Vaginal Dryness

Causes, Symptoms, Diagnosis, Modern Treatment and the Unani Approach

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Vaginal dryness is one of those women's health problems that many patients tolerate silently for months or even years because they feel embarrassed to discuss it. In my clinical practice, I regularly remind women that dryness, burning, irritation or pain during intimacy are genuine medical concerns and should be discussed just like any other health problem.

Vaginal dryness means that the vagina and sometimes the surrounding vulval tissues do not have enough natural moisture and lubrication. It can occur at almost any age, although it becomes particularly common during perimenopause and after menopause. It can also occur after childbirth, during breastfeeding, following some cancer treatments, because of certain medicines or as part of other medical conditions.

Mayo Clinic's updated February 2026 guidance confirms that vaginal dryness can occur at any age, while lower estrogen is the most common cause, particularly around and after menopause.

When dryness is caused by estrogen-related changes around menopause and occurs together with genital, sexual or urinary symptoms, doctors commonly use the term **Genitourinary Syndrome of Menopause**, or **GSM**. This is broader and more accurate than the older terms “vaginal atrophy” or “atrophic vaginitis.” GSM can involve the vagina, vulva, urethra and bladder rather than only the vaginal canal.

My purpose in this article is to help women understand why vaginal dryness occurs, when it requires medical attention, how modern medicine treats it, and how an individualized **Unani approach may be used as supportive and holistic care when clinically appropriate**.

What Is Vaginal Dryness?

The healthy vagina normally maintains a certain degree of moisture, elasticity and lubrication.

Estrogen plays an important role in keeping vaginal tissue healthy. When estrogen levels decrease, the vaginal lining may become thinner, less elastic, more fragile and less well lubricated. As a result, a woman may experience dryness, burning, itching or discomfort.

This change is particularly common during menopause, but menopause is not the only cause.

The American College of Obstetricians and Gynecologists explains that lower estrogen can reduce the thickness, elasticity and natural lubrication of vaginal tissue. Estrogen levels may also fall after childbirth, during breastfeeding and during certain cancer treatments.

I often explain this to patients in very simple terms:

The problem is not merely "lack of water." The tissue itself may have changed.

This is why simply drinking more water, while healthy for general well-being, may not be enough to correct significant vaginal dryness caused by hormonal changes.

Vaginal Dryness and Genitourinary Syndrome of Menopause

When a woman approaches menopause, the ovaries gradually produce less estrogen. This may affect not only the vagina but also surrounding genital and urinary tissues.

Genitourinary Syndrome of Menopause can cause dryness, irritation, burning, decreased lubrication, painful intercourse, urinary urgency, frequent urination, burning while passing urine and recurrent urinary tract infections.

Unlike hot flushes, which often become less troublesome with time, GSM may persist or gradually worsen if left untreated. The Menopause Society describes GSM as a group of genital, sexual and urinary symptoms associated with estrogen deficiency and notes that it may become progressively troublesome without treatment.

This is an important point because many women assume:

"I just have to tolerate this because I am getting older."

That is not correct. Effective treatment options are available.

Symptoms of Vaginal Dryness

Different women experience vaginal dryness differently. Some notice mild dryness only during intercourse, while others experience continuous burning or irritation throughout the day.

Common symptoms can include:

- Vaginal dryness or a feeling of insufficient moisture.
- Burning, itching or irritation around the vagina or vulva.
- Pain, stinging or discomfort during sexual intercourse.
- Reduced natural lubrication during arousal.
- Soreness after intercourse.
- Light spotting or bleeding after intercourse because fragile tissue may be irritated.
- A sensation of tightness around the vaginal opening.
- Burning or discomfort during urination.
- Increased urinary urgency or frequency, especially when dryness is part of GSM.
- Recurrent urinary tract infections in some postmenopausal women.
- Reduced sexual interest because intercourse has become uncomfortable or painful.

Current Mayo Clinic and ACOG guidance includes vaginal dryness, burning, itching, painful intercourse, postcoital spotting and urinary symptoms among the recognized features of GSM.

