



Review Article

HERBAL AND THERAPEUTIC INTERVENTIONS IN *SHWETA PRADARA*: A LITERATURE REVIEW

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ABSTRACT

Gynaecology is essential for monitoring and managing various conditions affecting women's reproductive health. One of the most common concerns in clinical practice is *Shweta-Pradara* or leucorrhoea, which refers to vaginal discharge. In Ayurveda, *Shweta-Pradara* denotes excessive or abnormal white discharge and is regarded as a symptom rather than an independent disease, often indicating underlying issues such as infections, hormonal imbalances, or other systemic conditions. It is believed to arise primarily due to *Kapha-Vata* predominant *Tridosha* imbalance and may present as a manifestation in several *Yoni-vyapadas*, including *Atyananda*, *Karinini*, *Acharna*, *Aticharna*, *Shleshmala*, *Upapluta* and *Prasramsini*. Although the term "*Shweta-Pradara*" is not mentioned in the *Brihatrayee*, it is described in later classical texts such as Sharangdhar Samhita, Bhava Prakash, and Yoga Ratnakara. Commentator Chakrapani has defined it as "*Pandura-Pradara*," meaning pale or whitish discharge. From a modern perspective, common causes of leucorrhoea include cervicitis, vaginitis, cervical ectopy, and bacterial vaginosis. Ayurvedic management focuses on the use of formulations with *Tridosha-shamaka* (balancing), *Balya* (strengthening), and *Kashaya Rasa* (astringent) properties. The condition may also be understood as a localized *Kaphaja* disorder associated with *Apana Vayu*. Key symptoms include vaginal discharge (*Yonigat-Srava*), itching (*Yoni-kandu*), pain (*Yoni-shula*), and lower backache (*Kati-shula*). Ayurveda recommends both external (*Bahya*) and internal (*Abhyantara*) therapies for its management. The present study aims to analyze the *Nidana* (causative factors) and *Samprapti* (pathogenesis) of *Shweta Pradara*, along with its *Samprapti Vighatana* (therapeutic intervention), in order to explore effective alternative treatment approaches for patients.

INTRODUCTION

The status of women was expected to reach new horizons both socially and physically with the advent of the new millennium. However, various physiological conditions such as menstruation, pregnancy, vaginal discharge, recurrent urinary infections, and sexually transmitted disease continue to pose challenges, often restricting women's well-being and daily activities. Among these, abnormal vaginal discharge is one of the most common

concerns, significantly affecting women's comfort and freedom.

Normal vaginal discharge is typically clear or cloudy white and odorless. Variations in discharge may occur due to several physiological factors, including the menstrual cycle, emotional stress, nutritional status, pregnancy, use of medications (including oral contraceptive pills), and sexual arousal. The menstrual cycle plays a vital role in altering the vaginal environment, particularly its pH. Around mid-cycle, women may notice increased wetness and a clear, thick discharge. The vaginal pH becomes least acidic just before and during menstruation, making this period more susceptible to infections.

Any abnormal changes in the color, consistency, quantity, or odor of vaginal discharge may indicate an underlying infection. Vaginal infections are

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especially common during the reproductive years of a woman's life.

Ayurveda, the ancient science of life, provides detailed descriptions of gynaecological disorders associated with vaginal discharge. These discharges may vary in appearance-such as blood-stained or pinkish, mucoid, purulent, thin white, thick, curdy, or watery. In Ayurvedic literature, white vaginal discharge is referred to as *Sweta Pradara*.

The term *Sweta Pradara* is not explicitly mentioned in the *Brihatrayee* texts, namely Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Ashtanga Sangraha. However, the concept of white vaginal discharge has been described under the term *Sweta Pradara* in later classical texts such as Sharangadhara Samhita, Bhava Prakasha, Yoga Ratnakara, and in the commentary on Charaka Samhita by Chakrapani.

Sweta Pradara is not considered a disease in itself but rather a symptom associated with various underlying conditions. In some cases, the severity of this symptom may overshadow other clinical features, prompting patients to seek medical attention primarily for its management.

