



## Review Article

### AYURVEDIC MANAGEMENT OF *SHWETAPRADARA* - A SYSTEMATIC REVIEW

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#### ABSTRACT

*Shwetapradara* is a common gynecological condition characterized by excessive whitish vaginal discharge, leading to physical discomfort, psychological distress, and social embarrassment among women of reproductive age. The condition significantly affects quality of life and tends to recur if not managed appropriately. In Ayurveda, *Shwetapradara* is not described as a separate disease entity but is considered a clinical manifestation associated with *Yoni vyapadas* and systemic *Dosha* imbalance, predominantly involving *Kapha dosha* and deranged *Apana vayu*. Conventional treatment mainly provides symptomatic relief and often fails to address the underlying pathology. Ayurveda adopts a holistic approach through *Nidana parivarjana* (avoidance of causative factors), *Shamana Chikitsa* (pacifying therapy), local therapeutic procedures, dietary regulation, and lifestyle modification. The present article aims to review the Ayurvedic management of *Shwetapradara* based on classical references and published clinical studies. Available literature suggests that Ayurvedic treatment modalities are effective, safe, and helpful in preventing recurrence by correcting the underlying *Dosha* imbalance.

#### INTRODUCTION

*Shwetapradara*, characterized by excessive whitish vaginal discharge, is one of the most frequently encountered gynecological complaints in clinical practice. It commonly affects women of reproductive age and is often associated with symptoms such as weakness, low backache, pruritus vulvae, pelvic discomfort, and mental stress. Though vaginal discharge can be physiological in certain conditions, persistent or excessive discharge indicates underlying pathology and significantly impairs quality of life.

In modern medicine, *Shwetapradara* can be correlated with leucorrhoea, which may arise due to infections, hormonal imbalance, poor genital hygiene, malnutrition, or systemic disorders. Conventional management mainly includes antimicrobial agents and hormonal therapy, which often provide temporary

relief and are associated with recurrence and adverse effects.

There is no reference for the terminology "*Shweta Pradara*" in the *Brihatrayee* the three main treatises of Ayurveda. Anyhow, Cakrapanidatta, the commentator of Charaka Samhita has explained *Shweta pradara* as *Pandura pradara*<sup>[1]</sup> and Indu, the commentator of Ashtanga Sangraha explains it as *Shukla asrigdara*<sup>[2]</sup>. There is a mentioning of *Shweta Pradara* in the later text books of Ayurveda like Sharangadhara Samhita<sup>[3]</sup>, Bhava Prakash<sup>[4]</sup>, Yoga Ratnakara<sup>[5]</sup> in the context of *Yoni srava*<sup>[6]</sup>.

Ayurvedic treatment modalities such as *Nidana parivarjana*, *Shamana chikitsa*, local therapies like *Yoni dhavana* and *Yoni pichu*, along with dietary and lifestyle modifications, play a significant role in managing *Shwetapradara*. Numerous clinical studies and case reports have been published evaluating these interventions; however, a consolidated review of available evidence is limited. Therefore, the present review aims to analyze and compile published literature on the Ayurvedic management of *Shwetapradara* to provide an evidence-based understanding and identify areas for future research.

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**AIMS AND OBJECTIVES****Aim**

To systematically review the available literature on the Ayurvedic management of *Shwetapradara*.

**Objectives**

1. To evaluate the efficacy of various Ayurvedic therapeutic interventions used in the management of *Shwetapradara*.
2. To analyze published clinical studies, case reports, and review articles related to Ayurvedic management of *Shwetapradara*.
3. To assess the role of *Shamana Chikitsa*, local therapeutic procedures, dietary regulation, and lifestyle modifications in symptom relief and recurrence prevention.
4. To compile and interpret available evidence in order to provide an evidence-based understanding of Ayurvedic management of *Shwetapradara*.

**METHODS**

A systematic review of literature was conducted to evaluate the Ayurvedic management of *Shwetapradara*. Relevant data were collected, extracted, and analyzed from published clinical studies, case reports, and review articles. Classical Ayurvedic texts were also reviewed to understand the conceptual framework and management principles of *Shwetapradara*.

**Search Methodology**

A literature search was conducted using electronic databases such as Google Scholar and peer-reviewed Ayurvedic journals. Articles within a predefined time period related to Ayurvedic management of *Shwetapradara* were screened. Search terms included *Shwetapradara*, leucorrhoea, *Yoni Vyapada*, *Yoni Dhavana*, *Yoni Pichu*, and *Streeroga*. Clinical trials, observational studies, and case reports were included, while duplicates and non-relevant studies were excluded. Selected articles were reviewed for intervention type, treatment duration, outcomes, and safety.