A woman may also become anxious about intimacy because she expects pain. Eventually, she may begin avoiding intercourse entirely. Therefore, vaginal dryness can affect not only physical comfort but also sexual confidence, emotional well-being and the relationship between partners.

What Causes Vaginal Dryness?

One of the most important parts of treatment is identifying the cause.

Two women can have exactly the same symptom but require completely different treatment.

Menopause and Perimenopause

Menopause is the most common setting in which persistent vaginal dryness develops.

As estrogen levels fall, vaginal tissues may gradually become thinner, drier and less elastic. Natural secretions may decrease and intercourse may become uncomfortable.

The symptoms do not necessarily begin immediately when menstrual periods stop. In some women they appear during perimenopause; in others they become troublesome several years after menopause.

Breastfeeding and the Postpartum Period

Vaginal dryness is also common after childbirth, particularly during breastfeeding.

Breastfeeding is associated with hormonal changes that can temporarily lower estrogen. A woman may therefore notice dryness even though she is young and has never experienced it before.

ACOG specifically recognizes postpartum and breastfeeding-related hormonal changes as causes of vaginal dryness.

For many women this improves as breastfeeding decreases and the hormonal cycle normalizes, but persistent or painful symptoms deserve evaluation.

Removal of the Ovaries

Women who undergo removal of both ovaries may experience an abrupt fall in estrogen rather than the gradual decrease that occurs in natural menopause.

This can result in more noticeable vaginal and menopausal symptoms. Recent research highlighted by The Menopause Society in 2026 suggests that GSM can be particularly troublesome following surgical menopause.

Cancer Treatment

Chemotherapy, pelvic radiation and medicines used to reduce estrogen in hormone-sensitive cancers can cause significant vaginal dryness.

Aromatase inhibitors and other anti-estrogen treatments used for breast cancer are particularly important examples.

Women receiving cancer treatment should not begin hormonal or herbal vaginal therapies on their own. Treatment should be coordinated with the gynecologist and oncologist.

Certain Medicines

Some medicines can reduce natural vaginal lubrication.

Examples include certain allergy and cold medicines and some antidepressants.

Whenever a patient tells me that dryness began shortly after starting a medicine, I consider this timing carefully.

However, patients should **never stop a prescribed antidepressant, antihistamine or other necessary medication without speaking to the treating doctor**.

Sjögren Syndrome and Other Medical Conditions

Sjögren syndrome is an autoimmune disease well known for causing dry eyes and dry mouth, but it may also contribute to vaginal dryness.

Mayo Clinic lists Sjögren syndrome among recognized medical causes of vaginal dryness.

Other medical issues may indirectly contribute through hormonal changes, chronic illness, pain, reduced arousal or medication use.

Smoking

Smoking may contribute to reduced estrogen effects and poorer tissue health and is recognized as one of the factors associated with vaginal dryness.

Stopping smoking therefore benefits not only cardiovascular and respiratory health but reproductive and sexual health as well.

Vaginal Douching and Irritating Products

Some women repeatedly wash inside the vagina because they believe it improves hygiene.

In reality, the vagina normally cleans itself.

Douching can disrupt the normal environment and may contribute to irritation and dryness. Mayo Clinic lists vaginal douching among recognized causes of vaginal dryness.

Strong perfumes, scented intimate washes and irritating soaps can also make symptoms worse.

Simple external hygiene is generally preferable.

Is Vaginal Dryness the Same as Vaginal Infection?

No.

This distinction is extremely important.

Dryness can cause burning and irritation that may feel similar to an infection, but infections such as candidiasis, bacterial vaginosis and sexually transmitted infections are different medical conditions.

A patient should be evaluated particularly when there is unusual discharge, bad odour, significant itching, pelvic pain, fever or bleeding.

Giving antifungal or antibiotic medicine repeatedly without confirming an infection may delay the correct diagnosis.

Similarly, vaginal itching should not automatically be assumed to be dryness. Dermatological conditions of the vulva can also cause itching and discomfort.

Why Can Vaginal Dryness Make Sexual Intercourse Painful?

Adequate lubrication reduces friction.

When natural lubrication becomes insufficient, penetration can stretch and irritate delicate vaginal tissues. This may lead to burning, pain, tiny tears and sometimes spotting.

