Leucorrhoea (Abnormal Vaginal Discharge) / Sayalān al-Raḥim

Understanding White Discharge, Its Causes, Diagnosis, Modern Treatment and the Unani Approach

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

Qualifications: 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

Updated: September 2026

Introduction

Many women come to me worried about what they commonly call **"white discharge."** Some have been frightened by the idea that every vaginal discharge represents an infection, weakness of the uterus, loss of health or even infertility. Others have taken repeated courses of antifungal tablets, antibiotics or traditional medicines without first finding out why the discharge is occurring.

The first thing I explain is very important: **some vaginal discharge is completely normal.**

The vagina naturally produces fluid throughout a woman's reproductive years. Normal discharge helps maintain a healthy vaginal environment and removes shed cells. Its amount and consistency can change during the menstrual cycle, pregnancy and periods of hormonal change. Normal discharge is usually clear to white and does not have a strong or unpleasant smell.

The word **leucorrhoea**, also written *leucorrhea* or *leukorrhea*, has traditionally been used for a white or whitish vaginal discharge. In everyday clinical practice, however, it is more useful to distinguish **physiological or normal vaginal discharge** from **abnormal vaginal discharge caused by infection, inflammation, hormonal changes or another medical condition**.

In Unani medicine, abnormal or excessive vaginal discharge is commonly discussed under the term **Sayalān al-Raḥim**, also written *Sailan-ur-Raham, Sayalan al-Rahim* or similar transliterations. Classical Unani literature describes this condition within the broader concepts of the uterus, humours, temperament and bodily faculties. Contemporary medical science, meanwhile, identifies specific infectious and noninfectious causes through examination and laboratory testing.

In my practice at **Saira Health Care**, I consider both perspectives valuable when used responsibly. I use Unani principles to understand the woman as a whole—her Mizaj, diet,

general strength, digestion, sleep, mental health and reproductive condition—but I also believe abnormal discharge should be investigated properly whenever infection, sexually transmitted infection, cervical disease or another gynecological condition is possible.

The correct treatment begins with a correct diagnosis.

What Is Leucorrhoea?

Leucorrhoea is not one single disease with one single treatment.

It is better understood as a **description of vaginal discharge**, particularly when the discharge is excessive, persistent or different from what is normal for that woman.

A certain amount of discharge is part of normal female physiology. According to ACOG, normal discharge is generally clear or white and usually does not have a noticeable strong odor. The amount and characteristics can vary throughout the menstrual cycle.

The discharge becomes more medically important when there is a new change in **amount, color, smell or consistency**, or when it is accompanied by itching, burning, pain, urinary discomfort, bleeding, pelvic pain or painful intercourse.

Therefore, when a woman says, “Doctor, I have white discharge,” my next question is not simply, “How much?” I want to know what the discharge looks like, how long it has been present, whether it smells different, whether there is itching or pain, whether menstruation is normal, whether she is pregnant, whether there has been recent sexual exposure, and whether she has taken any medicine already.

Those details help us separate normal physiology from disease.

Normal Vaginal Discharge Is Not a Disease

This is one of the most important messages for women to understand.

The vagina is not supposed to remain completely dry. Normal vaginal secretions contain water, cells and microorganisms that form part of the natural vaginal environment. These secretions help keep vaginal tissue healthy.

Normal discharge may temporarily increase around ovulation, before menstruation, during pregnancy or because of hormonal fluctuations.

A woman should therefore not repeatedly take antibiotics or antifungal medicines simply because she notices a small amount of odorless white discharge on her underwear.

There is also no modern medical basis for the common fear that normal vaginal discharge is continuously “draining blood,” “removing calcium” or causing permanent physical weakness.

If a woman has significant fatigue, anemia, weight loss or weakness, those symptoms deserve their own proper evaluation rather than automatically blaming normal discharge.

I consider correcting this misunderstanding an important part of treatment.

When Does Vaginal Discharge Become Abnormal?

Abnormal discharge is generally a discharge that has changed from the woman's normal pattern.

It may become unusually heavy, thick, clumpy, watery, gray, yellow or green. It may develop a strong fishy or unpleasant smell. It may occur together with itching, burning, genital redness, discomfort during urination or pain during sexual intercourse.

