

## Recurrent Vaginal Infections: Why Symptoms Return

**Understanding Recurrent Vaginitis, Bacterial Vaginosis, Recurrent Yeast Infection, Trichomoniasis and the Reasons Treatment Sometimes Fails**

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Repeated vaginal itching, burning, abnormal discharge or unpleasant odour can become extremely frustrating.

Many women tell me:

“Doctor, I take medicine and become normal for a few days, but then the infection comes back.”

Another common statement is:

“Every time I get discharge, I take the same antifungal medicine, but now it is not working.”

Some women have taken repeated antibiotics, vaginal tablets, antifungal capsules, washes and home remedies without ever finding out what is actually causing the symptoms.

The first point I explain is very important:

**Recurring vaginal symptoms do not always mean that the same infection keeps returning.**

Several different disorders can produce very similar symptoms. A woman may have bacterial vaginosis during one episode, vulvovaginal candidiasis during another, irritation from a product during another, or even a non-infectious inflammatory condition that is repeatedly being mistaken for infection.

Modern guidelines therefore increasingly emphasize **correct diagnosis before repeated treatment**.

The World Health Organization's 2024 recommendations address bacterial vaginosis, vulvovaginal candidiasis and *Trichomonas vaginalis* as separate conditions because each has different causes and treatment requirements. The International Society for the Study of Vulvovaginal Disease likewise advises against relying on self-diagnosis in recurrent cases.

At **Saira Health Care**, my approach is therefore not simply to ask:

**“Which medicine did you use last time?”**



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I first ask:

**“What exactly is causing the symptoms this time, and why are they returning?”**

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### **What Is a Recurrent Vaginal Infection?**

The expression “recurrent vaginal infection” is commonly used by patients, but medically it may include several different conditions.

The most important are:

- bacterial vaginosis,
- vulvovaginal candidiasis or vaginal yeast infection,
- trichomoniasis,
- cervicitis or another sexually transmitted infection,
- mixed vaginal infections.

There are also several conditions that are **not infections** but can cause similar symptoms, including:

- contact dermatitis,
- allergic irritation,
- genitourinary syndrome of menopause,
- vulval skin disorders,
- desquamative inflammatory vaginitis,
- other inflammatory or dermatological diseases.

Desquamative inflammatory vaginitis, for example, can cause discharge, irritation and discomfort even though it is considered a chronic **non-infectious** vaginal condition.

This is why repeatedly using the same antifungal or antibiotic without confirming the diagnosis can sometimes make the situation more confusing.

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### **The Vagina Normally Contains Bacteria**

A healthy vagina is not sterile.

It contains a complex community of microorganisms. Protective **Lactobacillus** species commonly play an important role in maintaining an acidic vaginal environment and helping prevent overgrowth of less desirable organisms.



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Problems occur when this balance changes.

Sometimes the disturbance produces bacterial vaginosis.

Sometimes yeast overgrows.

Sometimes an STI is responsible.

At other times, symptoms arise from inflammation or irritation without an infection at all.

Understanding this difference is fundamental to successful treatment.

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## The Three Major Causes of Vaginitis

The three conditions most commonly discussed when a woman presents with vaginal discharge, itching or irritation are:

### 1. Bacterial Vaginosis — BV

Bacterial vaginosis occurs when the normal balance of vaginal bacteria changes and there is overgrowth of bacteria associated with BV.

It is better understood as a **vaginal dysbiosis**, or disturbance of the vaginal microbial ecosystem, rather than a simple infection caused by one single organism.

Symptoms may include:

- thin vaginal discharge,
- white or grey discharge,
- fish-like odour,
- increased odour after intercourse,
- mild irritation or burning.

Some women with BV have no symptoms.

WHO notes that bacterial vaginosis is associated with an imbalance in the vaginal bacterial environment and is an important cause of abnormal discharge.

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### 2. Vulvovaginal Candidiasis — Yeast Infection

Vulvovaginal candidiasis, commonly called **vaginal thrush or yeast infection**, is most often caused by *Candida albicans*.

Typical symptoms include:



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- intense itching,
- vulval irritation,
- redness,
- vaginal soreness,
- burning,
- pain during intercourse,
- external burning during urination,
- abnormal discharge.

However, these symptoms are not specific enough to prove that Candida is the cause.

CDC specifically warns that even women who have previously had a confirmed yeast infection may not reliably diagnose every later episode themselves.

This is one of the main reasons women can enter a cycle of repeatedly taking antifungal medicine without lasting improvement.

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### 3. Trichomoniasis

Trichomoniasis is caused by the parasite *Trichomonas vaginalis*.

Unlike ordinary candidiasis, **trichomoniasis is a sexually transmitted infection**.