The medical term for painful intercourse is **dyspareunia**.

Once intercourse becomes painful, another cycle can begin.

The woman expects pain, becomes anxious and finds it difficult to relax. Reduced relaxation can decrease arousal and natural lubrication further. The next sexual experience may become even more uncomfortable.

Therefore, management sometimes needs to address not only tissue dryness but also pain, fear, pelvic-floor tension and communication between partners.

Can Vaginal Dryness Reduce Sexual Desire?

Yes, indirectly.

Dryness itself is not necessarily a disorder of sexual desire. However, if sexual activity repeatedly causes burning or pain, it is completely understandable that a woman may lose interest in intimacy.

This is why treating vaginal discomfort can sometimes significantly improve sexual confidence and relationship satisfaction.

Adequate time for arousal can also increase natural lubrication in women who retain normal estrogen-responsive tissue. Mayo Clinic recommends giving sufficient time for sexual arousal as one practical measure for reducing dryness-related discomfort.

How Is Vaginal Dryness Diagnosed?

There is no single blood test that diagnoses every case.

In my practice, diagnosis begins with a detailed conversation.

I want to know the woman's age, menstrual history, whether she is pregnant or breastfeeding, whether menopause has occurred, when symptoms started, whether intercourse is painful, whether there is bleeding or abnormal discharge, whether urinary symptoms are present, whether she has undergone ovarian surgery or cancer treatment, and which medicines she currently takes.

A pelvic examination may be appropriate, particularly when symptoms are persistent, severe, associated with bleeding or accompanied by discharge.

For menopausal GSM, assessment may include examination of the vulva and vagina, urine testing if urinary symptoms are present, and sometimes evaluation of vaginal acidity or pH.

The purpose of examination is not merely to confirm dryness. It is also to make sure that another condition is not being missed.

When Vaginal Bleeding Requires Special Attention

A small amount of spotting can sometimes occur when very dry and fragile tissue is irritated during intercourse.

However, bleeding should not automatically be attributed to dryness.

Any unexplained postmenopausal bleeding deserves medical evaluation.

Persistent bleeding after intercourse also warrants assessment because infections, cervical abnormalities, polyps and other gynecological conditions need to be considered.

Mayo Clinic advises medical evaluation for unexplained spotting, unusual discharge, persistent burning or painful intercourse that does not improve with simple measures.

Modern Treatment of Vaginal Dryness

Treatment depends upon the cause, severity, age, hormonal state, medical history and personal preferences.

A young breastfeeding mother, a woman with natural menopause and a breast-cancer survivor taking an aromatase inhibitor should not automatically receive the same treatment.

Vaginal Moisturizers

Vaginal moisturizers are intended for regular use rather than only during intercourse.

They help maintain moisture and may provide longer-lasting relief than lubricants.

A 2024 systematic review of randomized trials found that vaginal moisturizers may improve vaginal dryness in postmenopausal women, although the certainty of the evidence varied among studies.

A moisturizer should ideally be selected with attention to vaginal compatibility rather than simply choosing any cosmetic gel.

Lubricants During Intercourse

Lubricants reduce friction during sexual activity and can make intercourse significantly more comfortable.

Water-based and silicone-based lubricants are commonly used.

Lubricants and moisturizers are not identical: a lubricant primarily helps **during sexual activity**, whereas a moisturizer is intended to improve ongoing comfort.

Oil-based products may damage latex condoms, so condom users should check product instructions carefully.

Low-Dose Vaginal Estrogen

When menopause-related dryness is moderate or severe, **low-dose local vaginal estrogen** is one of the most effective options for appropriately selected women.

Vaginal estrogen may be available as a cream, tablet, insert or ring.

Compared with oral systemic estrogen, low-dose vaginal estrogen acts more directly on local tissues while resulting in less systemic exposure. It can help restore vaginal tissue thickness, elasticity and moisture and reduce painful intercourse.

A 2024 systematic review of 46 randomized trials concluded that vaginal estrogen may improve vaginal dryness, painful intercourse and overall treatment satisfaction.

Treatment still needs to be individualized.

