



Case Study

AYURVEDIC PRINCIPLES IN THE MANAGEMENT OF SHWETA PRADARA

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ABSTRACT

Shweta pradara is a common gynecological condition affecting women worldwide, occurring either as an independent disorder or as a symptom of underlying diseases. Although vaginal discharge is a normal physiological phenomenon, changes in its colour, consistency, quantity, or odour may indicate pathology, especially during the reproductive age. It is typically characterized by whitish or yellowish discharge, which may be physiological or associated with infection. Physiological discharge results from hormonal influence, whereas pathological discharge is often linked to infections and may cause discomfort, embarrassment, and psychological distress. If untreated, it can lead to complications such as ascending infections and infertility. In Ayurveda, *Shweta pradara* is mainly attributed to vitiation of *Kapha* or *Vata-Kapha doshas* due to various *Nidana*. Despite the availability of multiple treatments, recurrence and side effects remain concerns. Therefore, a clinical study was conducted to evaluate the efficacy of Ayurvedic management in patients presenting with vaginal discharge and associated symptoms. A female patient diagnosed with *Shweta pradara* was managed using *Shaman chikitsa* along with *Yoni prakshalan* and *Yoni pichu*. The treatment resulted in marked improvement, with significant relief from her symptoms.

INTRODUCTION

Abnormal vaginal discharge is the most common factor which creates irritation in women. Vaginal discharge is very much commonest symptoms in women in India.^[1]


Throughout a women's life, different forms of vaginal discharge may be observed. Under normal physiological conditions, the discharges are typically clear or whitish in colour, odorless and may vary in quantity and consistency according to the phases of menstrual cycle. The normal vaginal flora, predominantly consisting of lactobacilli, colonizes the vaginal epithelium and plays an essential role in protecting against infections.^[2]

Alteration in the colour, consistency, quantity, or odor of vaginal discharge may indicate the presence of an underlying infection.

Pathological vaginal discharge often reflects specific infectious condition and can be differentiated based on its characteristic features. Such discharge may present as purulent, thick, foul smelling, mucoid blood-stained, pinkish, thin or watery in nature.^[3]

The word *Shweta pradara* has not described in *Brihatarayee* i.e., *Charak samhita*, *Sushruta samhita*, *Astanga Hridaya* and *Astanga sangraha*. For white vaginal discharge, the word *Shweta pradara* has described in *Sharangadhara Samhita*, *Bhava prakash*, *Yoga Ratnakar* and in commentary of *Charak samhita* by Chakrapani.^[4] Considering clinical feature of *Shweta pradara* we can say that it is a *Kaphaja* disorder. Localized in the region of *Apan vayu* as any type of *Srava* is resulted from *Kapha dosha*, so it may be said that vitiated *Kapha* due to various factors, result in white discharge per vagina.^[5] Along with *Kapha dushti* and *Rasa dushti*, *Vata dushti* is also present in *Shweta pradara*.^[6]

Excessive coitus, frequent abortions (MTP), improper lifestyle and improper dietary habits during menstruation and ovulatory period along with unhygienic vaginal conditions are commonly observed causes of *Shweta pradara*. Infections due to certain

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organisms in vagina and uterus also lead to white discharge due to injury caused by infections.^[7,8]

Case Presentation

Case 1

A 30 years old female patient came to the O.P.D. no. 9055 of Jeevan Jyoti Ayurvedic Hospital in Stree Roga Prasuti Tantra Department on the date of 9/3/2026. She presented with the excessive white discharge from vagina, pain in lower abdomen and low backache since 4 months. On further enquiry patient told that the discharge was white in colour, thick in consistency, foul smelling. She experienced itching and burning on vulva and even became tired on exertion.

Past History

No H/O – DM, HTN, surgical procedure

Family History- Not significant

Personal History

Occupation: Housewife

Lifestyle: Sedentary

Food habit: Irregular

Diet: Mixed, prefer fried items

Appetite: Moderate

Bowel: Regular

Micturation: 5-6 times/day

Sleep: Sound

Habits: Intake of tea 3-4 times /day

Exercise: Nil

Menstrual History

Menarche: 13 years

LMP: 20/02/2026 She had regular menses at interval of 28-30 days, which last for 4-5 days. No other significant abnormalities detected.

Contraceptive History: No contraception

Obstetrics History

Parity: 2, Live: 2, Abortion: 0, Death: 0

P1- 5 years female full term normal vaginal delivery with episiotomy.

P2- 2 years male full term normal vaginal delivery with Episiotomy.