The most frequent causes of symptomatic vaginal discharge are **bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis**. Cervicitis, including infection related to chlamydia or gonorrhea, may also produce abnormal discharge. Noninfectious causes such as chemical irritation, allergic reactions and low-estrogen vaginal changes are also possible.

This is precisely why treatment based only on the color of the discharge is unreliable.

Common Symptoms Associated With Abnormal Leucorrhoea

Some women have discharge without any other symptom. Others may experience vaginal or vulval itching, burning, redness, irritation, an unpleasant odor, pain during urination, discomfort or pain during intercourse, lower abdominal discomfort or spotting.

A thick, white, curd-like discharge accompanied by intense itching is commonly associated with vulvovaginal candidiasis. A thin white or gray discharge with a characteristic fishy smell is more typical of bacterial vaginosis. Yellow-green discharge with genital irritation may occur with trichomoniasis. These descriptions are useful clues, but they are not reliable enough to replace testing.

The CDC specifically emphasizes that symptoms and medical history alone are not sufficiently accurate to diagnose every case of vaginitis; physical examination and appropriate laboratory testing may be required.

Major Causes of Leucorrhoea and Abnormal Vaginal Discharge

Physiological Hormonal Discharge

A woman may have increased normal vaginal discharge because of hormonal changes without any infection.

The discharge is generally clear or white, without significant itching, burning or strong odor. Pregnancy is a common example because hormonal changes and increased blood flow to the vaginal area can increase normal secretions.

Such discharge usually does not need antimicrobial treatment.

Bacterial Vaginosis

Bacterial vaginosis, commonly called **BV**, develops when the usual balance of bacteria in the vagina changes.

A woman with BV may notice a thin white or gray discharge with a strong fish-like odor, often more noticeable after intercourse. Some women also experience burning or itching, while others have few symptoms.

BV is treatable, usually with appropriate prescription antibiotic therapy when symptomatic. However, recurrence can occur.

Douching can disturb the vaginal bacterial environment and is associated with increased risk of vaginal problems. Therefore, excessive internal washing should not be considered a treatment for discharge.

Vulvovaginal Candidiasis — Yeast Infection

Vulvovaginal candidiasis is usually caused by *Candida albicans*.

Typical symptoms include intense vulval itching, soreness or burning, redness, painful urination or intercourse and a thick, curd-like white discharge. However, no single symptom is completely specific for Candida.

One important point is that Candida organisms can sometimes be present in the vagina without causing disease. According to CDC guidance, finding Candida in an otherwise symptom-free woman does not automatically require treatment.

Women with diabetes or weakened immunity may experience more complicated or recurrent candidiasis and may require a more careful diagnostic and treatment approach.

Trichomoniasis

Trichomoniasis is a **sexually transmitted infection** caused by *Trichomonas vaginalis*.

It can cause yellowish or greenish discharge, irritation, redness, burning and discomfort, although many infected people may have mild symptoms or no symptoms.

Because it is sexually transmitted, treatment involves not only treating symptoms but also preventing reinfection and addressing sexual partners appropriately. CDC guidance recommends testing for other STIs when trichomoniasis is diagnosed.

This is a good example of why simply giving an herbal “white discharge medicine” without identifying the cause can be inadequate.

Chlamydia and Gonorrhoea

Chlamydia and gonorrhoea can cause cervical infection and abnormal vaginal discharge, although many women have little or no obvious symptoms.

Possible signs include a discharge different from normal, bleeding between periods or after sex and painful or frequent urination.

Untreated chlamydia or gonorrhoea can progress to **pelvic inflammatory disease**, which may lead to fallopian-tube scarring, ectopic pregnancy, infertility and long-term pelvic pain.

It is therefore extremely important not to dismiss persistent abnormal discharge as merely “weakness of the uterus.”

Genitourinary Syndrome of Menopause

Around and after menopause, lower estrogen levels can make the vaginal tissue thinner, drier and more sensitive.

This may cause dryness, burning, painful intercourse and sometimes abnormal vaginal discharge. It is not an infection and therefore does not improve with repeated antibiotics or antifungal medicines unless a separate infection is actually present. ACOG describes this as atrophic vaginitis or, around menopause, **genitourinary syndrome of menopause**.

Irritants and Chemical Causes

Not every vaginal symptom is caused by bacteria or fungus.