Symptoms may include:

- vaginal discharge,
- unpleasant odour,
- irritation,
- burning,
- discomfort during urination,
- pain during sexual intercourse.

Some infected people have few or no symptoms.

WHO identifies trichomoniasis as the most common non-viral sexually transmitted infection worldwide and an important cause of abnormal vaginal discharge.

Recurrent trichomoniasis often occurs because of **reinfection from an untreated sexual partner**, although treatment failure and drug resistance are also possible.



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## Why Do Vaginal Symptoms Keep Coming Back?

There is no single explanation.

Recurrence can result from:

- incorrect diagnosis,
- incomplete treatment,
- reinfection,
- resistant organisms,
- non-albicans Candida,
- disturbance of vaginal flora,
- frequent antibiotic use,
- diabetes or poor glucose control,
- hormonal changes,
- sexual factors,
- vaginal douching,
- irritating products,
- immune problems,
- underlying vulval disease,
- non-infectious vaginitis.

Each of these requires a different strategy.

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### Reason 1: The Original Diagnosis May Have Been Wrong

This is one of the most important reasons for repeated symptoms.

Itching does not automatically mean Candida.

Discharge does not automatically mean bacterial vaginosis.

Odour does not automatically mean STI.

Burning does not automatically mean urinary infection.



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Because symptoms overlap, clinical examination and appropriate testing can become much more important when episodes keep recurring.

ISSVD recommendations advise against self-diagnosis or purely empirical diagnosis of candidiasis in recurrent or complicated cases, and recommend appropriate vaginal testing.

If every recurrence is treated blindly with the same medicine, a different disease can remain undetected.

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## Reason 2: It May Be Recurrent Bacterial Vaginosis

Recurrence after treatment for BV is extremely common.

A woman may initially respond very well to metronidazole or another recommended treatment, only to notice odour and discharge again weeks or months later.

CDC acknowledges that persistent and recurrent BV is common and that some women require longer-term suppressive strategies after multiple recurrences.

Why does BV return?

Possible reasons include:

- failure to fully restore a healthy vaginal bacterial community,
- bacterial biofilm,
- sexual exchange of BV-associated organisms,
- vaginal practices that disturb microbial balance,
- individual susceptibility.

This is an evolving area of medicine.

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## An Important 2025 Development: Partner Treatment for Recurrent BV

For many years, routine male-partner treatment was not recommended because earlier evidence had not clearly shown benefit.

That understanding changed significantly in **2025**.

A randomized controlled trial published in the *New England Journal of Medicine* studied women with BV in monogamous relationships with male partners. Women received standard treatment, while in the intervention group the male partners also received oral and topical antimicrobial treatment.

Within 12 weeks, recurrence occurred in approximately **35% of women whose male partners were treated compared with 63% when the woman alone was treated.**

Following this and accumulating evidence, the **American College of Obstetricians and Gynecologists issued updated guidance in October 2025**, recommending consideration of concurrent sexual-partner therapy for some adults with recurrent symptomatic BV.

This is an important change in clinical practice.

It does not mean that every partner of every woman with one episode of BV automatically needs treatment. The decision should be made according to current guidance, the pattern of recurrence, relationship circumstances and medical assessment.

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### **Reason 3: Recurrent Vulvovaginal Candidiasis**

CDC generally defines **recurrent vulvovaginal candidiasis** as **three or more symptomatic episodes within one year.**

It affects fewer than 5% of women but can be extremely disruptive.

Some women experience episodes every few months.

Others seem to improve during treatment and relapse shortly afterward.

Recurrent yeast infection requires a different approach from an occasional simple episode.

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### **Why Does Candida Keep Returning?**

Recurrent vulvovaginal candidiasis can occur without an obvious cause.

In fact, CDC notes that the majority of women with recurrent VVC do not have a clearly identifiable underlying disorder.

However, recognised contributing factors include:

- repeated antibiotic exposure,
- diabetes,
- poorly controlled blood glucose,
- immune-system problems,
- non-albicans Candida species,



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- antifungal resistance,
- individual susceptibility.

For this reason, I do not assume that recurrence is simply caused by poor hygiene.

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### **Antibiotics and Recurrent Yeast Infection**

Antibiotics can sometimes disturb normal bacterial flora.

When protective bacteria are reduced, *Candida* may have greater opportunity to grow.

A woman who repeatedly requires antibiotics for urinary, respiratory or other infections may therefore notice that vaginal yeast symptoms frequently follow antibiotic treatment.

CDC specifically recognizes frequent antibiotic use as one potential secondary factor in recurrent vulvovaginal candidiasis.

This does not mean necessary antibiotics should be avoided.

It means they should be used appropriately rather than unnecessarily.