On Examination

General condition: Moderate

B.P. - 110/70 mm of Hg

P.R. – 79/min

R.R. – 17/min

H.R. – 71/min

Systemic examination

- Respiratory System: B/L chest clear
- Cardiovascular System: S1 S2 audible
- CNS: Patient is conscious and well oriented.

- GIT: Soft abdomen, bowel sound heard

Per Speculum Examination

White thick curdy discharge, foul smelling, mild cervical erosion.

Per Vaginal Examination

Uterus anteverted, mobile

B/L Fornices non-tender

Samprapti

Due to excessive intake of *Abhishyandi*, *Kapha vardhak ahar* and *Vihar*, *Kapha* and *Vata dosha* gets vitiated. Vitiated *Kapha* also causes *Rasadushti* as *kapha* and *Rasa* have *Ashraya-ashrayi sambandha*. *Kapha* and *Rasa* are *Drava guna Pradhan*. Vitiated *Kapha* reaches to the *Yoni*. *Dushti* of *Kapha* and *Rasa* together cause white discharge per vagina which is in the region of *Apan vayu*.

Samprapti Ghatak

Dosha: *Kapha, Vata*

Dushya: *Rasa, Mansa*

Shrotas: *Rasavaha, Artavaha*

Marga: *Abhyantar*

Mahabhuta: *Prithvi, Jala*

Udbhavasthan: *Pakwashaya samutthaja*

Samprapti prakar: *Atisrava, Vimargamana*

Assessment criteria

Shweta Srava (Vaginal White Discharge)

- 0- No vaginal discharge
- 1- Mild- Occasionally wetting undergarments /slight discharge, vulva moistness.
- 2- Moderate- Discharge wetting of undergarments
- 3- Severe- Heavy discharge which needs vulva pads.

Katishoola (Backache)

- 0- No pain
- 1- Mild- Can withstand pain and can manage routine work.
- 2- Moderate- Cannot manage routine work and need to take rest.
- 3- Severe - Cannot withstand pain and bed ridden.

Yoni Kandu (Itching of vulva)

- 0- No itching
- 1- Mild- Slight rub
- 2- Moderate - Instant rub causing redness.
- 3- Severe - Continuous rub causing redness.

Yoni Daha (Burning of vulva)

- 0- No burning
- 1- Mild - Occasional burning
- 2- Moderate - Frequent burning
- 3- Severe - Continuous burning

Durgandha (Odour)

- 0- Absent
1- Mild

- 2- Moderate
3- Severe

Treatment Protocol**Abhyantar chikitsa**

S.No.	Medicine	Dose	Anupana	Duration
1.	<i>Lodhra churna</i>	3gm twice daily	With <i>Tandulodaka</i> (rice water)	1 month
2.	<i>Pushyanuga churna</i>	3gm twice daily	With <i>Tandulodaka</i> (rice water)	1 month
3.	<i>Amlaki churna</i>	3gm twice daily	With lukewarm water	1 month
4.	<i>Praval pishti</i>	500mg twice daily	With milk	1 month
5.	<i>Sankha vati</i>	500mg twice daily	With lukewarm water	1 month

Sthanika chikitsa

S.No.	Medicine	Procedure name with Duration	Duration
1.	<i>Lodhra Kashaya</i>	<i>Yoni Prakshalan</i> twice a day	15 days
2.	<i>Nimba taila</i>	<i>Yoni Pichu</i> twice a day	15 days

Here Different kind of treatment modality of *Shweta pradara* involves in the *Abhyantar chikitsa* (internal administration) are mentioned:

Drugs used in Abhyantar prayogas (internal administration)

S.No.	Drug	Latin Name	Reference
1.	<i>Lodhra kalka</i> (paste of bark powder) along with <i>Nyagrodha kasaya</i> .	<i>Symplocos racemosa</i> Roxb. <i>Ficus benghalensis</i> Linn.	<i>Charak samhita chikitsa sthan</i> , 30/118
2.	<i>Amlaki churna</i> with honey	<i>Emblica officinalis</i>	<i>Charak samhita chikitsa sthan</i> , 30/117
3.	<i>Chakramarda moola</i> with <i>Tandulodaka</i>	<i>Cassia tora</i> Linn.	<i>Yogaratnakar soma roga chikitsa</i>
4.	<i>Nagkeshara</i> with <i>Takra</i> (buttermilk)	<i>Mesua ferrea</i> Linn.	<i>Yogaratnakar soma roga chikitsa</i>
5.	<i>Rohitaka mula kalka</i> (paste of root powder) with water	<i>Tecomella undulate</i>	<i>Bhavaprakash, chikitsa sthan</i> 69/7
6.	<i>Amlaki beeja kalka</i> (paste of seed powder) mixed with honey and sugar	<i>Embillica officinalis</i>	<i>Bhavaprakash chikitsa sthan</i> 69/7

Pathya-apathya

She was advised to follow *Ahara-vihara pathya* are as follows-

Ahara

Drink plenty of water.