AIMS AND OBJECTIVES

1. To understand the Ayurvedic principles and management approaches for *Shweta Pradara*.
2. To review and analyze Ayurvedic literature on *Shweta-Pradara* from various sources, including articles, journals, PubMed, ResearchGate, and classical textbooks.

METHODS AND MATERIALS

The following article is a review work based on classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhava Prakash, Yogratanakar, and Bhaishajya Ratnavali. Various gynaecological textbooks and peer-reviewed articles were also reviewed to gather relevant information.

Shweta Pradara as a *Kapha-Vata Pradhana Tridoshaja Vyadhi*

According to the principles of *Tridosha Siddhanta* in Ayurveda, *Vata*, *Pitta*, and *Kapha* are responsible for maintaining health as well as causing disease when vitiated. Among the twenty types of *Yonivyapads* described by ancient Acharyas, *Shweta-Pradara* can be understood based on the involvement of *Doshas* and specific *Yonivyapads*. Clinically, *Shweta-Pradara* is characterized by vaginal discharge that is predominantly *Shweta Varna* with *Pichchhila Guna*. Associated symptoms such as *Kandu* are prominent, which has been described as a feature of vitiated *Kapha* as well as vitiated *Pitta* by Vagbhata. The presence of *Gandha* is also indicative of vitiated *Pitta*. Furthermore, Sushruta and Vagbhata have described *Kapha* as the

primary *Dosha* responsible for *Pooya* and *Shopha* respectively.^[1,2]

In *Shweta Pradara*, the symptomatology strongly suggests the predominance of *Kapha* and *Vata*. *Kapha* plays a major role due to its vitiated and *Pichchhila* properties^[3], leading to excessive discharge. Simultaneously, the vitiation of *Vata* is an important contributing factor. Charaka has clearly stated that no *Yoni Roga* occurs without the involvement of *Vata Dosha*.^[4] *Vata*, vitiated by its *Chala* and *Sheeta* qualities, facilitates the movement and abnormal flow of *Kapha* towards the *Yoni*. The causative factors include *Kapha*- and *Vata*-aggravating *Ahara* and *Vihara*, which lead to the simultaneous vitiation of these *Doshas*. The aggravated *Vata* carries vitiated *Kapha* to the reproductive tract, resulting in pathological changes.

Although *Kapha* and *Vata* are predominant, the role of *Pitta* cannot be overlooked. *Pitta* is responsible for *Paka* (inflammatory or infective processes),^[5,6] and since many cases of *Shweta Pradara* is associated with urogenital infections; its involvement is significant. Vitiated *Pitta*, through its *Vistra*, *Sara*, and *Drava* properties, contributes to the disease process. Therefore, based on *Dosha* involvement and clinical presentation, *Shweta Pradara* can be classified as a *Kapha-Vata Pradhana Tridoshaja Vyadhi*.

Vedic periods

- **Charaka Samhita:** Acharya Charaka does not describe *Shweta Pradara* as a distinct disease. However, he gives special emphasis to the treatment of *Pandura Asrigdara*.
- **Sushruta Samhita:** Elaborates on *Yonivyapadas* and their treatments, but does not specifically mention *Shweta Pradara*. It does, however, describe physiological secretions in women during sexual activity as *Shukra Dhatu*.
- **Ashtanga Hridaya & Ashtanga Sangraha:** Acharya Vagbhata describes 20 types of *Yonivyapada* along with their treatments. He also discusses *Pandura Asrigdara* and mentions *Shukra Dhatu* that is unfit for reproduction in the *Uttarasthana*.
- **Bhela Samhita & Harita Samhita:** Do not explicitly mention *Shweta Pradara*. However, the treatment of *Yoni Pravaha* described in the Harita Samhita may be related to a form of this condition.
- **Kashyapa Samhita:** - Acharya Kashyapa describes a condition called *Parishruta Jataharini*, referring to genital discharge, which may be considered similar to *Shweta-Pradara*.
- **Sharangadhara Samhita:** Discusses the treatment of *Pandura Asrigdara*.
- **Bhavaprakasha:** Acharya Bhavamishra in the uses the term *Shweta Pradara* in the context of treating *Pandura Asrigdara*.

