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Health Care

AYURVEDIC MANAGEMENT OF SHWETA PRADARA (LEUCORRHOEA): A CASE SERIES

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ABSTRACT **Background:** Shweta Pradara is one of the most common gynecological complaints encountered in reproductive-age women. It is characterized by excessive white vaginal discharge, often associated with vulval itching, backache, weakness, and pelvic discomfort. Although not described as a separate disease entity in classical Ayurvedic texts, it is understood under the clinical spectrum of Kapha-predominant Yonivyapad. Modern management primarily focuses on treating underlying infections; however, recurrence remains a significant challenge. Ayurveda offers a holistic approach through the correction of Dosha imbalance, Agni enhancement, and combined local and systemic therapies. **Aim:** To evaluate the clinical efficacy of a comprehensive Ayurvedic management protocol in patients presenting with Shweta Pradara. **Materials and Methods:** A prospective case series was conducted on five patients presenting with symptoms of Shweta Pradara in the outpatient department (OPD) of Prasuti Tantra and Stri Roga. The intervention included internal administration of Pushyanuga Churna, Chandraprabha Vati, and Gandhaka Rasayana, combined with local Yoni Prakshalana (vaginal douching) using Panchavalkala Kwatha for 45 days. **Results:** Marked clinical improvement was observed across both subjective and objective criteria. The mean subjective vaginal discharge score decreased from 2.8 to 0.8 (71.4% relief), itching reduced from 2.0 to 0.2 (90% relief), and low backache decreased from 2.0 to 0.2 (90% relief). Objectively, the mean vaginal pH normalized from 5.62 to 4.44, and high-power field (HPF) pus cell counts dropped substantially from an initial range of 13.4–16.2 to 2.0–3.2. **Conclusion:** The combined systemic and local Ayurvedic interventions demonstrated significant therapeutic efficacy in alleviating Kapha-dominant symptoms of Shweta Pradara, restoring vaginal health, and improving the overall quality of life without any adverse effects.

KEYWORDS : Shweta Pradara, Leucorrhoea, Ayurveda, Yonivyapad, Panchavalkala, Stri Roga, Case Series.

INTRODUCTION

In classical Ayurvedic literature, specific gynecological disorders are comprehensively classified under twenty types of Yonivyapad (Kumar & Meshram, 2021). While Shweta Pradara (leucorrhoea) is not always detailed as an independent disease entity across all classical Samhitas, commentators like Chakrapanidatta on Charaka Samhita conceptualize it as a pathological state dominated by aggravated Kapha Dosha affecting the Rasavaha and Artavavaha Srotas (Parbin, 2024). It is characterized by Shweta (white), Gana (thick), and Picchila (slimy) vaginal discharges due to Agnimandya (weakened digestive/metabolic fire) and subsequent Ama (toxic bio-fragments) accumulation (Purohit, 2026).

In contemporary medicine, physiological leucorrhoea is distinguished from pathological variants caused by bacterial vaginosis, candidiasis, or trichomoniasis (Paladine & Desai, 2018). Conventional anti-infective regimens frequently provide immediate relief, but they fail to alter host susceptibility, leading to frequent recurrences (Gangwar, 2025). This study evaluates a multi-targeted Ayurvedic protocol designed to deliver direct local antimicrobial actions alongside systemic immune-metabolic correction.

MATERIALS AND METHODS

Study Design

A prospective, clinical case series was carried out involving five female patients presenting with classical signs and symptoms of Shweta Pradara at the outpatient department (OPD) of Prasuti Tantra and Stri Roga of IIMT Ayurvedic Medical College and Hospital, Meerut.

Eligibility Criteria

Inclusion Criteria

- Women aged 18–45 years.
- Complaints of excessive white vaginal discharge.
- Presence of associated symptoms such as Yoni Kandu (vulval itching), Katishoola (low backache), Daurbalya (generalized weakness), and Yoni Daha (burning sensation).

Exclusion Criteria

- Pregnancy or lactation.
- Malignancy or suspected cervical intraepithelial neoplasia (CIN).
- Confirmed sexually transmitted infections (STIs) or severe pelvic inflammatory disease (PID).
- Uncontrolled systemic illnesses (e.g., Diabetes Mellitus, cardiovascular diseases).

Assessment Criteria

The therapeutic efficacy was monitored using both subjective and objective parameters evaluated before treatment (BT) and after the 45-day treatment period (AT).

1. Subjective Grading System

A standard Likert-type scaling pattern was employed:

- **0 (Absent):** No symptoms present.
- **1 (Mild):** Occasional symptoms, easily tolerated; minimal interference with routine.
- **2 (Moderate):** Continuous or frequent symptoms, causing noticeable discomfort.
- **3 (Severe):** Intense symptoms, severely disrupting daily activities and personal comfort.

