External hygiene is important.

Internal over-cleaning can disturb the normal vaginal ecosystem.

“Natural” Does Not Automatically Mean Safe

Herbal products may interact with medicines or cause irritation.

Metal- or mineral-containing formulations require even greater caution regarding:

purity, preparation, dose and quality control.

Patients should therefore use Unani pharmacotherapy from reliable sources and under appropriately qualified supervision.

The aim is not to reject traditional medicine.

It is to use it **professionally and safely**.

My Approach at Saira Health Care

At **Saira Health Care**, when a woman tells me:

"I have white discharge and internal weakness,"

I do not begin by assuming that the discharge itself has drained her strength.

I first determine whether the discharge is normal or abnormal.

Then I ask:

Is there itching?

Is there an odour?

Is there burning?

Is intercourse painful?

Is there pelvic or lower-abdominal pain?

Is fever present?

Is bleeding occurring?

Is pregnancy possible?

Is she diabetic?

Has she repeatedly taken antibiotics or antifungal medicines?

Is fatigue actually caused by anaemia, poor sleep, depression or another medical problem?

Has anxiety about discharge affected her sexual confidence?

Is her married life being affected?

Is infertility also a concern?

These questions allow me to treat the **woman rather than simply the discharge**.

The Specialized Clinical Approach of Dr. Nizamuddin Qasmi

My professional profile includes:

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My clinical approach is to integrate the useful holistic principles of Unani medicine with appropriate contemporary reproductive and sexual-health assessment.

That means:

diagnose first → separate physiological from pathological discharge → identify infection or another disease when present → investigate associated weakness when necessary → treat sexual and relationship consequences → use individualized supportive Unani care where appropriate → reassess the outcome.

Saira Health Care's Contribution to Sexual Disorders and Infertility

At Saira Health Care, one important aspect of our work is helping women understand sexual and reproductive symptoms without shame.

Many women delay treatment because they believe vaginal symptoms are embarrassing.

Others suffer unnecessarily because they believe:

“White discharge means my body is becoming hollow.”

Some become afraid of intercourse.

Some worry that their husband will misunderstand the discharge.

Others continue taking medicine for years despite having physiological discharge that never required treatment.

Our objective is to provide:

confidential assessment, correct health education, individualized treatment and appropriate referral when another specialist is needed.

Because our clinical focus includes both **sexual disorders and infertility**, we also consider whether reproductive concerns coexist with the discharge rather than treating each issue in isolation.

Leukorrhea and Fertility

White discharge itself does **not automatically cause infertility**.

Normal physiological discharge is compatible with normal fertility and may actually become more noticeable around ovulation.

However, certain diseases that cause abnormal discharge can affect fertility.

The most important example is untreated PID.

CDC reports that approximately **1 in 8 women with a history of PID experiences difficulty becoming pregnant**, reflecting the possibility of tubal damage.

Therefore:

do not fear normal discharge, but do not ignore significant infection.

Leukorrhea and Sexual Function

A woman's sexual function can be affected when discharge causes:

odour, itching, painful intercourse or embarrassment.

The relationship effect may include:

reduced sexual desire, reduced arousal, avoidance of intimacy and anxiety about a partner's reaction.

This does not mean the woman has permanently “lost sexual power.”

Once the underlying physical problem is treated and confidence restored, sexual wellbeing may improve substantially.

What Partners Should Understand

A supportive partner should avoid statements such as:

“This discharge proves something is wrong with you.”

or:

“You must have caught an infection from someone.”

Instead, couples should understand that abnormal discharge has multiple causes.

Some are sexually transmitted.

Others are not.

The correct answer comes from diagnosis—not suspicion.

For recurrent BV, modern research is even showing that the sexual partner's microbiological contribution may matter without the condition being equivalent to traditional STI-related infidelity.

When Is Partner Treatment Necessary?

Partner management depends on the diagnosis.

For **trichomoniasis and several other STIs**, partner treatment is necessary.

For **candidiasis**, routine treatment of an asymptomatic partner is generally not required.

For **recurrent symptomatic BV**, current ACOG guidance now recommends considering concurrent partner therapy in selected circumstances.