The diet should be light, easily digestible and *Kapha shamaka*. Intake of green gram (*Mudga*), old rice (*Purana shali*), wheat and preparations like *Khichdi*, *Daliya*. Vegetables such as *Louki*, *Tori*, *Parwal* are beneficial due to easy digestibility and *Kapha shamak* properties.

Vihar

Maintenance of proper genital hygiene is essential.

Regular washing of Undergarments with lukewarm water and drying in sunlight.

Follow ups

S.No.	Assessment Criteria	Gradation of parameters at fallow up			
		Day 0	Day 15	Day 30	Post treat. Follow-up
1.	<i>Shweta srava</i>	3	2	1	0
2.	<i>Katishula</i>	3	3	2	0
3.	<i>Yoni kandu</i>	3	2	1	0
4.	<i>Yoni daha</i>	3	2	1	0
5.	<i>Yoni dourgandhya</i>	3	2	1	0

RESULT

- A marked decrease in the amount of white vaginal discharge was observed within the first 15 days of treatment.
- By the completion of 30 days of therapy, the discharge had completely subsided.
- Associated complaints, including generalized weakness and lower back pain, demonstrated significant improvement.
- The sensation of heaviness in the lower abdomen was fully relieved after completion of the treatment.
- Vital parameters such as pulse rate, blood pressure, respiratory rate, and body temperature remained within normal limits throughout the treatment duration.
- No adverse drug reactions or treatment-related complications were observed during the course of therapy.
- No recurrence of symptoms was reported during the follow-up period after treatment

DISCUSSION

The plan of treatment was based on etiological factor. These factors contribute to *Kapha vriddhi* and *Agnimandya*, leading to the formation of *Ama*. The vitiated *Kapha* along with *Ama* affects the *Artavaha shrota*, resulting in excessive discharge.

Lodhra is *Kashaya rasatmaka*, *Laghu*, *Sheeta*, *Snigdha*, *Katu vipaki*. It is *Kapha-vataghna stambhak*, *Balya*, *Raktapittahar*, and indicated in *Pradar*.^[9] *Pushyanuga churna* is *Stambhan*, indicated in various vaginal discharges and *Jantukrita doshas*.^[10] *Amalaki* is *Rasrayan*, supports healthy metabolism and is anti-inflammatory.^[11] *Praval pishti* is *Madhur ushna ruksha*. It is *Grahi pittahar*, *Raktastambhak*, *Pitta-vata anuloman* and indicated in *Pradar*.^[12] *Sankha vati* is *Katu-tikta rasatmaka*, *Laghu*, *Ruksha*, *Ushna virya*, *Katu vipaki*. It is *Deepan*, *Pachan*, *Vata-kapha shamak*, *Grahi* and *Ama-nashaka*. It helps in correcting *Agnimandya*, reduces *Ama* and control abnormal *Srava*.^[13]

Lodhra kashaya is *Laghu*, *Sheeta*, *Ruksha*, *Katu vipaki*. It is *Kapha-pittaghna*, *Stambhak*, *Sothahara* and

Yonisodhak.^[14] *Nimba taila* is *Tikta kashaya rasatmaka*, *Laghu*, *Ruksha*, *Sheeta virya*, *Katu vipaki*. It is *Kapha-pittaghna*, *Krimighna*, *Kandughna*, *Sothara* and *Yonisodhak*. It helps in reducing *Srava*, relieves itching, control microbial growth, and promotes healing of the vaginal mucosa.^[15,16]

CONCLUSION

The present case study on the Ayurvedic management of *Shweta pradara* demonstrates that a holistic approach based on *Dosha-pratyanika chikitsa* is effective in controlling the symptoms and improving the patient's quality of life. The use of *Stambhana*, *Kapha-pittashamana*, and *Yoni shodhana* therapies helped in reducing excessive vaginal discharge, itching, and associated discomfort.

Internal medications along with local therapies such as *Yoni prakshalana* and *Yoni pichu* showed significant improvement by acting on the underlying *Kapha dushti* and *Rasavaha srotas dushti*. The drugs used, having *Kashaya rasa*, *Stambhaka*, *Krimighna*, and *Shothahara* properties, played a key role in reducing *Srava* and restoring normal vaginal health.

Thus, Ayurveda offers a safe, effective, and non-invasive line of management in *Shweta pradara*, addressing both the symptoms and root cause. However, further large-scale clinical studies are required to validate these findings scientifically.

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