**General details of study**

S.No	Authors	Research design	Sample size	Result	Treatment given with duration
1	Dr.Sapna Kaushish Dr. Amrit Malik Dr.Chinkya Goyal Dr.Sudhir Malik <sup>[7]</sup> (2020)	Narrative review	Not applicable	<i>Shweta Pradara</i> is a common gynecological condition caused mainly by <i>Kapha-Vata</i> vitiation. Ayurvedic management through <i>Nidana Parivarjana</i> , <i>Dosha shamana</i> , <i>Agni</i> correction, hygiene, stress management, and individualized therapy effectively controls symptoms, prevents recurrence, and improves quality of life.	
2	Dr.Tejaswini Sonawane Dr.Vidya Sarode Dr.Mangesh jarangeona <sup>[8]</sup> (2024)	Case study	Single case	Ayurvedic management with <i>Sthanik Chikitsa</i> and <i>Abhyantar Shamana Aushadhi</i> significantly reduced white discharge, backache, itching, and burning within 15 days. The treatment was safe, effective, and helped prevent recurrence of <i>Shwetapradara</i> .	<i>Stanika Chikitsa</i> . 1. <i>Triphala kwath</i> <i>Yonidhawan</i> for 15 days 2. <i>Panchawalkal churn</i> <i>Yonipichu</i> for 15 days <i>Abhyantar Shaman chikitsa</i> 1. <i>Pushyanug churna</i> 5gm OD <i>Apane</i> with <i>tandulodak</i> for 15 days 2. <i>Gandhak rasayan</i> 250mg BD <i>Apane</i> for 15 days 3. <i>Kamadudha rasa</i> 250mg BD <i>Apane</i> for 15 days

3	Dr.Takalkar Asha Ambadas Dr.Jangale Ketan Govindrao Dr.Chandanshiv Pallavi Ashok <sup>[9]</sup> (2025)	Single patient case report (Clinical observational study)	1 patient	Ayurvedic treatment with <i>Eladi Kwath</i> , <i>Panchavalkal Churna</i> , <i>Pushyanuga Churna</i> , and <i>Amalaki Beeja Churna</i> relieved <i>Shwetapradara</i> symptoms within 15 days, showing safe and effective management.	<i>Sthanika chikitsa</i> 1. <i>Eladi kwath Yonidhawan</i> for 15 days 2. <i>Panchavalkal Churna Yonipichu</i> for 15 days <i>Abhyantar Shaman Chikitsa</i> 1. <i>Amalaki Beeja Churna</i> 3gm BD with <i>Madhu</i> for 15 days 2. <i>Pushyanug churna</i> 5gm OD with <i>Tandulodak</i> for 15 days
4	Dr.Amol Shirguppi <sup>[10]</sup> (2022)	Review study (conceptual and literature-based review)	Not applicable	<i>Panchavalkal Kwath Yonidhavan</i> is effective in managing <i>Shweta Pradar</i> by reducing white discharge and itching, maintaining vaginal health, and preventing recurrence due to its <i>Kashaya</i> , <i>Kaphaghna</i> , <i>Stambhana</i> , and antimicrobial properties.	
5	Dr. Anjali Dhull Dr.Rita Makim <sup>[1]</sup> (2020)	Case study (Case report)	1 patient (A single 32-year-old female patient)	The patient got excellent relief in symptoms, reduction in white vaginal discharge ( <i>Shweta srava</i> ), itching ( <i>Yonikandu</i> ), burning sensation ( <i>Yoni daha</i> ) Improvement in associated complaints like low backache ( <i>Kati shula</i> )	<i>Sthanika chikitsa</i> 1. <i>Triphala kashaya Yoniprakshalana</i> twice a day for 21 days 2. <i>Jatyadi Taila Yoni Pichu</i> twice a day for 21 days <i>Abhyantar chikitsa</i> 1. <i>Pushyanug Churna</i> 1gm+ <i>Lodra churna</i> 1gm+ <i>Amalaki churna</i> 1gm+ <i>Nagkesar Churna</i> 1 gm+ <i>Praval Pishti</i> 250 mg with <i>Tandulodak</i> twice a day after food for 21 days 2. <i>Pradarantak Laha</i> 2 tab twice a day with lukewarm water for 21 days.
6	Dr.Trisha Talapatra, Dr.Sukumar Ghosh <sup>[11]</sup> (2021)	Case study (single-patient clinical case report)	1 patient	After 1 month of Ayurvedic treatment, white vaginal discharge and associated symptoms resolved completely, with no recurrence at 3-month follow-up and no adverse effects.	<i>Sthanika chikitsa</i> 1. <i>Triphala kwath Yoniprakshalana</i> twice a day <i>Samshamana chikitsa</i> 1. <i>Pradarantak lauha</i> 250 mg BD with honey or ghee for 4 weeks 2. <i>Chandraprabha vati</i> 1gm BD with lukewarm water 4 weeks 3. <i>Amalaki churna</i> 3gm BD