An Important 2025–2026 Update About Vaginal Estrogen

There has been an important recent regulatory development in the United States.

In November 2025, the U.S. FDA requested major changes to menopausal hormone-therapy labeling, including removing several broad boxed-warning statements from menopausal hormone products and differentiating local vaginal estrogen more appropriately from systemic hormone therapy. Subsequent prescribing-information updates have begun to reflect those changes.

This does **not** mean that every woman should use estrogen or that hormonal therapy has no risks.

It means that modern medical guidance increasingly recognizes the important difference between **low-dose local vaginal therapy and higher systemic exposure**.

Personal history, unexplained vaginal bleeding, cancer history and other medical conditions still need to be discussed with a healthcare professional.

Women With a History of Breast Cancer

This is an area in which treatment must be particularly individualized.

ACOG recommends nonhormonal approaches first for women with a history of estrogen-dependent breast cancer. If those options do not provide sufficient relief, low-dose vaginal estrogen may sometimes be considered after discussion of benefits and risks.

For women receiving aromatase inhibitors, shared decision-making among the woman, gynecologist and oncologist is particularly important.

I strongly advise breast-cancer survivors **not to start hormonal or phytoestrogen vaginal preparations independently**.

Vaginal DHEA — Prasterone

Prasterone is a vaginal form of dehydroepiandrosterone, or DHEA, used in some countries for moderate-to-severe painful intercourse associated with menopausal vaginal changes.

Systematic-review evidence suggests vaginal DHEA may improve dryness and dyspareunia in some postmenopausal women.

Its suitability depends upon medical history and local regulatory availability.

Ospemifene

Ospemifene is an oral selective estrogen receptor modulator, or SERM.

It may be prescribed in selected postmenopausal women for symptoms such as vaginal dryness and painful intercourse. Evidence suggests it can improve certain GSM symptoms.

It is not an over-the-counter sexual-health product and requires appropriate medical consideration.

Systemic Menopausal Hormone Therapy

If vaginal dryness occurs together with significant systemic menopause symptoms such as troublesome hot flushes or night sweats, systemic hormone therapy may sometimes be considered.

However, if vaginal symptoms are the only major concern, local treatment is often preferred because it targets the affected tissues more directly.

The risks and benefits of systemic hormone therapy are different from those of low-dose vaginal estrogen and require individualized assessment.

Pelvic Floor Exercises and Physiotherapy

Patients frequently hear that Kegel exercises will “cure vaginal dryness.”

That statement is too simplistic.

Pelvic-floor exercises do **not directly replace vaginal moisture or estrogen**.

However, pelvic-floor physiotherapy can be very useful when dryness has led to painful intercourse, muscle tightening or fear of penetration.

Vaginal dilators and pelvic-floor physical therapy may also help selected women with narrowing or significant penetration-related pain.

Therefore, pelvic-floor treatment is useful for certain consequences associated with dryness, but it should not be presented as a direct substitute for treating the underlying tissue changes.

What About Vaginal Laser Treatment?

Energy-based treatments such as fractional CO_2 vaginal lasers are heavily marketed for vaginal dryness and "vaginal rejuvenation."

The scientific evidence remains uncertain.

Some studies have reported improvement, but higher-quality sham-controlled research has produced inconsistent results. A 2024 systematic review concluded that although some symptoms improved, the certainty of evidence was low and was not sufficient to recommend laser routinely for GSM. A 2025 review similarly concluded that current sham-controlled evidence does not convincingly establish fractional CO_2 laser as an effective GSM treatment.

Therefore, I would not advise patients to assume that an expensive laser procedure is automatically superior to established treatments.

Vaginal Dryness According to the Unani System of Medicine

Unani medicine views health through an individualized understanding of **Mizaj**, or temperament, along with the condition of the organs, humours, faculties, diet, lifestyle and environmental influences.

Classical Unani medicine describes four principal humours:

Dam — blood, Balgham — phlegm, Safra — yellow bile, and Sauda — black bile.

The Central Council for Research in Unani Medicine confirms these four humours as part of the fundamental traditional framework of Unani medicine.

Unani physicians also describe qualities such as **Hararat (heat), Burudat (coldness), Rutubat (moisture) and Yubusat (dryness)**.