Scented intimate washes, deodorant sprays, douches, spermicides and certain other products can irritate the vulva and vagina. If laboratory testing does not reveal a pathogen, chemical, mechanical, allergic and other noninfectious causes should be considered.

For this reason, I generally advise women not to try to “clean” the vagina aggressively. The vagina has its own natural environment.

Is Poor Hygiene the Main Cause of Leucorrhoea?

No.

This idea should be handled carefully because it can make women feel unnecessarily guilty.

Basic genital hygiene is important, but abnormal vaginal discharge should not simply be blamed on “uncleanliness.” In fact, **over-cleaning and douching may disturb the normal vaginal environment and worsen irritation or bacterial imbalance**. ACOG specifically advises against douching and strongly scented feminine hygiene products.

Simple external hygiene is usually sufficient.

Leucorrhoea During Pregnancy

Pregnancy often naturally increases vaginal discharge. This can be normal.

However, pregnancy does not protect women from vaginal infections or sexually transmitted infections. Symptomatic pregnant women should be evaluated because certain infections may affect maternal or pregnancy outcomes.

Symptomatic bacterial vaginosis during pregnancy has been associated with pregnancy complications, and trichomoniasis has also been associated with adverse outcomes such as premature rupture of membranes and preterm delivery.

Therefore, pregnant women should not self-medicate abnormal discharge with antibiotics, antifungals or herbal vaginal applications without professional advice.

Can Leucorrhoea Cause Infertility?

Normal physiological vaginal discharge does not cause infertility.

Even abnormal discharge itself is usually a symptom rather than the direct cause of infertility.

What matters is the underlying disease.

For example, untreated chlamydia or gonorrhoea can cause pelvic inflammatory disease, and damage from PID may affect the fallopian tubes and fertility.

This distinction is very important.

A woman should not be frightened into believing that every episode of white discharge will prevent pregnancy. At the same time, persistent abnormal discharge accompanied by pelvic pain, bleeding or STI risk should not be ignored.

How I Diagnose Leucorrhoea

When a patient consults me at Saira Health Care, my first responsibility is to determine whether the discharge is physiological or pathological.

I ask about its color, amount, consistency, smell and duration. I ask whether itching, burning, painful urination, pain during intercourse, bleeding, fever or lower abdominal pain is present. Menstrual history, pregnancy, contraception, recent antibiotic use, diabetes, medications and sexual history may also be relevant.

Examination may include inspection of the external genital area and, when appropriate, pelvic or speculum examination.

Laboratory evaluation may include assessment of vaginal pH, microscopic examination of vaginal secretions, tests for Candida or bacterial vaginosis and nucleic-acid tests for trichomoniasis, chlamydia or gonorrhoea when indicated. CDC guidance notes that pH, potassium hydroxide testing, wet-mount microscopy and modern laboratory assays can help identify the cause.

Modern tests are especially useful because microscopy can miss some infections. For example, CDC notes that traditional microscopic testing is less sensitive than modern nucleic-acid testing for trichomoniasis.

The aim is not to perform every test on every patient. The aim is to select investigations according to the woman's symptoms and risk factors.

Why Self-Treating Every Discharge as a Yeast Infection Can Be a Mistake

Many women purchase antifungal medicine whenever discharge appears because they assume the problem is Candida.

But vaginal infections can resemble one another.

ACOG specifically warns that a woman may think she has a yeast infection when the real problem is something different. In that situation, unnecessary antifungal treatment may delay correct diagnosis.

The same principle applies to antibiotics.

An antibiotic will not cure every discharge. Unnecessary antibiotics may cause side effects, disrupt normal microorganisms and make diagnosis more confusing.

The treatment must match the cause.

Modern Medical Treatment of Leucorrhoea

There is no universal “leucorrhoea tablet.”

If discharge is physiological and there are no concerning symptoms, reassurance and education may be all that is required.

If bacterial vaginosis is diagnosed, appropriate antibiotics such as metronidazole- or clindamycin-based treatment may be prescribed according to the clinical situation.

For uncomplicated vulvovaginal candidiasis, antifungal medicines are effective when candidiasis has been properly diagnosed.

Trichomoniasis requires specific antimicrobial treatment and appropriate management of sexual partners to reduce reinfection.