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### **Diabetes and Recurrent Vaginal Candidiasis**

Diabetes deserves special attention.

Elevated blood glucose can make some women more susceptible to recurrent *Candida* infections, particularly when diabetes is poorly controlled.

Therefore, when recurrent candidiasis occurs together with symptoms or risk factors for diabetes, checking blood glucose or HbA1c may be appropriate.

This becomes particularly important when treatment repeatedly fails.

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### **Non-Albicans Candida**

Not every yeast infection is caused by *Candida albicans*.

CDC reports that non-albicans *Candida* species are found in approximately **10–20% of women with recurrent VVC**.

One important example is ***Candida glabrata***.

These species may respond differently to commonly used antifungal medicines.

This is why persistent or recurrent cases may require:



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- vaginal culture,
- species identification,
- occasionally antifungal susceptibility testing.

Repeatedly giving the same fluconazole tablet without confirming the organism may therefore be ineffective.

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### Antifungal Resistance

Another developing problem is antifungal resistance.

CDC notes that azole resistance among *Candida albicans* vaginal isolates is becoming increasingly recognized.

When a woman remains symptomatic and cultures continue to show Candida despite appropriate maintenance treatment, susceptibility testing and specialist management may be needed.

This is a very different situation from an uncomplicated first episode of thrush.

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### Recurrent Yeast Infection Is Not Usually Passed Back and Forth Between Partners

Many couples worry that they are continually reinfecting each other with Candida.

Uncomplicated vulvovaginal candidiasis is **not usually considered sexually acquired**, and routine treatment of an asymptomatic sexual partner is not recommended.

ISSVD also advises against routinely looking for an intestinal or partner source in recurrent vulvovaginal candidiasis.

This is very different from trichomoniasis.

A symptomatic male partner who develops balanitis may require treatment, but an asymptomatic partner does not automatically need antifungal medication.

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### Reason 4: Reinfection With Trichomoniasis

Trichomoniasis requires a different approach because sexual partners matter greatly.

CDC states that **concurrent treatment of sexual partners is vital for preventing reinfection**.

Women treated for trichomoniasis should also be retested approximately three months after treatment because repeat infection is common.



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A recurrent episode can result from:

- sex with an untreated partner,
- incomplete adherence,
- treatment failure,
- resistant *T. vaginalis*.

If only one partner receives treatment, the infection may simply return.

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### **Reason 5: An STI May Be Causing Cervicitis Rather Than Vaginitis**

Sometimes discharge thought to be a vaginal infection actually originates from inflammation of the cervix.

Possible causes include:

- chlamydia,
- gonorrhoea,
- trichomoniasis,
- *Mycoplasma genitalium*.

WHO's 2024 recommendations particularly highlight *Mycoplasma genitalium* because antimicrobial resistance, especially macrolide resistance, has complicated its management.

Women with repeated unexplained discharge, pelvic pain, bleeding after intercourse or STI risk should therefore receive appropriate sexual-health assessment rather than simply another antifungal treatment.

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### **Reason 6: The Condition May Not Be an Infection at All**

This is one of the most overlooked reasons for “recurrent infection.”

Some women repeatedly receive antifungal or antibiotic treatment when the actual problem is inflammatory, hormonal or dermatological.

Possible examples include:

- contact dermatitis,
- vulval eczema,
- lichen sclerosus,



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- vulvodynia,
- desquamative inflammatory vaginitis,
- genitourinary syndrome of menopause,
- irritation from soaps or vaginal products.

ISSVD describes desquamative inflammatory vaginitis as a chronic non-infectious condition capable of causing discharge, irritation and vaginal discomfort.

If the diagnosis is wrong, antimicrobial treatment will naturally provide little or temporary benefit.

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### Menopause and Hormonal Change

Around menopause, falling estrogen levels can cause thinning and dryness of vaginal tissues and changes in vaginal microbiology.

This condition is commonly called **genitourinary syndrome of menopause**.

It can produce:

- dryness,
- burning,
- irritation,
- painful intercourse,
- urinary symptoms,
- recurrent discomfort.

ACOG specifically points out that these symptoms can resemble vaginal infection even though the underlying problem is hormonal rather than infectious.

Treating such symptoms over and over with antifungal medication may therefore delay appropriate treatment.

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### Reason 7: Vaginal Douching and Excessive Cleaning

The vagina normally has its own microbial and chemical environment.

Repeated internal washing, douching, strong antiseptic solutions or insertion of unnecessary products may disturb that balance.



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WHO specifically advises avoiding excessive vaginal cleansing, douching and potentially harmful intravaginal practices in women with bacterial vaginosis.

Many women believe they need to “clean inside” the vagina because there is discharge.

In reality, aggressive internal cleaning may sometimes worsen the disturbance.

