



THE AYURVEDIC TREATMENT OF SHWETA PRADARA (LEUCORRHOEA) - CASE REPORT

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ABSTRACT

The fast-evolving present era is not only upfront in the case of technological developments but has also been at the top for the manifestation of lifestyle disorders. The most excellent method to prevent sickness is to adopt healthy behaviours. But nowadays, healthy living is seldom practised due to the complexity of a woman's everyday existence. A woman's vaginal health is just as vital as her general health. A lady in good health is a guarantee of a long life. Every stage and period of a woman's life involves physical and psychological transitions. She also has a dual obligation to take care of her family and her career. She must thus be in excellent physical and mental condition. A healthy yoni is essential to a woman's ability to live a safe, healthy, and confident life. An infection can bring inflammation of the vagina or a shift in the usual ratio of yeast and bacteria in the vagina. Shweta pradara is a bothersome symptom that can be a complication in various disorders. Shweta Pradara is a symptom, not a disease. Hence, its etiopathogenesis would coincide with that of the primary illness. It is possible to say that it is an Apana Vayu-regional Kaphaja disease. White discharge can also result from infections in the uterus and vagina caused by specific organisms. Here, a case report of a female patient having complaints of thick white discharge P/V, burning in the vaginal area, burning micturition, low back ache and constipation has been presented. Shamana Chikitsa and Yoni Prakshalana treated a female patient with Shweta Pradara. With the foregoing regimen, she had significant symptom alleviation. A successfully treated case using Shamana Oushadhis will be discussed in this article.

Keywords: Shweta pradara, Yoni Prakshalana, Leucorrhoea, White Discharge

INTRODUCTION

At different stages of women's lives, from puberty to menopause, a healthy reproductive system should be maintained, and efforts to do so are described explicitly in Ayurvedic Science. Women are at risk of several separate female diseases because of the unique role of reproduction. Today, infection associated with Yoni is a common problem for women regardless of age or status. Many women experience uncomfortable vaginal infections at one time or another. Maintaining a healthy vulva and vagina can prevent unnecessary infection and pain. Vaginal discharge is one of the most common problems faced by many women. There is no reference for the terminology "Shweta Pradara" in the Brihatrayi - the three leading treatises of Ayurveda. Anyhow, Chakrapanidatta, the commentator of Charaka Samhita, has explained Shweta pradara as pandura pradara, and Indu, the commentator of Ashtanga Sangraha, explains it as Shukla asrigdara. Shweta pradara is mentioned in the later textbooks of Ayurveda like Sharangadhara Samhita, Bhava Prakasha, and Yoga Ratnakara in the context of Yoni srava. In all these references, it has not been explained as a separate disease entity, but as a symptom of an underlying pathology. Women do not give much attention to this problem until it makes the patient feel uncomfortable daily. It is not a disease, but a symptom seen in most diseases mentioned in the classics. White vaginal discharge is known as Shweta pradara in Ayurvedic classics. Considering the clinical features of Shweta pradara, we can say that it is a Kaphaja disorder in Apana Vayu, as any srava (discharge) results from Kapha dosha. So, it may be noted that vitiated Kapha, due to its various factors, results in white discharge through the vagina. Along with Kapha dushti and Rasadushti, Vata dushti is also present in Shweta pradara. Coitus in excessive amounts, frequent abortions (MTP), improper lifestyle and improper dietary habits during menstruation and ovulatory period, along with unhygienic vaginal

conditions, are commonly observed causes for Shweta pradara (Leucorrhoea).

Nirukti of the term Shweta Pradara:

Shweta means anything white in colour. Pradara means excess or in increased quantity, which indicates excessive flow. (1) Hence the combined term Shweta pradara means excessive white discharge per vagina.

Different varieties of vaginal discharges are explained under different contexts of pradara. An attempt is made to summarize the various types of vaginal discharge based on consistency, colour & smell etc.