This is why treatment should follow the diagnosis rather than a single universal rule.

Common Mistakes I Advise Women to Avoid

The most common mistakes are treating every white discharge as infection, repeatedly taking antibiotics without diagnosis, using antifungal medicines every time discharge becomes thick, douching the vagina internally, inserting herbs or antiseptics, assuming that normal discharge is causing loss of strength, assuming any abnormal discharge proves an STI, and ignoring pelvic pain or fever while continuing home treatment.

A healthy vaginal environment is delicate.

More treatment is not always better treatment.

Frequently Asked Questions

Is white vaginal discharge normal?

Yes, it often is.

Normal discharge is usually clear to white, does not have a strong unpleasant odour and can change throughout the menstrual cycle.

When should I worry about white discharge?

Seek assessment when there is a major change from your normal discharge or when it is accompanied by:

strong odour, itching, burning, soreness, pelvic pain, painful intercourse, fever or abnormal bleeding.

Does white discharge make the body weak?

Normal discharge does not drain significant nutrients or bodily strength.

If persistent fatigue is present, the underlying cause—such as anaemia, poor nutrition, infection, thyroid disease, poor sleep, anxiety or another condition—should be considered.

Why do I feel weak whenever I notice discharge?

There can be several explanations.

A real underlying illness may be present.

Alternatively, anxiety about the belief that discharge represents loss of vital fluid can itself contribute to genuine fatigue, tension and distress.

The 2025 female Dhat syndrome review found weakness, fatigue and body pain were commonly attributed by affected women to otherwise non-pathological vaginal discharge.

Can leukorrhea cause back pain?

Normal discharge itself does not directly weaken the spine.

Back pain may occur independently or may sometimes coexist with pelvic disease.

Persistent back pain plus abnormal discharge, pelvic pain, fever or painful intercourse deserves clinical assessment.

Does a fishy smell mean BV?

A fishy odour is a characteristic clue for bacterial vaginosis, but diagnosis should not rely on odour alone.

WHO recommends clinical and/or laboratory assessment where available.

Is thick white discharge always a yeast infection?

No.

Candidiasis often produces thick white discharge along with intense itching or soreness, but symptoms overlap with other conditions.

CDC recommends confirming the diagnosis appropriately when possible.

Is BV a sexually transmitted infection?

BV is not classified as a classic STI.

Sexual activity can influence its development and recurrence, and new evidence shows a role for partner management in recurrent cases.

Can recurrent BV require partner treatment?

Current evidence says that it can be helpful for selected patients.

A 2025 randomized trial found substantially lower recurrence when male partners were treated along with women, and ACOG subsequently updated its clinical guidance for recurrent symptomatic BV.

Is candidiasis an STI?

Vulvovaginal candidiasis is not generally classified as an STI.

Sexual activity may sometimes influence its occurrence, but Candida can normally live in the body and become problematic when the local environment changes.

Is trichomoniasis an STI?

Yes.

It requires appropriate treatment and partner management.

Can abnormal discharge cause painful intercourse?

Yes.

Inflamed or irritated vaginal tissue can make penetration painful.

Candidiasis, trichomoniasis, vulvovaginitis and deeper pelvic infection are among possible causes.

Can leukorrhea reduce sexual desire?

The discharge itself does not directly switch libido off.

But itching, odour, pain, embarrassment, anxiety and relationship stress can reduce sexual interest and make intimacy less enjoyable.

Can leukorrhea affect married life?

It can indirectly affect intimacy when symptoms cause pain, shame, avoidance or misunderstanding.

Accurate diagnosis, treatment and open communication can prevent many of these problems.

Does leukorrhea cause infertility?

Normal leukorrhea does not.

Certain infections—particularly when they progress to PID—can damage the reproductive tract and affect fertility.

Can probiotics treat bacterial vaginosis?

At present, available probiotic products should not be used as a replacement for established BV treatment.

CDC states that current evidence does not support available Lactobacillus/probiotic products as adjunctive or replacement treatment for BV.

Should I wash inside the vagina every day?

No.

The vagina naturally maintains its own environment.

