



Review Article

A REVIEW ON THE SAFETY AND EFFICACY OF *LODHRA KASHAYA YONIPRAKSHALANA* IN
THE MANAGEMENT OF *SHWETAPRADARA*

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ABSTRACT

Shwetapradara, or leucorrhoea in modern medical terminology, is among the most common Gynecological conditions affecting women of reproductive age. Ayurveda recommends a comprehensive treatment strategy that includes both systemic (*Shamana*) and local (*Sthanika*) therapies. Within local interventions, *Yoniprakshalana* a therapeutic vaginal wash with medicated decoctions- is highlighted as an effective and safe procedure in classical Ayurvedic texts. *Lodhra* (*Symplocos racemosa* Roxb.), known for its *Stambhana* (astringent), *Rakta-stambhana* (hemostatic), and anti-inflammatory properties, is widely employed in the form of *Kashaya* (decoction) for this therapy. Recent institutional observations, case reports, and preliminary clinical investigations indicate significant symptomatic improvement in *Shwetapradara* with *Lodhra kashaya Yoniprakshalana*, including reductions in vaginal discharge, itching, and unpleasant odour. This article integrates Ayurvedic principles with modern pharmacological evidence and clinical data, highlighting the therapeutic efficacy and safety of *Lodhra kashaya* in *Shwetapradara* while also identifying current research gaps and opportunities for future studies.

INTRODUCTION

Leucorrhoea, termed *Shwetapradara* in Ayurveda, is a common Gynecological disorder characterized by excessive whitish vaginal discharge, often associated with itching, irritation, foul odour, and occasionally, lower back discomfort. [1] From a modern Gynecological standpoint, its causes range from physiological secretions to pathological infections such as bacterial vaginosis, candidiasis, and other microbial imbalances. [2] Globally, vaginal infections contributing to pathological leucorrhoea particularly bacterial vaginosis affect an estimated 23–29% of women in the reproductive age group. [3] In India, the prevalence of leucorrhoea varies between 24% and 30% in community-based surveys, with higher rates of 40–67% reported in hospital settings and among socioeconomically disadvantaged populations. [4–6]

The pharmacological management of leucorrhoea primarily targets the underlying etiology, which may be infectious, inflammatory, or hormonal in nature. In cases of infective leucorrhoea, antimicrobial therapy is the mainstay of treatment. According to WHO and CDC guidelines, bacterial vaginosis is managed with Metronidazole (500mg twice daily for seven days) or Clindamycin (2% vaginal cream for seven days). [7]

For candidal vaginitis, antifungal agents such as Clotrimazole, Fluconazole, or Miconazole are widely used, [8] while *Trichomonas vaginalis* infections respond effectively to single-dose oral therapy with metronidazole or tinidazole. Non-infective leucorrhoea is managed by addressing contributory factors such as anaemia, endocrine disturbances, and poor genital hygiene, often accompanied by vitamin and iron supplementation to support systemic balance and mucosal health. [9]

Supportive management of leucorrhoea typically includes the use of local antiseptic douches, probiotics to reestablish normal vaginal flora, and adherence to proper genital hygiene practices. Nevertheless, recurrence is frequent, primarily due to antibiotic resistance, reinfection, and incomplete treatment compliance. This limitation of conventional

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therapy has led to a growing preference for Ayurvedic and herbal approaches, which provide a comprehensive strategy through internal (*Shamana*) and local (*Sthanika*) therapies. These treatments focus on correcting underlying *Doṣhic* imbalances, improving vaginal tissue strength, and enhancing local immunity, thereby offering safer and more sustainable management of leucorrhoea.

Classical Ayurvedic literature identifies *Shwetapradara* as a disorder primarily caused by the vitiation of *Kapha Doṣa* and excessive *Kleda* (moisture) within the vaginal tract, resulting in abnormal white discharge. [10] The therapeutic approach encompasses both systemic management through *Stambhaka* (astringent) and *kapha-pacifying* herbs, as well as local interventions such as *Yoniprakshalana*. The procedure of *Yoniprakshalana* entails gentle irrigation of the vaginal canal with medicated decoctions, offering both mechanical and pharmacological benefits. Mechanically, it aids in the removal of excess secretions, debris, and pathogenic organisms, while therapeutically, it allows the direct application of bioactive herbal constituents to the vaginal mucosa, promoting local healing, reducing inflammation, and restoring mucosal balance.