2. Objective Parameters

- Per speculum examination of vaginal discharge (Graded 0 to 3).
- Vaginal pH tracking (using narrow-range pH indicator strips).
- Wet mount microscopy for pus cells per high-power field (HPF).

Treatment Protocol

The structured interventional regimen is detailed in Table 1.

Table 1: Treatment Interventional Regimen

Formulation	Mode of Administration	Dosage	Anupana / Vehicle	Timing & Duration
Pushyanuga Churna	Internal	3 g	Honey (Madhu)	Twice daily, after meals for 45 days
Chandraprabha Vati	Internal	500 mg (1 tablet)	Warm water	Twice daily, after meals for 45 days
Gandhaka Rasayana	Internal	500 mg (1 tablet)	Warm water	Twice daily, after meals for 45 days
Panchavalkala Kwatha	Local (Yoni Prakshalana)	Freshly prepared decoction	External irrigation	Once daily for 45 days

Dietary and Lifestyle Modifications (Pathya-Apathya)

- **Pathya (Recommended):** Light, easily digestible foods (Laghu Ahara), adequate hydration, strict personal genital hygiene, and the exclusive use of clean cotton undergarments.
- **Apathya (Restricted):** Excessive sweets, fermented items, highly oily or spicy foods, and daytime sleeping (Diva-svapna).

Case Reports

Demographic outlines and key presenting clinical milestones for all five married female patients are aggregated below.

Table 2: Baseline Demographic and Clinical Profiles

Parameter	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age	28 Years	32 Years	24 Years	35 Years	29 Years
Marital Status	Married	Married	Married	Married	Married
Occupation	House-wife	House-wife	Working Pro-fessional	House-wife	Working Pro-fessional
Primary Symptoms	Excessive white discharge, itching, low backache	Moderate white discharge, weakness, itching	Recurrent profuse discharge, backache, foul smell	Profuse white discharge, backache, burning sensation, weakness	Persistent vaginal discharge, burning sensation, itching, pelvic discomfort
Chronicity	6 Months	9 Months	12 Months	6 Months	10 Months

Detailed Clinical Examinations

Case 1

A 28-year-old married female presented with a 6-month history of excessive white discharge accompanied by itching and persistent low backache.

- **Per Speculum (P/S):** External genitalia healthy. A moderate-to-severe pool of thick, whitish vaginal discharge noted in the vaginal canal. Mild congestion observed on the vaginal mucosa. Cervix appeared healthy without erosion or growth.
- **Per Vaginal (P/V):** Uterus anteverted (AV), normal size, freely mobile, non-tender. Bilateral fornices free and non-tender.

Case 2

A 32-year-old married female reported moderate white discharge, marked generalized weakness, and vulval irritation over the last 9 months.

- **P/S:** Moderate, mucoid white vaginal discharge present. Mild vulvovaginal congestion noted. Cervix was healthy with a closed external os; no erosion detected.
- **P/V:** Uterus AV, normal size, mobile, non-tender. No adnexal masses or adnexal tenderness elicited.

Case 3

A 24-year-old married female presented with a 1-year history of recurrent, foul-smelling leucorrhoea, which had become profuse over the past 6 months, causing severe low backache.

- **P/S:** Profuse, thick white discharge pooled in the posterior fornix. Mild cervical congestion was visualized. No signs of polyps, ulceration, or neoplastic growth.
- **P/V:** Uterus AV, normal size. Mild bilateral forniceal tenderness noted without palpable masses.

Case 4

A 35-year-old married, multiparous female complained of profuse discharge, backache, generalized weakness, and localized burning sensations for 6 months.

- **P/S:** Moderate-to-severe white, non-foul-smelling discharge observed. Vaginal walls were healthy with minimal congestion. Cervix appeared normal.
- **P/V:** Uterus AV, normal size, freely mobile. Bilateral fornices clear and non-tender.

Case 5

A 29-year-old married female presented with a 10-month history of persistent vaginal discharge, localized burning, vulval itching, and lower pelvic discomfort.

- **P/S:** Profuse, white discharge distributed throughout the vaginal canal. Mild cervical ectopy (erosion) with surrounding hyperemic congestion was noted. No contact bleeding observed.
- **P/V:** Uterus AV, normal size, mobile, non-tender. Cervical motion tenderness was absent; bilateral fornices were clear.

OBSERVATIONS AND RESULTS

The clinical outcomes indicate comprehensive recovery across all subjective and objective markers over the 45-day course. No adverse events or drug-induced compliance issues were reported.