Chlamydia and gonorrhoea require guideline-based antibiotic therapy, STI counselling and partner management.

Menopause-related low-estrogen vaginal problems require a completely different approach and may involve lubricants, moisturizers or local hormonal therapy after medical assessment rather than repeated anti-infective treatment.

This is the core principle of modern treatment:

Treat the cause, not merely the appearance of the discharge.

Understanding Sayalān al-Raḥim in Unani Medicine

In Unani medical literature, abnormal or excessive vaginal discharge is commonly discussed as **Sayalān al-Raḥim**.

The Unani system understands health in relation to **Mizaj**, the condition of organs and faculties, and the traditional concept of **Akhlāṭ**, or humours.

The four principal humours described in classical Unani medicine are **Dam (blood), Balgham (phlegm), Ṣafrā or Safra (yellow bile) and Sawdā or Sauda (black bile)**. CCRUM, under the Ministry of AYUSH, identifies these four humours as part of the fundamental framework of Unani medicine.

I want to correct one common oversimplification here.

It is not accurate to say that **every case of Sayalān al-Raḥim is caused only by excess Safra or yellow bile**. Classical descriptions are broader. Unani literature has associated the disorder with alteration of humours, accumulation of *Fuzlat* or waste material, altered uterine temperament and weakness of certain uterine faculties. Different traditional patterns have been described according to the predominant humour and characteristics of discharge.

These are classical Unani concepts. They should not be presented as identical to modern microbiological diagnoses such as Candida, bacterial vaginosis or trichomoniasis.

The two systems describe disease through different frameworks.

Classical Unani Understanding of the Uterus and Sayalān al-Raḥim

Some classical Unani discussions describe Sayalān al-Raḥim in relation to reduced strength of the **Quwwat-e-Ghāziya**, or nutritive faculty, of the uterus, together with the accumulation of undesirable material or *Fuzlat*.

A CCRUM-associated clinical publication discussing Sayalān al-Raḥim cites classical descriptions in which abnormal uterine or vaginal discharge is understood through disturbances affecting uterine function and accumulated waste products.

In traditional assessment, the patient's Mizaj, the nature and appearance of discharge, general constitutional condition and associated symptoms may help the Unani physician determine an individualized line of treatment.

However, in contemporary clinical practice, I believe those assessments should be accompanied by appropriate modern diagnostic testing whenever infection or gynecological disease is suspected.

A woman with trichomoniasis requires identification and treatment of the infection, regardless of her temperament.

How Unani Medicine May Help in the Management of Sayalān al-Raḥim

One of the strengths of the Unani system is its emphasis on the **whole patient rather than one isolated symptom**.

CCRUM describes the major therapeutic approaches of Unani medicine as **Ilaj-bil-Tadbir or regimental therapy, Ilaj-bil-Ghiza or dietotherapy, Ilaj-bil-Dawa or pharmacotherapy, and Ilaj-bil-Yad or surgery where appropriate**.

In Sayalān al-Raḥim, an individualized Unani plan may therefore involve attention to diet, bowel and digestive health, sleep, stress, general physical condition and carefully selected traditional medicines.

Where appropriate, Unani physicians may use pharmacopoeial preparations traditionally described as possessing *Qabiz* or astringent, *Muqawwi-e-Raḥim* or uterine-supportive, anti-inflammatory or other therapeutic properties.

However, the exact preparation should not be chosen merely from an internet list.

The same complaint can have completely different causes. If a woman has normal physiological discharge, she may need no medicine. If she has Candida, she needs an antifungal approach. If she has trichomoniasis, she needs specific antimicrobial treatment and partner management. If she has menopausal vaginal atrophy, the entire mechanism is different.

That is why my Unani treatment is **diagnosis-based and individualized**.

Herbal Medicines in Unani Practice

Classical and later Unani literature describes several medicinal substances and compound preparations for Sayalān al-Raḥim.

Ingredients such as Lodh and various astringent or strengthening herbs appear in traditional discussions, while pharmacopoeial formulations such as **Majoon Suparipak** and other uterine-supportive formulations have also been studied clinically.

I do not advise patients to prepare intravaginal herbal mixtures, powders, oils or washes at home.

The vaginal environment is sensitive. An unsterile or irritating preparation can worsen inflammation, cause allergy, disturb normal bacteria or make an existing infection harder to recognize.