Among the herbal formulations advocated in Ayurveda for *Shwetapradara*, *Lodhra* (*Symplocos racemosa*) is particularly emphasized for its potent astringent, haemostatic, and anti-inflammatory activities. [11] The bark of *Lodhra* is traditionally processed into a decoction (*Kaṣhaya*), which is utilized in *Yoniprakshalana* for local application to the vaginal mucosa. This review aims to integrate Ayurvedic principles with modern phytochemical findings, clinical evidence, procedural approaches, and safety profiles, providing a comprehensive overview of the therapeutic potential and clinical relevance of *Lodhra kaṣhaya Yoniprakshalana* in the management of *Shwetapradara* (leucorrhoea).

Methodology

A narrative review methodology was employed, focusing on both classical Ayurvedic literature and contemporary clinical studies. Data were extracted and organized under thematic categories: (1) Ayurvedic classical rationale, (2) phytochemistry and pharmacology, (3) clinical evidence, (4) procedural protocols, and (5) safety considerations. Tables were prepared to summarize pharmacological properties and clinical reports for clarity.

Ayurvedic Perspective on Shwetapradara

Nirukti (Etymology)

The term *Shwetapradara* is derived from two Sanskrit components *Shweta*, meaning “white,” and *Pradara*, meaning “discharge” or “excessive flow.” Hence, *Shwetapradara* denotes a condition marked by

excessive whitish vaginal discharge. Although it is not described as an independent disease entity in the *Brhatṭrayī* (the three major Ayurvedic classics), it is interpreted as a symptom associated with *Yoni Vyāpada* (disorders of the female reproductive system), particularly *Kaphaja Yoni Vyāpada*. [12,13] As per *Bhavaprakasha*, *Pradara* represents an abnormal vaginal discharge resulting from the vitiation of *Kapha* and *Rakta doṣas*. [14] When this discharge appears white, slimy, and devoid of foul odour, the condition is specifically termed *Shwetapradara*.

Nidana (Etiology/Causative Factors)

Shwetapradara primarily develops due to factors that aggravate *Kapha Doṣa*, leading to increased *Kleda* (moisture) and *Mala Sanchaya* (accumulation of wastes) within the vaginal tract. According to *Charaka Saṁhita* and *Sushruta Saṁhita*, the causative factors (*Nidanas*) can be categorized as follows: *Ahara Nidana* (dietary causes) include excessive consumption of *guru* (heavy), *Snigdha* (unctuous), *Madhura rasa* (sweet), and *Kapha-Vardhaka* foods such as dairy products, curd, sweets, and cold items. [14] *Vihara Nidana* (lifestyle causes) comprise sedentary habits, lack of physical activity, indulgence in day sleep, and inadequate genital hygiene. *Manasika nidana* (psychological causes) involve emotional factors such as stress, anxiety, and suppression of natural urges (*Vega Dharana*), which disturb both *Vata* and *Kapha doṣas*. *Adhiṣṭhana Nidana* (local causes) include infections, inflammation, or trauma to the vaginal mucosa. Collectively, these etiological factors lead to the vitiation of *Kapha Doṣa* and the accumulation of *Kleda* in the *Yoni* (vaginal tract), culminating in abnormal white discharge characteristic of *Shwetapradara*.

Samprapti (Pathogenesis)

As per Ayurvedic pathophysiology, *Shwetapradara* arises from the vitiation of *Kapha Doṣa* and *Rasa Dhatu*. When *Kapha Doṣa* is aggravated by factors such as *guru* (heavy), *Snigdha* (unctuous), and *Madhura Ahara* (sweet diet), along with a sedentary lifestyle, it leads to increased *Kleda* (moisture) and *Avaṣṭambha* (obstruction of bodily channels). This pathological state causes *Duṣṭi* (vitiation) of *Rasa Dhatu* localized in the *Yoni Marma Sthana* (vital reproductive site), resulting in excessive *Shweta Srava* (whitish discharge). Additionally, *Vata Doṣa* aids in the expulsion of the discharge due to its *Pravartaka* (mobilizing) nature, while *Pitta Doṣa* may contribute to associated symptoms such as irritation or a mild burning sensation.