Table 3: Pre- and Post-Treatment Subjective Scores

Case	Dis-charge (BT)	Dis-charge (AT)	Itching (BT)	Itching (AT)	Back-ache (BT)	Back-ache (AT)	Weak-ness (BT)	Weak-ness (AT)
Case 1	3	1	2	0	2	0	1	0
Case 2	3	1	3	1	1	0	2	0
Case 3	3	1	2	0	3	1	2	1
Case 4	2	0	1	0	2	0	2	0
Case 5	3	1	2	0	2	0	2	1

Table 4: Statistical Summary of Subjective Parameters

Parameter	Mean Score (BT)	Mean Score (AT)	Percentage Relief (%)
Vaginal Discharge	2.8	0.8	71.4%
Yoni Kandu (Itching)	2.0	0.2	90.0%
Katishoola (Backache)	2.0	0.2	90.0%
Daurbalya (Weakness)	1.8	0.4	77.8%

Table 5: Pre- and Post-Treatment Objective Laboratory and Clinical Parameters

Case	P/S Discharge Grade (BT)	P/S Discharge Grade (AT)	Vaginal pH (BT)	Vaginal pH (AT)	Pus Cells/HPF (BT)	Pus Cells/ HPF (AT)
Case 1	3	1	5.8	4.4	15–18	2–3
Case 2	3	1	5.6	4.5	12–15	2–4
Case 3	3	1	5.9	4.6	18–20	3–4
Case 4	3	0	5.3	4.3	10–12	1–2
Case 5	3	1	5.5	4.4	12–16	2–3
Mean Value	2.8	0.8	5.62	4.44	13.4– 16.2	2.0–3.2

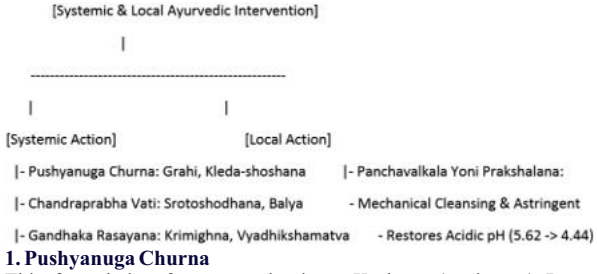
Data Interpretation

Before the intervention, all five patients exhibited elevated vaginal pH levels (mean: 5.62) and highly elevated pus cell counts on wet mount microscopic evaluation. This clinical picture indicated localized inflammatory responses and an altered physiological vaginal milieu. Following the 45-day combined internal and local therapy, the mean per speculum discharge score decreased from 2.8 to 0.8. Crucially, the vaginal pH moved back into the healthy acidic physiological range (mean: 4.44), and the pus cell count dropped substantially to 2.0–3.2 per HPF. This objective down-regulation of local inflammation closely mirrored the improvement reported in the patients' subjective clinical scores.

DISCUSSION

The clinical manifestations of Shweta Pradara are fundamentally tied to Kapha-Vata or Kapha-Pitta vitiation, which targets the Yoni (female reproductive tract). Impaired Jatharagni and Dhatvagni give rise to Ama, which mixes with Rasadhatu and flows into the lower channels (Artavavaha Srotas), causing excessive, unctuous white discharge.

Multi-Targeted Mode of Action of the Formulations



1. Pushyanuga Churna

This formulation features a dominant Kashaya (astringent) Rasa, Laghu-Ruksha (light/dry) Guna, and Kapha-Pitta Shamaka properties. It targets abnormal secretions via its Stambhana and Grahi dynamics. The Kashaya Rasa promotes microvascular tone and tissue contraction within the local vaginal mucosa, directly reducing excessive fluid exudation. By systemically balancing Kapha, it clears local Kleda (excessive moisture/fluidity). Furthermore, its Deepana-Pachana attributes suppress active Ama production at the systemic metabolic level, preventing symptom recurrence.

2. Chandraprabha Vati

This medicine performs Deepana, Pachana, Srotoshodhana (channel purification), and Rasayana (rejuvenative) actions. Core components like Guggulu, Shilajit, Trikatu, Musta, and Chitraka optimize tissue

metabolism and clear toxic accumulations within the Artavavaha and Mutravaha Srotas. Shilajit and Guggulu improve microcirculation to the pelvic organs and provide anti-inflammatory effects that accelerate the resolution of chronic cervicitis. As a Balya and Rasayana formula, it enhances reproductive tract immunity and tissue strength.

3. Gandhaka Rasayana

Processed Shuddha Gandhaka (purified sulfur) provides potent Krimighna (antimicrobial), Kandughna (anti-pruritic), and Rakta-Prasadana (blood-purifying) therapeutic properties. It acts as a natural broad-spectrum antimicrobial agent, inhibiting pathogenic bacterial or fungal overgrowth in the vaginal tract. Its Kandughna properties quickly alleviate vulval itching and burning, while its systemic Rasayana actions boost non-specific cellular immunity (Vyadhikshamatva), facilitating mucosal epithelial healing.