Unani pharmacotherapy should be selected and supervised by a qualified practitioner, particularly during pregnancy, breastfeeding or when the patient has diabetes, liver or kidney disease or is taking other medicines.

What Does Scientific Research Say About Unani Treatment?

Scientific research on Unani treatment for Sayalān al-Raḥim is developing.

A clinical-validation study involving a Unani pharmacopoeial preparation, **Majoon Suparipak**, included more than 100 women and reported improvement in symptoms such as discharge and associated complaints. However, the study was open-label, which means it did not provide the same level of evidence as a large blinded placebo-controlled randomized trial.

More recently, a prospective clinical trial published in 2025 evaluating a polyherbal Unani formulation reported significant improvements in vaginal-discharge symptom scores and other symptoms. The authors themselves noted the need for additional validation, standardization and broader trials.

These findings are encouraging and support further scientific study of Unani formulations.

At the same time, they should be interpreted responsibly.

The existing research does **not** prove that every type of abnormal vaginal discharge can be cured by one Unani medicine, and it certainly does not mean that infection-specific treatment can always be replaced by herbal medicine.

Modern diagnostic tests and traditional treatment do not have to compete with one another.

The safest approach is to identify the cause first and use the most appropriate treatment.

My Specialized Clinical Approach at Saira Health Care

When a woman consults me at Saira Health Care for leucorrhoea or Sayalān al-Raḥim, I do not begin by assuming that every discharge represents the same disease.

My approach starts by distinguishing **normal physiological discharge from abnormal discharge**. I then assess whether the likely source is vaginal, cervical, hormonal, infectious or noninfectious.

If symptoms suggest bacterial vaginosis, candidiasis, trichomoniasis or an STI, appropriate clinical examination and laboratory testing are considered.

At the same time, as a Unani physician, I assess the patient's **Mizaj, digestion, diet, sleep, physical strength, menstrual and reproductive history, stress and other associated health problems**.

When Unani treatment is suitable, I may use individualized dietary guidance, lifestyle correction and appropriately selected pharmacopoeial or traditional medicines.

When modern antimicrobial, gynecological or STI treatment is required, it should not be delayed.

This is the model I consider most appropriate for contemporary Unani clinical practice: **respect the classical system, but also use modern diagnostic knowledge to protect the patient's health.**

Why I Do Not Give the Same Medicine to Every Woman

Consider four patients who all say, “I have excessive white discharge.”

The first has normal hormonal discharge around ovulation and needs reassurance rather than medicine.

The second has severe itching and laboratory-confirmed Candida infection.

The third has fishy-smelling discharge from bacterial vaginosis.

The fourth has a sexually transmitted cervical infection.

All four use the same words to describe their problem, but giving them the same treatment would be poor medical practice.

This is one reason I strongly prefer individualized treatment over the idea of a universal “white discharge cure.”

Diet and Lifestyle in the Unani Approach

Diet occupies an important place in Unani medicine through **Ilaj-bil-Ghiza**.

At Saira Health Care, dietary advice is selected according to the woman's general health rather than imposing unnecessary restrictions on every patient.

A balanced diet containing adequate protein, vegetables, fruits, fibre and essential micronutrients supports overall health. Diabetes should be appropriately controlled because poorly controlled diabetes can make certain infections, particularly recurrent or complicated candidiasis, more difficult to manage.

Adequate sleep and stress management are also important for general reproductive and sexual health.

However, I do not tell patients that avoiding one food or eating one particular herb will eliminate every form of vaginal discharge. Diet supports treatment; it does not replace diagnosis.

Genital Hygiene: Less Can Sometimes Be Better

Many women experiencing discharge begin washing repeatedly with antiseptics, soap, intimate wash or home remedies.

This can make matters worse.

The vagina has its own natural bacterial environment. Douching and scented products may disturb that environment and increase irritation. ACOG recommends avoiding douches, vaginal deodorants and irritating feminine hygiene products.

The external vulval area can generally be cleaned gently. Internal vaginal cleansing is unnecessary.

The idea that stronger cleaning means better vaginal health is incorrect.

When Should Sexual Partners Be Evaluated?

This depends on the diagnosis.

Vulvovaginal candidiasis is not usually treated as a sexually transmitted infection, and routine treatment of a male partner is generally unnecessary in uncomplicated cases.