Within this traditional framework, symptoms characterized by excessive dryness may be interpreted in relation to a **dry dystemperament or Su-e-Mizaj Yabis**, either constitutionally or affecting a particular organ.

However, I consider it important to explain this responsibly.

The traditional concept of Yubusat should **not be presented as scientifically identical to low estrogen or modern GSM**. They are two different medical frameworks.

Modern medicine explains menopausal vaginal dryness largely through sex-hormone-related tissue changes. Unani medicine offers another clinical framework centred on temperament, organ function, diet and overall balance.

The sensible approach is not to confuse the two, but to understand what each framework can contribute.

Why I Find the Unani Approach Useful in Vaginal Dryness

One strength of Unani medicine is that it encourages us to examine the entire patient.

I do not see vaginal dryness only as a local symptom.

I consider the woman's age, menstrual state, sleep, nutrition, digestion, stress, general strength, sexual health, other illnesses, medications and individual Mizaj.

Official CCRUM descriptions identify several main therapeutic approaches in Unani medicine, including **Ilaj-bil-Tadbir (regimental therapy), Ilaj-bil-Ghiza (dietotherapy), Ilaj-bil-Dawa (pharmacotherapy) and Ilaj-bil-Yad (surgical treatment where appropriate).**

For vaginal dryness, the first three principles are particularly relevant.

Ilaj-bil-Ghiza — Dietary Management

Unani treatment traditionally gives considerable importance to diet.

But dietary treatment should not mean making unsupported promises such as “eat one food and vaginal dryness will disappear.”

In my approach, food is used to support overall health according to age, constitution, metabolic condition and associated illness.

A balanced diet with sufficient protein, healthy fats, vegetables, fruits and micronutrients supports general tissue health. Adequate fluid intake is also important for overall health, although hydration alone cannot reverse estrogen-related vaginal tissue changes.

Women with diabetes, obesity, thyroid disease or other metabolic problems may require more individualized dietary advice.

Ilaj-bil-Tadbir — Lifestyle and Regimental Care

Lifestyle is also important.

Adequate sleep, regular physical activity, avoiding smoking, appropriate stress management and maintaining healthy sexual communication may all support overall sexual and reproductive well-being.

When painful intercourse has produced pelvic-floor tension, appropriate pelvic-floor therapy may be considered alongside medical or Unani treatment.

Stress reduction may improve sexual response, but again, relaxation alone cannot correct severe hypoestrogenic GSM.

Ilaj-bil-Dawa — Individualized Unani Medicines

Unani pharmacotherapy includes single botanical medicines and compound preparations selected according to the patient's condition.

For vaginal dryness, I believe the medicine should be selected **after identifying the cause**, rather than simply giving the same “women's tonic” to every patient.

A 30-year-old breastfeeding woman, a 52-year-old menopausal woman and a 60-year-old woman taking an aromatase inhibitor after breast cancer require very different levels of caution.

I particularly advise against putting homemade herbal oils, powders, creams or mixtures inside the vagina without professional guidance.

The vaginal environment is sensitive. A preparation that has inappropriate ingredients, pH, preservatives or contamination can cause burning, allergy or infection.

Emerging Research on Unani and Herbal Treatment

Research into traditional approaches to menopausal vaginal dryness is beginning to develop, although the evidence remains much smaller than the evidence base for established modern treatments.

An interesting 2026 study from researchers associated with the **National Institute of Unani Medicine and Jamia Hamdard** evaluated a vaginal cream prepared from **Tukhme Katan, or flaxseed (Linum usitatissimum)**, in postmenopausal vaginal atrophy.

The small pre–post study involved 34 postmenopausal women who used the preparation for eight weeks. The investigators reported improvement in dryness and several other vaginal-health measurements.

This is encouraging as an area of research, particularly for the scientific evaluation of traditional Unani formulations.

However, there is an important limitation: this was a **small, uncontrolled pre–post study reported as a preprint**, not a large randomized placebo-controlled trial.

Therefore, it should **not** be interpreted as proof that flaxseed vaginal cream is a guaranteed replacement for established therapy.