4. Panchavalkala Kwatha (Yoni Prakshalana)

Local vaginal douching with Panchavalkala Kwatha (decoction of the bark of Nyagrodha, Udumbara, Ashwattha, Plaksha, and Parisha) provides immediate therapeutic contact at the site of pathology. Rich in water-soluble tannins and Kashaya Rasa, it acts via:

- Mechanical Cleansing: Safely flushes out cellular debris, accumulated purulent discharge, and opportunistic pathogens, lowering the local microbial load.
- Astringent Action: Induces precipitation of surface mucosal proteins, establishing a protective layer that mitigates vaginal edema and fluid exudation.
- pH Restoration: Clears alkaline discharge, allowing the indigenous Lactobacillus flora to rebuild and successfully bring the vaginal pH back down to an optimal acidic level ($4.0 - 4.5$).

CONCLUSION

This prospective case series demonstrates that an integrated Ayurvedic protocol combining internal Pushyanuga Churna, Chandraprabha Vati, and Gandhaka Rasayana with local Panchavalkala Kwatha Yoni Prakshalana is highly effective in managing Shweta Pradara. The approach yields substantial improvements in subjective symptoms, successfully normalizes vaginal pH, and reduces laboratory markers of local inflammation. To further validate these clinical outcomes and build robust, evidence-based standard care protocols, larger randomized controlled trials are highly recommended.

REFERENCES

1. Agnivesha. Charaka Samhita, Revised by Charaka and Dridhabala, Chikitsa Sthana; Yonivyapad Chikitsitam, Chapter 30, Chaukhambha Sanskrit Sansthan, Varanasi.
2. Bhavamishra. Bhava Prakasha, Chikitsa Sthana, Pradara Roga Chikitsa, Chapter 68, edited by Brahma Shankara Mishra, Chaukhambha Sanskrit Bhawan, Varanasi.
3. Gangwar, S. (2025). Recurrence challenges in contemporary management of pelvic infections and vaginal discharge. International Journal of Research in Medical Sciences, 13(2), 412–418.
4. Kumar, R., & Meshram, M. (2021). Critical review of classical classification of twenty Yonivyapad. Journal of Ayurveda and Gynecological Studies, 9(3), 145–152.
5. Paladine, H. L., & Desai, U. A. (2018). Vaginitis: Diagnosis and treatment. American Family Physician, 97(5), 321–329.
6. Parbin, S. (2024). Commentaries of Chakrapanidatta on Kaphaja disorders of Artavavaha Srotas. Ayurveda Academic Review, 6(1), 89–95.
7. Patil, S., & Turlapati, S. (2026). Clinical updates on holistic approaches to Kapha-predominant Yonivyapad. Journal of Integrative Medicine and Research, 15(1), 22–31.
8. Purohit, A. (2026). Pathophysiological paradigms of Agnimandya and Ama in Shweta Pradara. Indian Journal of Ancient Medicine, 14(4), 304–311.
9. Sharangadhara. Sharangadhara Samhita, Madhyama Khanda, Vati Kalpana (Chandraprabha Vati), Chapter 7, and Churna Kalpana (Pushyanuga Churna), Chapter 6, Chaukhambha Orientalia, Varanasi.
10. Shastri A. Bhaishajya Ratnavali of Pranyacharya Shri Govind Das Sen, Pradara Roga Chikitsa, Chapter 65, Chaukhambha Prakashan, Varanasi.
11. Sukhdev A, et al. Clinical evaluation of Panchavalkala Kwatha Yoni Prakshalana in the management of Shweta Pradara (Leucorrhoea). Journal of Ayurveda and Integrative Medicine. 2019;10(3):194-199.
12. Sushruta. Sushruta Samhita, Uttara Tantra; Yonivyapad Pratishedha, Chapter 38, edited by Kaviraj Ambikadutt Shastri, Chaukhambha Sanskrit Sansthan, Varanasi.
13. The Ayurvedic Formulary of India. Ministry of Health and Family Welfare, Government of India, Part I & II, Controller of Publications, New Delhi.
14. Vagbhata. Ashtanga Hridaya, Uttara Sthana; Yonivyapad Vijnaniya, Chapter 33, edited by Harisastri Paradkar, Chaukhambha Orientalia, Varanasi.
15. Vishwesh, B. (2020). Epidemiological patterns of gynecological complaints in reproductive-age women. Journal of South Asian Women Health, 8(2), 73–79.
16. World Health Organization. WHO Guidelines for the Management of Sexually Transmitted Infections and Vaginal Discharge Spectrum. Geneva: World Health Organization; 2021.
17. Yogaratnakara. Yogaratnakara, Pradara Roga Chikitsa, edited by Laxmipati Sastri, Chaukhambha Sanskrit Sansthan, Varanasi.