SAMPRAPTI

Due to excessive use of Abhishyandi Ahara Vihara, Kapha and Vata (Apana Vata) vitae. Vitiated Kapha causes Rasa Dushti as Kapha and Rakta has. Ashraya-ashrayi Sambandha. Vitiated Kapha reaches. Yoni/Garbhasaya (2). Dushti of Kapha and Rasa together cause white discharge through the vagina.

SAMPRAPTI GHATAKA –

- *Dosha: Kapha, Vata*
- *Dushya: Rasa, Mamsa.*
- *Strotas: Rasavaha, Artavavaha.*
- *Marga: Abhyantara.*
- *Mahabhuta: Prithvi, Jala.*
- *Udbhavasthana: Pakvashayasamutthaja.*
- *Samprapti prakara: Atistrava, Vimarga gamana.*

CASE REPORT

Case History

A female patient of 36 years age attended the OPD of the Department of Prasuti Tantra & Stri Roga, Govt. Ayurvedic College and Hospital, Akhnoor, Jammu, with the complaint of thick white discharge P/V from 2 years.

Associated Complaints

She also has complaints about burning in the vaginal area, burning micturition, low back ache & constipation for 2 years.

History of Presenting Illness

According to the patient, she was suffering from white discharge P/V for 2 years. The discharge was thick in consistency and remained for a whole month. Along with discharge, she was also having complaints of burning in the vaginal area with burning micturition from 6-8 months. Also, she is having complaints of constipation and low back ache. She had taken medication several times but did not get a complete cure. That's why she decided to take Ayurvedic treatment.

History of past illness – The patient does not have a history of significant illness.

Surgical history – No history of surgery.

Medical history – The patient does not have any medical history.

Family history – No family history of DM / HTN / TB / Thyroid dysfunction.

Contraceptive history – The patient is not taking any OCP or has not had any IUCD inserted.

Personal History

Diet-Vegetarian

Appetite-Good

Bowel- constipation

Bladder-1-2 times a day, with burning micturition

Sleep- Disturbed, no day sleep.

Habits-Eats oily, fried foods and dairy products regularly

Ashtasthana Pareeksha

Table no.1

Nadi	Mala	Mutra	Jivha	Shabda	Sparsha	Drika	Akriti
Kapha Pitta	Niram	White	Prakrita	Prakrita	sheetoshna	Pandura	Sthoola

Dashavidha Pareeksha

Table no.2

Pra-kriti	Vikriti	Saar	Samha-nana	Pramana	Satmya	Satva	Ahara shakti	Vyayam shakti	Vaya
Vata – Pitta	Atisraava	Madhyam	Madhyam	Madhyama	Madhyama	Madhyama	Madhyama	Madhyama	Praudha

Menstrual history –

LMP – 24.08.2023

Duration – 3-4 days Interval – 26-28 days

Amount of blood loss – Moderate

Obstetric history –

G₃ P₂ A₁

P₁ - 17 yrs. male child, FTND

P₂ - 15 yrs. male child, FTND

A₁ - 3 yrs. Ago, 2 months GA, D & C were performed.

Clinical Examination

1. General Examination

General Appearance: Fair

Built: Hyposthenic

Nourishment: Moderate

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Koilonychia: Absent

Lymphadenopathy: Absent

Edema: Absent

Vitals

BP-120/80 mm of Hg

PR-80b/m

Temp-97.8°F.

SPO2-98%

Weight-60kgs

Height-140cms

Systemic Examination

1. Respiratory System:

NVBS heard no added sounds.

2. Cardio Vascular System:

S1 and S2 heard no cardiac Murmurs.

3. Central Nervous System:

Conscious and well-oriented to time, place and person

4. Gastrointestinal System:

P/A -soft and non-tender ,No Organomegaly

Per abdomen examination – NAD

Ex. Genitalia – Thick discharges present on the vulva.

Per speculum examination – Cervix hypertrophied with congestion,

A thick white discharge is present on the external os of the cervix.

Per vaginal examination – Anteverted parous size uterus, fornices are clear.