Larger, independently replicated randomized studies are needed.

This is how traditional medicine should move forward: respecting classical knowledge while subjecting promising treatments to careful modern research.

My Treatment Approach at Saira Health Care

At **Saira Health Care**, when a woman consults me for vaginal dryness, my aim is not simply to prescribe one cream and send her home.

I first try to answer four questions:

Why has the dryness developed? Is it hormonal, medication-related, postpartum, menopausal or associated with another condition? Is there pain, infection, abnormal discharge, bleeding or urinary involvement? Is there an underlying gynecological condition that needs separate treatment? And which combination of symptom relief, Unani care and conventional treatment is most appropriate for this particular patient?

My clinical approach is therefore individualized.

When suitable, I use Unani principles of Mizaj assessment, dietary correction, lifestyle management and carefully selected pharmacotherapy.

At the same time, I do not believe responsible Unani practice means ignoring modern investigations or established gynecological treatment.

When a patient needs a pelvic examination, diabetes evaluation, hormone assessment, gynecological consultation, oncological advice or local estrogen treatment, those options should be discussed appropriately.

This is particularly important in women's sexual health because vaginal dryness may be connected to menopause, breastfeeding, cancer therapy, medications, painful intercourse and emotional well-being.

The treatment should follow the cause—not the other way around.

The Role of Saira Health Care in Sexual Disorders and Infertility

At **Saira Health Care**, an important part of our work in sexual disorders and infertility is helping patients speak about intimate health problems without embarrassment.

Women often hesitate to discuss vaginal dryness, loss of desire, painful intercourse or other sexual concerns because they feel that these problems are too private.

Unfortunately, that silence sometimes leads women to try unverified online remedies, strong vaginal washes, hormonal creams without medical guidance or herbal products with unknown ingredients.

Our objective is to create a clinical environment where patients can discuss sexual and reproductive concerns respectfully and confidentially.

The Saira Health Care approach emphasizes careful history-taking, identification of underlying causes, individualized Unani care where appropriate, lifestyle and dietary guidance, patient education, modern investigations where necessary and appropriate referral when another specialist is required.

I consider this combination particularly valuable in sexual medicine, because good treatment is not merely about prescribing medicines. It is about understanding the patient's physical health, hormonal state, emotional well-being and quality of life.

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 academic and professional training 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 training in Integrated Sexual and Reproductive Health through ISRH, UNFPA**.

Through my work at Saira Health Care, my aim is to approach sexual and reproductive disorders with clinical seriousness, confidentiality and respect while integrating appropriate principles of the Unani system with modern clinical understanding.

In my view, patients deserve neither embarrassment nor exaggerated promises. They deserve careful diagnosis and rational treatment.

Can Unani Medicine Cure Vaginal Dryness?

I would avoid using the word **“guaranteed cure.”**

Unani treatment may provide useful supportive and individualized management, especially by addressing constitution, lifestyle, nutrition, sleep, stress and associated symptoms.

Emerging research into specific traditional formulations is encouraging, but scientific evidence for Unani treatment of vaginal dryness remains limited compared with the larger

evidence base available for moisturizers, vaginal estrogen and other established GSM treatments.

Alternative and herbal treatments for menopausal vaginal dryness continue to require better-quality research, and Mayo Clinic likewise advises that more evidence is needed for many alternative therapies.

Therefore, I do not consider it medically appropriate to tell every woman that one Unani medicine will permanently cure vaginal dryness.

The appropriate question is:

What is causing the dryness, and what is the safest and most effective treatment for this particular woman?

Does Vaginal Dryness Affect Fertility?

Vaginal dryness itself does not automatically mean that a woman is infertile.

However, reduced lubrication may make intercourse uncomfortable, which can indirectly reduce the frequency of intercourse.

If dryness is related to a broader hormonal condition, premature ovarian insufficiency or another reproductive disorder, the underlying condition may also affect fertility.

Women trying to conceive should also be careful when selecting lubricants because some products may not be ideal for sperm movement. A fertility-focused clinician can recommend suitable products where required.

Can Drinking More Water Cure Vaginal Dryness?

Not usually when hormonal tissue changes are responsible.