Douching and insertion of cleansing substances can disturb this balance and may increase BV risk.

Can Unani medicine help leukorrhea?

Unani medicine has a long traditional framework for **Sayalan al-Rahim** and can contribute through individualized diet, lifestyle regulation, general-health support and professionally selected pharmacotherapy.

CCRUM has also published clinical research on Unani formulations for leukorrhoea.

However, confirmed bacterial, fungal or sexually transmitted infections require condition-specific diagnosis and treatment. Unani therapy should be integrated responsibly rather than used to delay essential antimicrobial care.

When Should You Seek Prompt Medical Attention?

Seek professional medical evaluation promptly if abnormal discharge occurs with **fever, significant lower-abdominal or pelvic pain, vomiting, severe pain during intercourse, pregnancy with concerning symptoms, bleeding between periods, bleeding after intercourse, genital sores, strong foul odour, significant urinary pain or suspected STI exposure**.

Persistent or recurrent symptoms also deserve evaluation rather than repeated self-medication.

A woman who is postmenopausal and develops unexplained bleeding or persistent unusual discharge should be assessed rather than assuming the symptoms are simply due to age.

A Message From Dr. Nizamuddin Qasmi

When a woman tells me:

“Doctor, this white discharge has made me internally weak,”

I first want her to know that she deserves to be listened to.

I do not dismiss her fatigue.

I do not dismiss her backache.

And I do not dismiss the effect that genital symptoms may be having on her confidence or married life.

But I also want to protect her from unnecessary fear.

Normal vaginal discharge does not drain your body's strength.

It does not melt bones.

It does not automatically cause infertility.

And it does not mean that your reproductive organs are becoming weak.

What matters is identifying whether the discharge is **normal or pathological**.

If infection is present, we identify and treat it.

If PID is suspected, we treat it promptly because reproductive health matters.

If the woman is anaemic, diabetic or nutritionally deficient, we address that problem.

If intercourse has become painful, we treat the cause of the pain.

If fear of discharge has created anxiety and loss of sexual confidence, counselling and education become part of treatment.

As a physician trained in Unani medicine, I find the whole-person approach of Unani extremely valuable.

I consider:

Mizaj, diet, physical activity, sleep, psychological wellbeing and the patient's overall health.

Through **Ilaj bil Ghiza, Ilaj bit Tadbir and appropriately selected Ilaj bid Dawa**, Unani medicine can make a meaningful supportive contribution.

But responsible Unani medicine also means knowing when modern diagnosis and treatment are essential.

A sexually transmitted infection should not be hidden behind the word “leukorrhea.”

PID should not be treated with tonics alone.

Recurrent vaginal symptoms should not be treated endlessly without establishing the cause.

And a woman with normal physiological discharge should not be turned into a lifelong patient.

At **Saira Health Care**, my goal is therefore not simply:

“Stop the white discharge.”

My goal is:

identify what is normal, diagnose what is abnormal, treat the underlying condition, restore physical and sexual health, reduce unnecessary fear and help the woman regain confidence in her body and her relationship.

That is a much more complete approach to women's sexual and reproductive health.

About the Author

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

At **Saira Health Care**, the clinical focus includes confidential and individualized evaluation of sexual and reproductive-health concerns, including abnormal vaginal discharge, sexual pain, reduced desire, relationship-related sexual difficulties and infertility, using an integrative approach that respects Unani principles while incorporating appropriate contemporary medical assessment.

Medical Disclaimer

This article is intended for **patient education and general health information** and does not replace an individual medical examination, laboratory diagnosis or personalized treatment.

Vaginal discharge may be physiological or may result from bacterial vaginosis, candidiasis, trichomoniasis, sexually transmitted infections, hormonal changes, inflammatory disorders or other conditions. Treatment should therefore be based on the actual diagnosis.

Women who are pregnant, have recurrent infections, significant pelvic pain, fever, bleeding, suspected STI exposure or fertility concerns should seek appropriate professional care.

Unani and herbal medicines should be used under qualified supervision. Traditional therapy should not delay established antimicrobial treatment when an infection such as trichomoniasis, cervicitis or PID is suspected or confirmed.