Trichomoniasis is different. Sexual partners need appropriate management to prevent transmission and reinfection.

Chlamydia and gonorrhoea also require partner notification, testing and treatment according to STI guidance.

This is another reason why diagnosing the cause before treatment is important.

Can Leucorrhoea Come Back After Treatment?

Yes.

Recurrence does not automatically mean that the first treatment was ineffective.

Bacterial vaginosis commonly recurs. Candida may recur in some women, particularly when there are predisposing medical factors. Reinfection with an STI can occur if a sexual partner remains untreated.

Sometimes the initial diagnosis was incorrect.

When symptoms repeatedly return, I prefer reassessment rather than simply repeating the same medicine indefinitely.

Possible Complications

Leucorrhoea itself is a symptom, so complications depend upon the underlying cause.

Normal physiological discharge does not cause complications.

However, certain untreated sexually transmitted infections can lead to pelvic inflammatory disease, infertility, ectopic pregnancy and chronic pelvic pain.

Bacterial vaginosis is associated with a higher risk of acquiring certain sexually transmitted infections and, during pregnancy, with certain adverse pregnancy outcomes.

Trichomoniasis has also been associated with reproductive and pregnancy complications.

The important principle is therefore to identify the cause rather than becoming frightened by the word “leucorrhoea” itself.

Warning Signs That Should Not Be Ignored

Please seek medical assessment promptly if vaginal discharge is accompanied by:

- severe or persistent lower abdominal or pelvic pain, fever, marked genital swelling, unexplained vaginal bleeding, bleeding after intercourse or postmenopausal bleeding;

- strong foul odor, green or markedly yellow discharge, severe itching or burning, painful urination or painful intercourse;
- suspected STI exposure, a new sexual partner or a partner known to have an infection;
- pregnancy with significant abnormal discharge, bleeding, pain or fever;
- recurrent symptoms despite treatment, or persistent symptoms when laboratory tests have not identified a clear cause.

Women with pelvic pain and abnormal discharge should be assessed carefully because even mild pelvic inflammatory disease can have reproductive consequences.

The Contribution of Saira Health Care in Sexual Disorders and Infertility

An important part of our work at **Saira Health Care** is helping patients discuss reproductive and sexual-health concerns in a confidential and respectful medical environment.

The clinic publicly describes its clinical focus as sexual disorders, infertility and related male and female reproductive-health conditions, including leucorrhoea. It also describes its approach as combining traditional Unani assessment with individualized treatment and contemporary medical understanding.

In women's health, this is particularly valuable because conditions such as vaginal discharge, painful intercourse, low sexual desire, irregular menstruation, fertility problems and vaginal dryness can overlap with one another.

Our objective is not simply to sell a medicine for a symptom.

The objective is to determine whether there is a genuine disease, identify the underlying cause when possible, treat the condition appropriately and educate the patient so that unnecessary fear and repeated self-medication can be avoided.

I consider patient education one of the most important contributions a sexual and reproductive-health clinic can make.

About Dr. Nizamuddin Qasmi

I am **Dr. Nizamuddin Qasmi, Founder and Chief Physician of Saira Health Care**, with a focused clinical practice in **sexual disorders and infertility**.

My professional profile includes **BUMS from Hamdard University, Delhi; MD; CGO; Certificate in Infertility from MGBIMS, Delhi; Certificate in Urology – London, UK; Masters**

in Male Infertility from MasterHealthPro (HealthPro); and Integrated Sexual and Reproductive Health training through ISRH, UNFPA.

Saira Health Care's official physician profile lists my BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK, while the clinic's current professional material also lists the Masters in Male Infertility and ISRH training.

My clinical interest in sexual disorders and infertility is particularly relevant to vaginal-discharge problems because persistent genital infection, painful intercourse, reproductive concerns and infertility can sometimes exist together.

The physician therefore needs to look beyond the discharge itself.

Frequently Asked Questions

Is white vaginal discharge always an infection?

No. Clear or white discharge without strong odor, irritation or other symptoms is often normal.

Does every woman with leucorrhoea need treatment?

No. Physiological discharge does not require antimicrobial treatment. Treatment is needed when an underlying medical cause is identified or symptoms are troublesome.

Can leucorrhoea cause physical weakness?