					with lukewarm water for 4 weeks 4.Lodhrasava 15ml BD with equal amount of water for 4 weeks
7	Dr.Akanksha Sharma <sup>[12]</sup> (2022)	Case series study conducted at OPD level	: 5 unmarried female patients	All five patients showed marked improvement in symptoms of <i>Shweta Pradara</i> after 4 weeks of Ayurvedic treatment, with complete or near-complete relief in vaginal discharge, backache, itching, weakness, constipation, and foul smell. No adverse effects were reported	<i>Sthanika chikitsa</i> 1.Triphala kwath <i>Yoniprakshalana</i> twice a day <i>Samshamana chikitsa</i> 1.Pradarantak lauha 250 mg BD with honey or ghee for 4 weeks 2.Chandraprabha vati 1gm BD with lukewarm water 4 weeks 3.Amalaki churna 3gm BD with lukewarm water for 4 weeks 4.Lodhrasava 15 ml BD with equal amount of water for 4 weeks.
8	Dr.Rupali Samdale, Dr.Varsha Deshmukh, Dr.Rutuja Bhosure <sup>[13]</sup> (2024)	Single case study	1 female patient	The patient showed complete relief from symptoms of <i>Shweta Pradara</i> including vaginal discharge, backache, itching, burning sensation, and foul smell after Ayurvedic management with <i>Shamana Chikitsa</i> and <i>Sthanika Chikitsa</i> . Significant symptomatic improvement was observed within 7 days, with no recurrence during follow-up.	<i>Abyanthara chikitsa (Shaman chikitsa)</i> 1.Raspachaka vati 500mg BD with <i>Koshna jala</i> for 7 days 2.Chandraprabha vati 250mg BD with <i>Koshna jala</i> for 7 days 3.Pushyanug churna 1gm BD with <i>Tandulodak</i> for 7 days <i>Stanika chikitsa</i> 1.Triphala kashaya <i>Yoniprakshalana</i> once a day for 7 days 2.Nyagrodha twak siddha tail <i>Yonipichu</i> once a day for 7 days
9	Dr.Suchetha Kumari, Dr.Mehak, Arpana Jain <sup>[14]</sup> (2022)	Case series study	8 female patients	<i>Lodra Vata Kashaya Yoni Prakshalana</i> markedly improved <i>Shweta Pradara</i> symptoms within 7 days, normalized vaginal pH, and eliminated <i>Staphylococcus aureus</i> , effectively controlling infection.	<i>Lodra vata Yoniprakshalana</i> twice a day for 7 days 2 follow ups once in 15 days.
10	Sufia Mahmood, Md.Nematullah, Sukumar Ghosh <sup>[15]</sup> (2022)	Single case study	1 female patient	After 1 month of Ayurvedic treatment with <i>Shamana Chikitsa</i> and <i>Yoni Prakshalana</i> , the patient had complete relief from symptoms with no adverse effects.	<i>Sthanik chikitsa Yoniprakshalana</i> twice a day with <i>Sphatika Jala</i> (Alum water) <i>Abhyantar Chikitsa</i>



					1. <i>Pushyanug churna</i> 3gm twice daily after meal with <i>Tandulodaka</i> 2. <i>Patrangasava</i> 15ml twice daily after meal with equal quantity of water. 3. <i>Chopchinyadi churna</i> 3gm twice daily after meal with lukewarm water.
11	Dr. Sheela Mallikarjun, Dr. Beneti Kanifatima, Dr. Ishwari Patil, Dr. M. S. Sonika, Dr. Shilpa Rani <sup>[16]</sup> (2021)	Case study	1 female patient (56 years, postmeno pausal)	Three cycles of <i>Lodhra-Vata Yoni Prakshalana</i> completely relieved white discharge, backache, and foul smell, with no recurrence, showing effective management of <i>Shweta Pradara</i> .	<i>Sthanika chikitsa Yoniprakshalana</i> with decoction of <i>Lodhra</i> and <i>Vata</i> for 7 days Follow up at the interval of 30 days procedure conducted for 3 consecutive cycles.
12	Anagha Sivanandan, Parmar Bhaktiba L <sup>[17]</sup> (2024)	Clinical pilot study	17 patients (16 completed treatment)	The therapy significantly improved vaginal discharge and itching ( $p < 0.001$ ) and backache ( $p < 0.05$ ), with 81.25% showing marked and 18.75% moderate improvement, demonstrating its effectiveness in <i>Shweta Pradara</i> .	1. <i>Kukkutanda tvak Bhasma</i> 250 mg twice a day with <i>Madhu</i> for 30 days 2. <i>Pippalyadi Varti</i> 1 <i>Varti</i> /day (2.5g <i>Varti</i> ) dipped in <i>Tila taila</i> for 7 days.