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### **Reason 8: Irritating Products**

Symptoms may occasionally be caused or aggravated by:

- perfumed intimate washes,
- vaginal deodorants,
- scented pads,
- fragranced soaps,
- antiseptics,
- spermicidal products,
- lubricants,
- unnecessary topical preparations.

The vulval skin is sensitive.

Repeated exposure can result in irritation, burning and itching that closely resembles infection.

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### **Reason 9: Mixed Vaginal Infection**

A woman can occasionally have more than one condition at the same time.

For example:

- BV plus Candida,
- trichomoniasis plus BV,
- STI plus another vaginitis.

This can explain why treatment improves some symptoms but not others.

Correct testing can therefore be particularly useful when the pattern does not fit one clear diagnosis.

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## What Symptoms Should Be Evaluated?

I advise women to seek assessment when they develop:

- abnormal vaginal discharge,
- repeated white discharge,
- grey or yellow discharge,
- greenish discharge,
- unpleasant or fishy odour,
- vaginal itching,
- vulval burning,
- redness or swelling,
- pain during intercourse,
- external burning during urination,
- vaginal soreness,
- bleeding after intercourse,
- recurrent symptoms soon after treatment.

These symptoms do not all point to the same disease.

The pattern matters.

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## Symptoms That Need Prompt Medical Attention

More urgent evaluation is appropriate when vaginal symptoms are accompanied by:

- fever,
- severe lower abdominal or pelvic pain,
- vomiting or significant illness,
- pregnancy with concerning symptoms,
- heavy or unexplained vaginal bleeding,
- suspected STI,
- genital ulcers,
- severe vulval swelling,



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- symptoms after sexual assault,
- possible pelvic inflammatory disease.

In such situations, treatment should not be delayed by repeated self-medication.

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### **How I Assess Recurrent Vaginal Symptoms**

When a woman tells me that an infection has “come back five times,” I first establish whether those five episodes were actually proven to be the same infection.

I ask:

- What were the symptoms each time?
- Was there itching or mainly odour?
- What colour was the discharge?
- Was microscopy, culture or PCR performed?
- Which medicine was used?
- Did symptoms completely disappear?
- How soon did they return?
- Were antibiotics recently taken?
- Is diabetes present?
- Is there a new sexual partner?
- Was the partner treated where necessary?
- Are vaginal washes or other intravaginal products being used?
- Is the patient pregnant or menopausal?
- Is there pelvic pain or bleeding?

This history often reveals the reason recurrence has been difficult to control.

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### **Vaginal Examination**

Clinical examination may be appropriate depending upon symptoms.

The physician may assess:

- vulval skin,



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- redness,
- swelling,
- fissures,
- vaginal discharge,
- vaginal walls,
- cervix,
- pelvic tenderness.

Visible skin disease can sometimes completely change the diagnosis.

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### **Vaginal pH**

Vaginal pH can provide useful clues.

BV and trichomoniasis frequently increase vaginal pH, while uncomplicated candidiasis often occurs with a more normal acidic pH.

However, pH alone cannot make a definitive diagnosis.

It is one component of a broader assessment.

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### **Microscopy**

A sample of vaginal fluid can sometimes be examined under a microscope.

Depending on the condition, microscopy may identify:

- clue cells associated with BV,
- yeast forms,
- inflammatory cells,
- motile *Trichomonas*.

ISSVD recommends pH measurement, appropriate bedside testing and microscopy as useful components in the investigation of vaginitis.

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### **Testing for Bacterial Vaginosis**

BV may be diagnosed using:

- clinical Amsel criteria,



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- Gram-stain-based Nugent scoring,
- validated molecular tests.

WHO notes that wet-mount or Gram-stain assessment, often combined with vaginal pH and other Amsel criteria, remains commonly used.

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## **Candida Culture**

Culture becomes particularly important when candidiasis is:

- recurrent,
- severe,
- treatment-resistant,
- suspected to involve non-albicans species.

ISSVD describes yeast culture as the reference standard for confirming vulvovaginal candidiasis and recommends culture in suspected complicated cases.

This allows treatment to be matched more accurately to the organism.

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## **Molecular Tests**

Modern nucleic-acid amplification testing can identify several vaginal and sexually transmitted organisms with high sensitivity.

Such testing may be particularly valuable when:

- microscopy is unavailable,
- symptoms persist,
- trichomoniasis is suspected,
- an STI needs to be excluded.

However, tests should still be interpreted together with symptoms because detection of an organism does not always prove that it is responsible for every symptom.

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## **Blood Sugar Testing**

In recurrent candidiasis, particularly when other diabetes risk factors are present, checking:



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- fasting blood glucose,
- HbA1c,

may help identify previously unrecognized or poorly controlled diabetes.