Samprapti Ghataka (Elements of Pathogenesis)

Dosha: Predominantly *Kapha*, with *Vata Anubandha*,
Dushya: *Rasa dhatu*, *Artavavaha Srotas*

Srotas: Yoni Vaha Srotas, Srotodushti: Sanga (obstruction), *Atipravritti* (excessive flow), *Rogamarga: Madhyama marga* and *Adhishtana: Yoni* (female genital tract) [15,16]

Lakshana (Clinical Features)

The classical features of *Shwethapradara* as described in Ayurvedic texts and correlated with *Kaphaja Yonivyapad* include: *Shwetha Srava*– thick, white, slimy, or mucoid discharge, *Kandu* itching in the vaginal region, *Gaurava*– feeling of heaviness in the pelvic region, *Daurbalya* general weakness or fatigue, *Katishula*– pain or discomfort in the lower back and *Alasa* – lethargy and lack of enthusiasm. [17,18]

Chikitsa (Management)

Ayurvedic management of *Shwethapradara* is based on the principles of *Kapha Shamana*, *Kleda Shoshana* (absorption of moisture), and *Yoni Shodhana* (cleansing). The treatment approach involves *Shamana* (internal therapy) and *Sthanika* (local therapy):

Shamana Chikitsa (Systemic Therapy)

Internal medications: *Lodhra (Symplocos racemosa)*– *Stambhaka*, *Kashaya Rasa*, anti-inflammatory, *Ashoka (Saraca indica)*– *Yonishoshaka*, *Rakta- Stambhaka*, *Mustha (Cyperus rotundus)*, *Daruharidra (Berberis aristata)*, *Amalaki (Emblica officinalis)*.

Formulations: *Pushyanuga Churna*, *Patoladi Kashaya*, *Chandraprabha Vati* [19]

Sthanika Chikitsa (Local Therapy)

Yoniprakshalana: Irrigation of the vaginal canal with medicated decoctions such as *Lodhra Kashaya*, *Triphala Kashaya*, or *Panchavalka Kashaya*. This procedure cleanses accumulated discharge, reduces microbial load, and enhances local healing.

Yoni Pichu: Application of sterile cotton tampon soaked in medicated oil or decoction (e.g., *Lodhra Taila*, *Ashoka Ghrita*) to restore mucosal health.

Yoni Varti: Use of herbal suppositories for local anti-inflammatory and antimicrobial effects. [20]

3. Pathya–Apathya (Diet and Lifestyle):

- Avoid heavy, sweet, oily, and cold food items.
- Practice good genital hygiene.
- Include *Shunthi*, *Jeeraka*, *Dhanyaka*, and *Laja* in diet.
- Regular physical activity and avoidance of daytime sleep are advised.

Leucorrhoea

Leucorrhoea, commonly known as white vaginal discharge, is a frequent gynaecological complaint among women of reproductive age. It may be physiological occurring due to increased Oestrogen levels during ovulation, pregnancy, or sexual excitement or pathological, resulting from infections or inflammatory conditions of the genital tract (The pathological causes include bacterial vaginosis,

Candida albicans infection, *Trichomonas vaginalis*, cervicitis, or pelvic inflammatory disease. Poor genital hygiene, malnutrition, anaemia, stress, and hormonal imbalance further predispose women to this condition. Patho-physiologically, infectious leucorrhoea is characterized by disturbance of the normal vaginal microbiota, particularly the depletion of *Lactobacillus* species, leading to an increased vaginal pH (>4.5) and overgrowth of pathogenic organisms. Diagnosis is based on a detailed history, pelvic examination, and laboratory investigations including vaginal pH measurement, wet mount microscopy, Gram staining, and cultures. Specific tests such as the “whiff test” and identification of clue cells aid in confirming bacterial vaginosis, while budding yeast cells indicate candidiasis. Management of leucorrhoea depends on the underlying cause. Infectious cases are treated pharmacologically with antimicrobial, antifungal, or antiprotozoal agents. [21,22]

Role of Yoniprakshalana

Yoniprakshalana serves a dual purpose in Ayurveda: (a) mechanical cleansing of excess discharge and debris, and (b) therapeutic delivery of medicinal compounds directly to the affected site. Medicated decoctions are instilled gently, which may help restore local tissue tone, correct dosha imbalance, and exert *Stambhaka* (astringent) and *Krimighna* (antimicrobial) effects. Mechanistically, *Yoniprakshalana* acts through both mechanical and pharmacodynamic effects. The mechanical action involves the physical flushing of accumulated discharge, debris, microorganisms, and inflammatory exudates from the vaginal folds and fornices, thereby reducing the local microbial load and pH-dependent irritation. [23]