## DISCUSSION AND RESULT

*Shwetapradara* is a frequently encountered gynecological complaint that significantly affects the physical comfort, mental health, and quality of life of women of reproductive age. Although not described as an independent disease entity in classical Ayurvedic texts, it is consistently mentioned as a *Lakṣaṇa* associated with various *Yoni vyapadas*. The pathogenesis of *Shwetapradara* is predominantly attributed to *Kapha doṣa* vitiation with associated involvement of *Apana vayu*, *Mandagni*, and *Rasa dhatu dushti*, leading to excessive *Kleda* production and abnormal vaginal discharge. The findings of the present review suggest that Ayurvedic management of *Shwetapradara* is primarily based on dosha-specific principles, focusing on *Nidana parivarjana*, *Agni dipana*, *Kleda shoshana*, and *Srotas shodhana*. Across the reviewed studies, *Kapha-Vata shamana* emerged as the central therapeutic objective, which is in accordance with classical Ayurvedic concepts described for the management of *Yoni rogas*.

Most of the reviewed clinical studies, case series, and case reports demonstrated significant improvement in symptoms such as excessive white vaginal discharge, itching, burning sensation, backache, and general weakness following Ayurvedic intervention. *Sthanika chikitsa*, particularly *Yoni Prakshalana* and *Yoni Pichu* using formulations like *Triphala Kwatha*<sup>[1,8,11,12,13]</sup>, *Pancavalka Kwatha*<sup>[8,9]</sup>,

*Lodhra-Vata Kwatha*<sup>[14,16]</sup>, and *Eladi Kwatha*<sup>[9]</sup>, showed consistent and early symptomatic relief. These formulations possess *Kashaya rasa*, *Stambhana*, *Kledaghna*, and *Krimighna* properties, which help in reducing discharge, restoring vaginal hygiene, and maintaining a healthy vaginal environment.

Along with local therapies, *Abhyantara Shamana chikitsa* played a crucial role in correcting systemic pathology. Internal formulations such as *Pushyanuga Churna*<sup>[1,8,9,13,15]</sup>, *Patrangasava*<sup>[15]</sup>, *Lodhrasava*<sup>[11,12]</sup>, *Chandraprabha Vati*<sup>[11,12,13]</sup>, *Pradarantaka Lauha*<sup>[1,11,12]</sup>, *Gandhaka Rasayana*<sup>[8]</sup>, and *Amalaki*-based preparations<sup>[9,11,12]</sup> were commonly used across studies. These drugs are known for their *Kapha-Vata shamana*, *Agni dipana*, *Rasadhatu poshana*, and *Rasayana* actions, contributing to sustained clinical improvement and reduction in recurrence.

The duration of treatment in most studies ranged from 7 days to 4 weeks, with significant symptomatic relief observed within a short period. Follow-up data available in several studies indicated minimal recurrence and absence of adverse drug reactions, highlighting the safety and tolerability of Ayurvedic interventions. Notably, Ayurvedic management was found to be effective across different age groups, including unmarried women and

postmenopausal patients, suggesting its wide clinical applicability.

However, despite encouraging outcomes, the reviewed literature also revealed certain limitations. Variability in treatment protocols, outcome assessment criteria, and follow-up duration limits the generalizability of results. These limitations indicate the need for well-designed randomized controlled trials with standardized diagnostic and assessment parameters to further validate the efficacy of Ayurvedic management in *Shwetapradara*.

Overall, the present review supports the view that Ayurvedic management of *Shwetapradara* is effective, safe, and holistic, addressing both local symptoms and underlying systemic pathology. The emphasis on individualized treatment, lifestyle modification, and prevention of recurrence aligns well with Ayurvedic principles and offers a comprehensive approach to the management of leucorrhoea. Further high-quality clinical research is recommended to strengthen the evidence base and facilitate wider integration of Ayurvedic therapies in gynecological practice.

## CONCLUSION

*Shwetapradara* is a common gynecological condition described in Ayurveda as a manifestation of *Yoni vyapadas*, primarily resulting from *Kapha dosha* vitiation and deranged *Apana vayu*. The reviewed literature indicates that Ayurvedic management using *Nidana parivarjana*, *Sthanika Chikitsa*, and *Shamana Chikitsa* is effective and safe in reducing symptoms and preventing recurrence. Most studies reported significant clinical improvement with minimal adverse effects. However, further well-designed randomized controlled trials are required to strengthen the evidence base and support wider clinical application.

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