Correcting an underlying metabolic problem may reduce recurrence more effectively than repeatedly treating each episode in isolation.

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### Treatment Must Match the Diagnosis

There is no single “vaginal infection medicine.”

Treatment differs dramatically.

A bacterial condition may need antibacterial treatment.

Candida requires antifungal therapy.

Trichomoniasis requires specific antimicrobial therapy and partner management.

A hormonal condition may require an entirely different approach.

A dermatological disease should not be treated with repeated antibiotics.

This is why diagnosis comes before treatment.

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### Treatment of Recurrent Bacterial Vaginosis

Initial symptomatic BV is generally treated with recommended antimicrobial regimens.

WHO's 2024 guidance includes oral metronidazole as a standard option, with several alternatives depending upon clinical circumstances.

For repeated BV, treatment becomes more individualized.

CDC guidance notes that after multiple recurrences, longer suppressive vaginal metronidazole regimens may reduce recurrence, although recurrence can return when suppression is stopped.

The newer 2025 ACOG guidance additionally means that **concurrent partner therapy should now be considered in appropriate patients with recurrent symptomatic BV**, particularly in relevant male-partner relationships.

Treatment should therefore reflect current clinical guidance rather than an outdated assumption that partners never influence recurrent BV.



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## Treatment of Recurrent Vulvovaginal Candidiasis

For confirmed recurrent *Candida albicans* infection, management usually involves two stages:

**First, achieving control of the active infection.**

**Second, using longer-term suppressive treatment when appropriate.**

CDC describes a longer initial antifungal course followed, in suitable patients, by weekly fluconazole maintenance for approximately six months. Suppressive therapy is often effective at controlling recurrence but is not always permanently curative after treatment stops.

This is why a woman should not simply take random single doses whenever symptoms occur.

A planned treatment strategy is different from repeated episodic self-treatment.

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## Pregnancy Requires Special Care

Vaginal infections during pregnancy should be treated under professional guidance.

Medication selection can differ because some oral drugs commonly used outside pregnancy may not be appropriate.

Pregnant women with abnormal discharge, bleeding, significant pain or recurrent symptoms should therefore avoid treating themselves from previous prescriptions.

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## Boric Acid Is Not a Casual Home Remedy

Patients increasingly see online recommendations for vaginal boric acid.

Boric acid does have a role in selected clinical situations, including certain recurrent BV strategies and difficult non-albicans *Candida* infections in guideline-based care.

However, it should **not** be treated as an ordinary home remedy.

It must not be swallowed and should be used only with appropriate medical advice. Pregnancy and other individual circumstances must also be considered.

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## Probiotics: What Should Patients Know?

Many women are advised to take probiotics.



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The vaginal microbiome is an important area of research, particularly regarding Lactobacillus species and BV recurrence.

However, evidence varies widely according to product, strain, dose and disease.

For vulvovaginal candidiasis specifically, CDC states that substantial evidence does not support probiotics as treatment for an active infection.

A probiotic should therefore not replace proven antifungal or antimicrobial treatment when an infection has been established.

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### Hygiene: More Cleaning Is Not Always Better

Good external hygiene is sensible.

Excessive internal cleansing is not.

I generally advise:

- wash the external vulval area gently,
- avoid unnecessary perfumes,
- avoid repeated douching,
- avoid inserting unproven substances into the vagina,
- change out of prolonged wet clothing,
- use breathable clothing where comfortable.

There is no need to sterilize a healthy vagina.

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### Sexual Activity and Recurrence

Sexual activity influences some vaginal conditions differently.

For **trichomoniasis**, partner treatment is essential.

For **Candida**, routine treatment of an asymptomatic partner is generally unnecessary.

For **recurrent BV**, newer evidence now shows that sexual-partner treatment can substantially reduce recurrence in selected patients, and ACOG updated its recommendations in 2025 accordingly.

Therefore, the advice “always treat the partner” and the advice “never treat the partner” are both overly simplistic.

It depends upon the diagnosis.



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## Recurrent Vaginal Infections and Fertility

Patients frequently ask me:

**“Doctor, will repeated vaginal infection stop me from becoming pregnant?”**

The answer depends on the underlying condition.

Ordinary vulvovaginal candidiasis itself is not usually a direct cause of infertility.

BV is associated with broader reproductive-health concerns, but it does not mean that every woman with BV will have fertility problems.

The situation is more important when symptoms actually represent a sexually transmitted infection such as chlamydia or gonorrhoea that can ascend into the upper reproductive tract and contribute to pelvic inflammatory disease.

Therefore, recurrent discharge accompanied by:

- pelvic pain,
- bleeding after intercourse,
- infertility,
- STI risk,

deserves careful assessment rather than assuming that every episode is simple candidiasis.