Adequate hydration is important for general health, but a woman with significant menopausal GSM will generally not correct the underlying problem merely by increasing water intake.

This is an example of why treatment should be directed at the cause.

Do Kegel Exercises Increase Vaginal Lubrication?

Not directly.

Kegel exercises strengthen certain pelvic-floor muscles, but they do not replace estrogen or directly restore vaginal moisture.

Pelvic-floor physiotherapy may nevertheless be valuable when vaginal dryness is accompanied by penetration pain, tight pelvic muscles or difficulty relaxing during intercourse.

Should a Woman Use Soap Inside the Vagina?

No routine internal cleansing is required.

Douching may contribute to irritation and disrupt the natural vaginal environment.

External cleaning with gentle products and avoidance of heavily fragranced intimate products is generally preferable for women prone to irritation.

Is Vaginal Dryness Normal After Menopause?

It is common, but that does not mean a woman must simply tolerate it.

Treatment is available, and persistent symptoms deserve discussion with a healthcare professional.

ACOG's vaginal-dryness guidance, reviewed again in **April 2026**, continues to emphasize moisturizers, lubricants and appropriate hormonal treatment as effective options depending upon the patient's situation.

When Should You Consult a Doctor?

A woman should seek medical evaluation when dryness is persistent, causes significant pain during intercourse, does not improve with simple moisturizers or lubricants, is associated with unexplained bleeding, abnormal or foul-smelling discharge, pelvic pain, urinary burning, repeated urinary infections, severe itching or visible changes of the vulval skin.

Consultation is also particularly important when symptoms occur after cancer treatment or when the woman has a history of breast or gynecological cancer.

A Personal Message From Dr. Nizamuddin Qasmi

If you are experiencing vaginal dryness, please do not feel that you must simply tolerate it or remain silent because it concerns an intimate part of your health.

I often tell my patients that vaginal health is part of overall health.

The cause might be something as temporary as breastfeeding or a medicine. It may be related to menopause. It may be associated with another medical condition. Occasionally,

the symptoms that appear to be “dryness” are actually due to infection, a vulval disorder or another gynecological problem.

This is why diagnosis comes first.

For mild cases, a suitable moisturizer and lubricant may be enough. For menopausal GSM, local estrogen or another evidence-based treatment may provide major relief when medically appropriate. For selected women, individualized Unani treatment can contribute through management of Mizaj, diet, lifestyle, general vitality and carefully selected medicines.

I do not believe in giving every patient the same medicine.

A woman is not a symptom. She is a complete person, and treatment should reflect that.

That individualized philosophy is central to the work we continue to develop at Saira Health Care in the field of **sexual disorders and infertility**.

Conclusion

Vaginal dryness is common, but it should not be ignored when it causes discomfort or affects sexual and urinary health.

Hormonal changes during perimenopause and menopause are among the most frequent causes, but postpartum changes, breastfeeding, cancer treatment, certain medicines, autoimmune disease, smoking and inappropriate vaginal cleansing may also contribute.

Modern treatment can include vaginal moisturizers, lubricants, low-dose vaginal estrogen and, in appropriately selected women, medicines such as vaginal DHEA or ospemifene. Current systematic-review evidence supports benefits from several of these therapies for menopausal GSM.

The Unani system offers an individualized framework based on **Mizaj, dietary management, lifestyle correction and pharmacotherapy**. Its role should be used responsibly, with recognition that high-quality clinical evidence for many traditional formulations is still developing.

At Saira Health Care, my approach is to combine careful clinical evaluation with individualized treatment rather than relying on exaggerated claims or one universal remedy.

If vaginal dryness is affecting your comfort, relationship, sexual health or quality of life, professional consultation can help identify the cause and select appropriate treatment.

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Founder & Chief Physician, Saira Health Care
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Medical Disclaimer: This article is intended for education and public awareness and does not replace personal medical consultation. Vaginal estrogen, hormonal medicines, intravaginal preparations and herbal remedies should be used only after appropriate assessment, particularly during pregnancy or breastfeeding, in women with unexplained vaginal bleeding, and in patients with a history of breast or other hormone-sensitive cancers.