Normal vaginal discharge does not deplete the body's strength or blood. If weakness, dizziness, anemia or significant fatigue is present, those symptoms should be assessed independently.

Is thick white discharge always Candida?

No. Thick curd-like discharge with itching is typical of Candida, but symptoms overlap with other vaginal conditions. Testing may be needed.

What does fishy-smelling discharge usually suggest?

A thin white or gray discharge with a fish-like odor is commonly associated with bacterial vaginosis, although proper examination is recommended.

Can an STI cause leucorrhoea?

Yes. Trichomoniasis, chlamydia and gonorrhoea can cause abnormal vaginal discharge.

Can white discharge affect fertility?

Normal discharge does not cause infertility. Certain untreated infections that produce abnormal discharge can damage reproductive organs and affect fertility, particularly if they lead to pelvic inflammatory disease.

Is Unani treatment useful for Sayalān al-Raḥim?

Unani medicine offers an individualized approach involving Mizaj assessment, dietotherapy, lifestyle and pharmacotherapy. Small clinical studies of specific Unani formulations have reported encouraging outcomes, but stronger controlled research is still needed. Traditional treatment should not delay appropriate diagnosis or treatment of infections.

Is Sayalān al-Raḥim caused only by Safra?

No. Classical Unani descriptions discuss several humoral and functional patterns rather than attributing every case solely to Safra.

Should I use a vaginal wash every day?

Routine internal vaginal cleansing is unnecessary, and douching or fragranced products can worsen irritation and disturb the normal vaginal environment.

Can I take antibiotics myself for white discharge?

It is better not to. Different causes require different treatments, and unnecessary medication can delay correct diagnosis.

A Message From Dr. Nizamuddin Qasmi

When a patient comes to me worried about leucorrhoea, I first try to remove the fear surrounding the condition.

I tell her that **the presence of vaginal discharge does not automatically mean that she is unhealthy, sexually infected, physically weak or infertile**.

The human body normally produces vaginal secretions.

What matters is whether the discharge has changed from normal and whether other symptoms are present.

If the discharge is physiological, reassurance may be the best treatment.

If there is Candida, bacterial vaginosis or another vaginal infection, we treat that problem appropriately.

If an STI is present, the infection and partner issues need to be addressed properly.

If the woman is menopausal, hormonal vaginal changes may be responsible.

And when an individualized Unani approach is appropriate, I consider her Mizaj, diet, digestion, general health and associated reproductive problems before choosing treatment.

For me, good Unani practice does not mean ignoring laboratory science. It means using the holistic strengths of Unani medicine while recognizing when modern diagnosis and evidence-based treatment are necessary.

The purpose should always be to treat the patient correctly—not merely to stop the discharge temporarily.

Conclusion

Leucorrhoea, or abnormal vaginal discharge, is a common complaint but it is **not one single disease**.

Normal vaginal discharge is part of healthy female physiology. A change in color, odor, amount or consistency, especially when accompanied by itching, burning, pain, urinary symptoms or bleeding, deserves assessment.

Important causes include bacterial vaginosis, vulvovaginal candidiasis, trichomoniasis, cervical infections such as chlamydia and gonorrhoea, hormonal changes and noninfectious irritation. The treatment depends entirely on the cause.

Within the Unani system, abnormal discharge is traditionally described as **Sayalān al-Raḥim**, with attention to Mizaj, the four humours, uterine function, diet and general health. Modern clinical research on selected Unani formulations is encouraging, but the evidence remains developing and should be interpreted responsibly.

At **Saira Health Care**, my approach is to integrate careful diagnosis with individualized Unani principles, lifestyle and dietary guidance and appropriate contemporary medical evaluation.

Women should not feel embarrassed about discussing vaginal discharge. It is a normal subject for medical consultation, and in most cases the cause can be understood and appropriately managed.

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

Visit Saira Health Care

Appointment assistance: +91-9452580944

Medical Disclaimer: This article is intended for patient education and general awareness. It does not replace examination or individualized medical advice. Pregnant women, patients

with persistent pelvic pain or abnormal bleeding, and anyone with possible sexually transmitted infection should seek appropriate professional evaluation. Antibiotics, antifungal medicines, intravaginal preparations and Unani or herbal medicines should not be started solely on the basis of online information.