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## Recurrent Symptoms During Infertility Treatment

Women undergoing infertility evaluation may become particularly worried about any discharge or irritation.

Not every discharge represents infection.

Normal cervical mucus changes through the menstrual cycle, and hormonal treatments can also alter vaginal secretions.

When fertility treatment is planned, unnecessary antimicrobial use should be avoided while clinically significant infections are appropriately diagnosed and treated.

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## The Unani Perspective on Recurrent Vaginal Symptoms



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As a physician trained in Unani medicine, I consider recurrent vaginal complaints in the context of the woman's complete health rather than treating vaginal discharge as an isolated event.

Traditional Unani literature discusses abnormal vaginal discharge and inflammatory conditions of the female reproductive tract under concepts including **Sayalān al-Raḥim** and inflammatory disorders involving the reproductive organs.

The Unani approach traditionally considers factors such as:

- nature and character of discharge,
- reproductive health,
- constitutional temperament,
- digestive function,
- general weakness,
- menstrual health,
- local inflammation,
- lifestyle,
- hygiene,
- systemic health.

This whole-patient approach can be clinically useful, especially when repeated symptoms coexist with menstrual complaints, digestive problems, metabolic issues or reproductive-health concerns.

However, traditional terminology should not replace modern microbiological diagnosis.

A woman with trichomoniasis requires proper STI management.

A woman with azole-resistant *Candida* requires appropriate antifungal assessment.

A woman with cervicitis should not be treated only for “white discharge.”

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### **Research on Unani Medicine and Vaginal Disorders**

There is some clinical research examining Unani approaches to vaginal symptoms, although the evidence base remains considerably smaller than for established conventional treatments.

For example, a published clinical study from the Faculty of Unani Medicine at Jamia Hamdard evaluated a topical Unani formulation in women with infective vaginitis using vaginal-swab culture among the outcome measures.

CCRUM researchers have also published clinical work evaluating the Unani pharmacopoeial formulation **Majun Muqawwi-i-Rahim** in women with **Sayalān al-Rahim (leucorrhoea)**.

The CCRUM research record also identifies earlier clinical work involving Unani formulations in trichomonal vaginitis.

These studies demonstrate that female reproductive disorders are an active area of Unani clinical research.

However, they should be interpreted carefully.

**Leucorrhoea is not automatically an infection**, and small or older clinical studies do not prove that an individual Unani formulation can cure recurrent BV, resistant Candida or every case of vaginal discharge.

Further high-quality controlled studies are needed.

The Ministry of AYUSH's research portal continues to catalogue research from Unani and other AYUSH systems to improve access to evidence-based data.

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### How Unani Medicine May Be Useful

In my practice, the most responsible role of Unani medicine is as part of an **individualized integrative strategy after establishing the likely diagnosis**.

Depending upon the woman's overall condition, Unani management may be directed toward:

- supporting reproductive health,
- addressing associated inflammatory symptoms,
- improving general wellbeing,
- managing associated abnormal discharge,
- addressing digestive and constitutional factors,
- supporting recovery after appropriate antimicrobial treatment,
- correcting relevant lifestyle factors.

I do not believe that recurrent vaginal infection should be treated with one standard Unani formula in every woman.

The treatment must depend on what is actually present.

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### **My Approach at Saira Health Care**

At **Saira Health Care**, when a patient presents with repeated vaginal symptoms, I try to answer several questions systematically:

#### **Is this really an infection?**

If yes:

#### **Which infection?**

Then:

#### **Why has it returned?**

And finally:

#### **Is there an underlying condition that must also be addressed?**

The assessment may therefore include, depending upon the individual case:

- detailed symptom history,
- menstrual history,
- sexual history where clinically relevant,
- previous medicine history,
- examination,
- vaginal pH,
- microscopy,
- vaginal swab,
- Candida culture,
- STI testing,
- urine testing,
- blood glucose or HbA1c,
- fertility assessment when required.

Once the diagnosis is clearer, an individualized plan can be developed.

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## Saira Health Care's Focus on Sexual and Reproductive Health

Repeated vaginal symptoms do not affect only physical comfort.

They may also affect:

- sexual confidence,
- intimacy,
- desire,
- comfort during intercourse,
- fertility concerns,
- relationships,
- emotional wellbeing.

Women may begin to avoid intercourse because they fear pain, odour or another recurrence.

Some become anxious about transmitting an infection to their partner even when their condition is not sexually transmitted.

Others begin repeatedly washing the vagina, which can worsen irritation.

At Saira Health Care, I therefore consider vaginal symptoms within the larger context of **sexual and reproductive health**.

The objective is not simply to suppress discharge.