O / E –

Investigation

Table no.3

CBC	RBS	HIV	HBsAg	HCV	VDRL	URINE (R/M)	Vaginal pH	USG	Pap Smear
within normal limits (Hb – 11.5 gm %)	90 mg / dl	NR	NR	NR	NR	Within normal limits	7	Bulky uterus with mild hypertrophied cervix with minimal free fluid in Cul – de – sac	Inflammatory Smears

Severe – 3

Assessment criteria

– Subjective Parameters –

- 1. Srava (vaginal discharge)** – Slight discharge (occasionally wetting the undergarment) – 1.
Moderate discharge (wetting the undergarments) – 2 Heavy discharge, may need pads – 3.
- 2. Consistency** – Watery – 1
Thin – 2
Thick – 3
- 3. Edema** – Reddish discoloration - 1
Reddish discoloration with edema of vulva & vagina – 2 Rashes & edematous vulva, vagina & thighs – 3
- 4. Kati shool (Low back ache)** – Mild – 1
Moderate – 2

5. Vibandha (constipation) – Mild – 1

Moderate – 2

Severe - 3

Objective Parameters –

1. Kandu (Vaginal itching) – Mild – 1

Moderate – 2

Severe – 3

2. Vaginal pH – 5 – 6 – 1

6 – 7 – 2

>7 – 3

TREATMENT PROTOCOL :

Table no.4

Complaints	Treatment given	Duration	Outcome
First cycle - Thick white discharge P/V, Burning in vulvo – vaginal region, Burning micturition, Low backache, constipation	<i>Udumbaradi kashaya yoni Prakshalana</i> (vaginal douche) followed by <i>udumbaradi taila yoni pichu</i> (vaginal tampon)	For 7 days after the cessation of menses	Mild relief in white discharge P/V Vaginal pH - 7
	<i>Chandraprabha vati</i> 2 BD, <i>triphala churna</i> three gms BD with lukewarm water for associated complaints	For 10 days	Got relief in Burning micturition & constipation
Second cycle -Thick white discharge P/V & mild burning in vulvo – vaginal region	<i>Udumbaradi Kashaya yoni prakshalana & udumbaradi taila yoni pichu</i>	For 7 days after the cessation of menses	Got moderate relief in discharge & burning of the vagina. Vaginal pH – 6.5
Third cycle – thick white discharge P/V on & off	<i>Udumbaradi Kashaya yoni prakshalana & udumbaradi taila yoni pichu</i>	For 7 days after the cessation of menses	Got relief from discharge P/V Vaginal pH - 5

PATHYA-APATYA

She was advised to follow the Ahara Vihara Pathya as follows.

Ahara

1. Drink plenty of water.
2. Eat a fibrous diet, fruits and green vegetables.
3. Garlic, meat soup, rice water.

Vihar

1. Keep the area clean and Dry

RESULTS

USG	PAP SMEAR	VAGINAL pH
The uterus is normal in shape & size. No free fluid in cul – de - sac.	Negative for inflammatory cells	5

After the completion of the drug trial for 7 days, each cycle for three cycles, the patient got relief from vaginal discharge. The improvement was significant from the very first cycle. The investigations after the trial also show an improvement.

(Table 5)

Thus, we see a change in vaginal pH which was 7 (alkaline) before the treatment. After the 15 days of the

2. Maintain Personal Hygiene

3. Wash the garments in boil water and Dettol and boil water and Dettol and then dry it in sunlight.

Advice – 1. To avoid intercourse during treatment.

2. To avoid spicy food, overeating, fried food, bakery items, and fermented items.

3. To avoid mental stress.

4. To take green leafy vegetables & simple food & to maintain an adequate amount of fluid intake

3rd cycle, the pH was checked & it was 5, i.e., acidic pH which is very important to maintain the vaginal flora.