Selection of Lodhra

Lodhra bark (*Symplocos racemosa* Roxb.) is rich in tannins, flavonoids, and phenolic compounds. Classical texts recommend *Lodhra* for conditions with excessive vaginal discharge and associated inflammation due to its *Stambhaka*, *Rakta-Stambhaka*, and anti-inflammatory properties. Its application in *Yoniprakshalana* is particularly suitable for *Kapha*-predominant *Shwethapradara*.

Phytochemistry and Pharmacology of Lodhra (Symplocos racemosa)

Lodhra (*S. racemosa*) has been extensively studied for its phytochemical constituents and pharmacological activities that support its traditional Ayurvedic applications. The primary bioactive constituents include tannins, flavonoids, saponins, triterpenoids, and phenolic compounds. The high tannin content is particularly significant as it underlies the astringent and *Stambhaka* properties, contributing to contraction of mucosal tissues and reduction of serous discharge. [24]

Astringent and Haemostatic Effects

Tannins in *Lodhra* precipitate proteins on mucosal surfaces, which aligns with the *Stambhaka* (astringent) action described in Ayurveda. This mechanism is crucial in controlling abnormal vaginal discharge and minor mucosal bleeding. Experimental studies in animal models have demonstrated that *Lodhra* extracts can reduce capillary permeability and promote local hemostasis. [25]

Anti-inflammatory and Wound-Healing Properties

Lodhra exhibits significant anti-inflammatory activity in vitro and in vivo. The bark extract reduces oedema,

inhibits pro-inflammatory cytokines, and accelerates wound healing. [26] These properties are relevant for *Shwetapradara*, where chronic irritation and minor inflammation are common.

Antimicrobial Activity

Several studies report the antimicrobial effects of *Lodhra* bark against Gram-positive bacteria, including *Staphylococcus aureus*, and certain Gram-negative pathogens.[27] These findings support its use in vaginal irrigation, potentially mitigating microbial dysbiosis that contributes to leucorrhoea.

Table 1: Phytochemical Constituents and Pharmacological Actions of Lodhra

Constituent	Pharmacological Action	Ayurvedic Correlation
Tannins	Astringent, <i>Stambhaka</i> , reduces secretion	<i>Stambhaka</i> , <i>Kapha-Shamana</i>
Flavonoids	Anti-inflammatory, antioxidant	<i>Shothahara</i> , <i>Raktapitta-Stambhaka</i>
Saponins	Immunomodulatory, mild antimicrobial	<i>Krimighna</i>
Triterpenoids	Wound healing, anti-inflammatory	<i>Shothahara</i> , <i>Vranaropaka</i>
Phenolic compounds	Antioxidant, antimicrobial	<i>Krimighna</i> , <i>Shothahara</i>

Clinical Evidence of Lodhra Kashaya Yoniprakshalana

The clinical evidence for *Lodhra Kashaya* in *Shwetapradara* primarily comes from case series, institutional reports, and small non-randomized trials. While the sample sizes are generally small, these studies consistently report symptomatic improvement. Kumari *et al* reported a series of 8 women with *Shwetapradara* treated with *Lodhra Kashaya Yoniprakshalana* for seven days. All patients experienced a reduction in discharge, pruritus, and local discomfort. Vaginal swabs showed improvement in microbial flora post-treatment. Chaudhari *et al* described an integrated Ayurvedic management including *Lodhra* irrigation for a patient with chronic leucorrhoea. Symptomatic relief and improved tissue tone were observed after 15 days of treatment. [28,29]

Procedural Protocols for Yoniprakshalana

Procedural details of *Lodhra kashaya Yoniprakshalana* are critical for efficacy and safety. While classical texts provide general guidelines, contemporary adaptations are reported in clinical practice.

Decoction Preparation

- Bark of *S. racemosa* (10–20 g) boiled in 200–400 ml water until reduced to 50–100 ml.
- Warm, comfortable temperature (~37–40°C) for patient comfort.

Instillation Technique

- Patient positioned supine or dorsal lithotomy.
- Gentle irrigation with a bulb syringe or syringe without needle.