The objective is to establish the cause, reduce unnecessary recurrence and restore confidence in normal sexual and reproductive health.

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### What I Advise Patients Not to Do

When vaginal symptoms keep recurring, I advise against:

- repeatedly taking fluconazole without confirming Candida,
- repeatedly using metronidazole without confirming BV or another indication,
- taking leftover antibiotics,
- using a previous prescription indefinitely,
- treating every discharge as an infection,
- repeatedly using vaginal antiseptics,



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- douching,
- inserting unknown herbal or chemical products,
- treating an asymptomatic partner unnecessarily,
- ignoring partner treatment when trichomoniasis is diagnosed,
- assuming recurrence always means poor personal hygiene.

Each of these can delay correct treatment.

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### **White Discharge Does Not Always Mean Disease**

This deserves special emphasis.

Normal vaginal discharge changes during:

- ovulation,
- sexual arousal,
- pregnancy,
- different phases of the menstrual cycle.

Normal physiological discharge is not automatically leucorrhoea requiring medication.

Treatment should be based upon:

- symptoms,
- examination,
- clinical findings,
- appropriate testing.

Unnecessary treatment can itself disturb the vaginal environment.

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### **Emotional Impact of Recurrent Vaginal Symptoms**

Repeated symptoms can affect quality of life more than people realize.

Women may experience:

- embarrassment,
- fear of odour,
- reduced sexual confidence,



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- anxiety about intercourse,
- concern about infertility,
- frustration with repeated treatment,
- relationship problems.

These concerns deserve respectful discussion.

A woman should never feel ashamed because BV or vaginal discharge has recurred.

Recurrence is a clinical problem—not a measure of personal cleanliness or character.

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## Frequently Asked Questions

### Why does my vaginal infection come back after treatment?

Possible explanations include recurrence of BV, recurrent Candida, reinfection with trichomoniasis, resistant organisms, non-albicans Candida, incorrect diagnosis, diabetes, antibiotic exposure or a non-infectious condition being mistaken for infection.

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### How do I know whether I have BV or Candida?

Symptoms overlap.

BV classically causes a thin discharge and noticeable fishy odour, while candidiasis more commonly causes prominent itching, soreness and vulval inflammation.

However, symptoms alone are not sufficiently reliable in recurrent cases.

Testing may be necessary.

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### Why does fluconazole stop working?

The condition may not actually be candidiasis, the yeast may be a non-albicans species, resistance may be present, or an underlying factor may be contributing.

Culture and species identification become particularly important in recurrent cases.

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### How many yeast infections are considered recurrent?

CDC generally defines recurrent vulvovaginal candidiasis as **three or more symptomatic episodes within one year**.



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### **Does my husband or partner need treatment for yeast infection?**

Usually not if the partner has no symptoms.

Vulvovaginal candidiasis is not usually sexually acquired. Symptomatic male partners with balanitis may require appropriate treatment.

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### **Should my partner be treated for bacterial vaginosis?**

This area changed recently.

A major 2025 trial showed substantially fewer BV recurrences when male partners received concurrent treatment, and ACOG subsequently recommended considering partner therapy for appropriate adults with recurrent symptomatic BV.

Whether this applies in an individual case should be decided with the treating clinician.

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### **Does my partner need treatment for trichomoniasis?**

Yes.

Treatment of current sexual partners is essential to prevent reinfection. Sexual activity should be avoided until treatment is completed and symptoms have resolved.

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### **Can diabetes cause repeated yeast infections?**

Diabetes, particularly when poorly controlled, is a recognized risk factor for recurrent candidiasis.

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### **Can antibiotics cause yeast infection?**

Frequent antibiotic exposure is one recognized contributing factor to recurrent vulvovaginal candidiasis because antibiotics can alter normal microbial flora.

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### **Are vaginal washes helpful?**

Gentle external hygiene is appropriate, but routine douching and excessive internal cleansing can disturb the vaginal environment and should generally be avoided.

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### Can probiotics cure recurrent yeast infection?

Current CDC guidance does not find substantial evidence supporting probiotics as treatment for active vulvovaginal candidiasis.

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### Is recurrent discharge always an infection?

No.

Physiological discharge, hormonal changes, dermatitis, vulval disease and non-infectious vaginitis can all produce similar complaints.

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### Can recurrent vaginal infection affect sex life?

Yes.

Pain, itching, burning, embarrassment and fear of recurrence may reduce desire and cause avoidance of intimacy.

Treating the underlying condition and addressing sexual-health concerns together can therefore be important.

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### Can recurrent vaginal infections affect fertility?

Many vaginal conditions do not directly cause infertility.

However, certain sexually transmitted infections can lead to upper reproductive-tract infection and fertility complications if they remain untreated.