DISCUSSION

Ayurveda, the science of life, has a great heritage of healing diseases. In Ayurveda, all the gynaecological disorders have been summed up under *Yoni Vyapada* (Disease of gyne) (3). *Shweta Pradara* (vaginal dis-

charge) is a symptom present in all *yonis vyapad* arising due to vitiation of *Kapha* and *Vata* (4), i.e., *Atyananda*, *Karnini*, *Acharana*, *Aticharana*, *Shleshmala*, *Upapluta*, *Prasramsini*. For white discharge P/V, the term *Shweta Pradara* has been used in *Sharangadhara Samhita*, *Bhava Prakasha*, and *Yoga Ratnakara*(5). Here, the patient has complaints about thick white discharge P/V with burning in the vagina & burning micturition. So, *Kapha* & *Pitta* is mainly vitiated. *Kapha* is responsible for excessive thick discharges, and *Pitta* is responsible for a burning sensation in the vagina and urine. Along with these, *Acharya Charaka* also says that no *yonis roga* is possible without the vitiation of *Vata*, and *Yoni Pradesha* is the area of *Apana vata*.

The drug used for this case is *Udumbaradi Kashaya* & *Udumbaradi Taila*, quoted by *Acharya Charaka* in *Yonivyapad chikitsa adhyaya*(6). The drug has *Udumbara* as the main content. The other contents are – *Panchavalkala* (*Vata*, *Udumbara*, *Ashwattha*, *Pareesha*, *Plaksha*), *Kulak*, *Malti*, *Nimba*, *Laksha*, *Dhavapushpa*, *Palasha niryaas*. *Udumbara* (*ficus glomerulata*) is *Ruksha* (dry) & *Guru guna Pradhana* (heavy), having *Katu vipaka* & *sheeta veerya*. It is *Kashaya rasa Pradhana* (astringent). *Kashaya rasa* is *Stambhaka* (obstructive) in nature. All these properties make it *Kapha – Pitta shamaka*, *Stambhaka*, *Vrana shodhaka* (wound cleaner), *Vedanasthapaka* (analgesic), *Vranaropaka* (wound healer) & *Raktadoshahara* (blood purifier)(7). It also has anti-protozoal & anti-inflammatory action. An ointment prepared from its stem bark has been proven effective against *Candida albicans*. Other constituents like *Panchavalkala*, *Kulak*, *Malti*, *Nimba* enhance its *Stambhaka* property. *Malti* (*Jati*) with its *snigdha guna* (slimy) normalizes the *pitta vigunata of artavavaha srotas*. *Nimba* & *Jati* have anti-inflammatory & anti-microbial effects, which suppress the growth of microorganisms. Also, the drugs have properties like *sukshma* & *vyavayi*, which allow easy absorption through epithelium & mucosa. The base of the drug is *Tila Taila*, for which *Acharya Sushruta* has described that it is *Yonishoola shamaka* and *garbhashaya shodhaka* in nature.

Why Yoni Prakshalana & Yoni Pichu –

As the name *Prakshalana* suggests washing, through *Prakshalana*, secretions & discharges from the vagina are washed out. The action is mainly by the drugs used in the preparation of the *Kwatha*. The same case is with *Yoni Pichu*. *Yoni Pichu* is the application of a sterile cotton swab soaked with medicated oil or ghee in the vagina. *Pichu* helps the medicine to remain at the site for a longer period for better action. *Pichu* is placed in the vagina as it is rich in blood supply and hence provides better absorption of the drug. Vaginal mucosa favours absorption of *lipophilic drugs*; therefore, the medicine is preferred to be used in the form of *taila* or *ghrita*.

CONCLUSION

Shweta pradara, mentioned in *Ayurvedic literature*, and *Leucorrhoea*, mentioned in modern *Gynaecology*, closely resemble each other. Personal hygiene and following proper dietary regimens are helpful in preventing *Shweta-Pradara*. The drugs which are having a predominance of *Kashaya rasa*, *Kapha shamaka* and *Stambhaka* properties should be used in the treatment of *Shweta pradara*. *Shweta pradara*, being the most common complaint of the reproductive age group, is one of the major problems encountered in day-to-day practice. It affects the health of females ultimately & they may suffer from mental trauma also. Hence, a definite approach is necessary for the management of the disease. The above-mentioned treatment protocol may be considered for managing *Shweta pradara*, i.e., white discharge P/V.

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