- Low-pressure instillation to avoid trauma and upward spread of infection.

Frequency and Duration

- Typically, once or twice daily for 7–21 days.
- May be combined with systemic Ayurvedic therapy (*Stambhaka* herbs, *Rasayana*).

Adjunctive Measures

- Use of *Yoni Pichu* (medicated tampons) or local massage in some protocols.
- Strict aseptic technique to prevent contamination.

Safety Considerations

Yoniprakshalana with *Lodhra kashāya* is generally well tolerated. Safety considerations include:

- Avoiding forceful irrigation to prevent mucosal injury.
- Screening for pelvic inflammatory disease, systemic infection, or pregnancy complications.
- Monitoring for allergic reactions or local irritation.
- Ensuring aseptic preparation and administration of decoctions.
- No serious adverse events were reported in published case series or institutional reports.

DISCUSSION

The therapeutic mechanism of *Lodhra Kashaya Yoniprakshalana* in the management of *Shwetapradara* (Leucorrhoea) can be explained through both Ayurvedic and modern perspectives. *Shwetapradara* is primarily a *Kapha-dominant Yoni Vyapada* caused by vitiation of *Kapha* and *Vata Doṣhas*, leading to excessive whitish vaginal discharge, itching, and discomfort. *Yoniprakshalana*, a local cleansing therapy described under *Sthanika Cikitsā*, involves washing the

vaginal canal with medicated decoctions to achieve *Shodhana* (cleansing) and *Shamana* (pacification) of vitiated *Doṣas*, thereby restoring *Yoni-Shuddhi* and local homeostasis *Lodhra* (*Symplocos racemosa* Roxb.) possesses *Kashaya Rasa*, *Sheeta Virya*, *Grahi* and *stambhana* properties, which help control excessive discharge, reduce local inflammation, and strengthen *Yoni-Mamsa Dhatu*

The *Lodhra Kashaya* used for *Yoniprakshalana* acts locally through its astringent, anti-inflammatory, and antimicrobial actions- its tannins form a protective protein layer over the mucosa, decreasing secretions and exudation, while flavonoids and glycosides promote mucosal healing and inhibit microbial growth. The process also aids in *Kleda-Shoṣhaṇa* (absorption of excessive moisture) and *Krimighna* (antimicrobial) actions, helping to maintain optimal vaginal pH and microbial balance.

Modern pharmacological studies support that *Lodhra* exerts potent anti-inflammatory, wound-healing, and antibacterial effects, making *Lodhra Kashaya Yoniprakshalana* a safe and effective local intervention in *Shwveta* without disturbing the normal vaginal flora. Thus, this procedure ensures both efficacy and safety through synergistic cleansing, astringent, and healing actions, effectively managing pathological discharge and restoring vaginal health.

Limitations of Existing Evidence

- Predominantly small, uncontrolled studies and case reports.
- Heterogeneity in decoction preparation, instillation technique, and frequency.
- Subjective outcome assessment; microbiological evaluation is inconsistent.
- Lack of long-term follow-up for recurrence rates.

Implications for Practice

- *Lodhra Kashaya* irrigation can be considered as an adjunctive local therapy in uncomplicated *Shwethapradara*.
- Should be performed under trained supervision with adherence to aseptic protocol.
- May be combined with systemic Ayurvedic therapy for enhanced efficacy.

Recommendations for Future Research

- Standardized RCTs with defined decoction preparation, dosage, and outcome measures.
- Pharmacological bridging studies to quantify antimicrobial and mucosal effects.
- Inclusion of validated symptom scoring, patient-reported outcomes, and long-term follow-up.

CONCLUSION

Yoniprakshalana with *Lodhra Kashaya* is a traditional, evidence-supported local therapy for *Shwethapradara* that combines mechanical cleansing

with pharmacologically active herbal constituents. Case series and institutional reports indicate symptomatic benefit, reduction in discharge, pruritus, and local inflammation. However, the current evidence base is limited by small sample sizes, heterogeneous methods, and lack of randomized controlled trials. Standardized clinical studies are necessary to establish definitive efficacy and inform broader clinical application. Until such evidence is available, *Lodhra Kashaya Yoniprakshalana* remains a safe and potentially effective adjunctive therapy when applied under professional supervision.

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