Women with infertility plus recurrent discharge or STI risk should therefore receive appropriate evaluation rather than assuming simple candidiasis.

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### A Message From Dr. Nizamuddin Qasmi

One of the biggest problems I see in patients with recurrent vaginal symptoms is not necessarily that treatment is unavailable.

The problem is that the **same diagnosis is repeatedly assumed without proving it.**

A woman may say:

“I have had fungal infection ten times.”

But when we examine the history, perhaps only the first episode was tested.



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Every later episode was treated based only on itching.

Another patient may have taken antifungal tablets for months while her principal problem was bacterial vaginosis.

Another may be treating BV repeatedly while reinfection with trichomoniasis has never been investigated.

And another may have vulval dermatitis rather than an infection at all.

This is why I tell my patients:

**Do not repeatedly treat the name of your previous disease. Treat the condition that is present now.**

Recurrent symptoms require more careful assessment—not simply stronger and stronger medicine.

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### **Why an Integrative Approach Can Be Valuable**

When modern diagnostic testing identifies the infection, we can treat it appropriately.

When a metabolic factor such as diabetes contributes, we address it.

When partner treatment is required, we include the partner.

When there is no infection, we stop unnecessary antimicrobial treatment.

When chronic discharge or reproductive-health symptoms remain after serious causes have been excluded, individualized Unani management may have a supportive role.

This approach respects both traditional Unani principles and current medical evidence.

For me, this is what responsible integrative medicine should mean.

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### **Conclusion**

**Recurrent vaginal infections are not one disease.**

The most important causes of recurrent vaginal symptoms include:

- recurrent bacterial vaginosis,
- recurrent vulvovaginal candidiasis,
- non-albicans Candida,
- antifungal resistance,



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- trichomoniasis and reinfection,
- sexually transmitted infections,
- antibiotic-related microbiome disturbance,
- diabetes,
- hormonal change,
- irritating vaginal practices,
- non-infectious inflammatory or dermatological disorders.

Modern management begins with **correct diagnosis**.

Current evidence has also changed our understanding of recurrent BV. A major 2025 randomized trial found substantially fewer recurrences when appropriate male partners received concurrent antimicrobial treatment, leading ACOG to update its guidance in October 2025 to support consideration of partner treatment in selected recurrent symptomatic cases.

For recurrent candidiasis, culture and species identification become important because non-albicans *Candida* and antifungal resistance may alter treatment. Long-term suppressive treatment may help selected patients, but suppressive therapy does not necessarily produce permanent cure.

For trichomoniasis, partner treatment and follow-up testing are essential because reinfection is common.

Women should also remember that repeated itching or discharge does not automatically mean infection. Hormonal, inflammatory and dermatological disorders can produce almost identical symptoms.

From an Unani perspective, vaginal and reproductive complaints can be considered within a broader framework of constitutional, reproductive, inflammatory, digestive and lifestyle health. Preliminary Unani clinical research exists for vaginitis and abnormal vaginal discharge, but current evidence is not strong enough to replace microbiological diagnosis or established antimicrobial treatment where these are indicated.

At **Saira Health Care**, my approach is therefore to combine detailed clinical evaluation with appropriate contemporary investigations and individualized Unani management where clinically suitable.

**When symptoms return repeatedly, the answer is not always more medicine. Very often, the answer is a more accurate diagnosis.**



## About the Author

**Dr. Nizamuddin Qasmi**

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

## Qualifications & Professional Training

**BUMS** — Hamdard University, Delhi

**MD**

**CGO**

**Certificate in Infertility** — MGBIMS, Delhi

**Certificate in Urology** — London, UK

**Masters in Male Infertility** — MasterHealthPro (HealthPro)

**Integrated Sexual and Reproductive Health (ISRH)** — UNFPA

Dr. Nizamuddin Qasmi's clinical work at **Saira Health Care** focuses on sexual disorders, reproductive-health concerns and infertility, with particular attention to individualized assessment and an integrative approach incorporating Unani medicine alongside appropriate contemporary clinical investigation.

At Saira Health Care, women presenting with recurrent vaginal symptoms can be assessed not merely for discharge or itching, but in relation to their broader sexual, reproductive and fertility health.

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## Medical Disclaimer

This article is intended for education and general health awareness. It does not establish an individual diagnosis and should not replace examination or treatment by an appropriately qualified healthcare professional.

Repeated vaginal discharge, itching, odour or burning may have infectious or non-infectious causes. Antibiotics, antifungal medicines, vaginal preparations, boric acid and herbal formulations should not be repeatedly self-administered without appropriate assessment.

Pregnant patients, patients with fever or severe pelvic pain, those with genital ulcers or significant bleeding, and anyone concerned about an STI should seek appropriate medical evaluation promptly.



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