- **Vrinda Madhava:** The term *Shweta Pradara* is first explicitly mentioned in the Vrinda Madhava, in the context of formulations used for its treatment.
- **Chakrapani Datta:** Defines *Shweta Pradara* as “*Pandure Pradara*,” meaning pale or whitish discharge.
- **Gadanigraha:** Acharya Shodhala in the *Gadanigraha* also defines this condition.
- **Yogaratanakara:** Describe 20 types of *Yoni Rogas* and include *Shweta-Pradara* along with its treatment in the *Somaroga Chikitsa*.
- **Vangasen:** *Shweta-Pradara* and its treatment are discussed under *Yoni Roga*.
- **Rasaratnasamuchchaya:** Also mentions *Yoni rogas*, including *Shweta Pradara* and its management.
- **Brihat Yoga Tarangini:** Includes descriptions of *Yoni Rogas*, *Shweta-Pradara*, and their treatments.
- **Basava Rajiyam:** Explains *Pradara*, *Yonivyapada*, *Somaroga*, and their respective therapies.

Different types of vaginal discharge are described within various contexts of *Pradara*. An effort has been made to classify and summarize these discharges based on their characteristics such as consistency, color, and odor etc., in Table No 1.

Table 1: Types of Vaginal discharge as explained in Ayurvedic classics

S.No.	Discharge	Dosha
1.	<i>Tanu</i> ^[7]	The discharge is thin or watery and noticed when there is vitiation of <i>Vata dosha</i>
2.	<i>Shweta</i> ^[8]	The discharge is thick and mucoid. It involves vitiation of <i>Kapha dosha</i> .
3.	<i>Snigdha</i> ^[9]	The discharge is unctuous.
4.	<i>Vidagdha, peeta</i> ^[10]	The discharge is muco-purulent. It mainly involves vitiation of <i>Kapha</i> and <i>Pitta</i> .
5.	<i>Picchhila</i> ^[11]	The discharge is slimy. It is found when there is vitiation of <i>kapha</i> accompanied with <i>Vata</i> .
6.	<i>Durgandhi</i> ^[12]	The discharge is a purulent one. Noted in vitiation of all the three <i>Dosha (Vata, Pitta, Kapha)</i> .

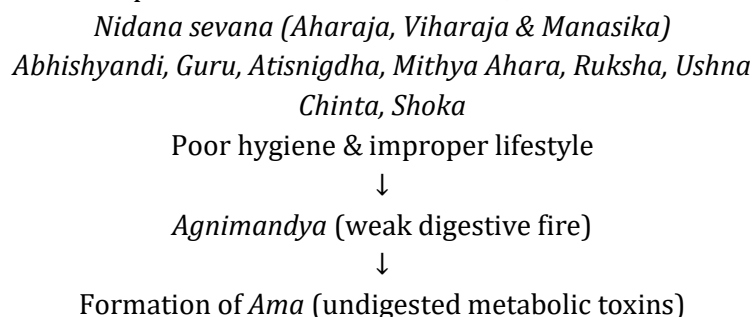
The various disorder in which *Shweta-Pradara* exhibits itself as symptoms are explained in Table No 2.

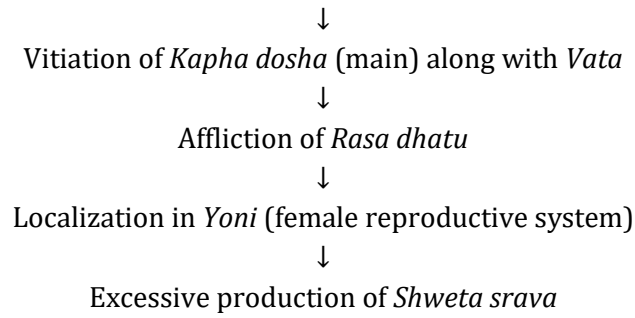
Table 2: Disorder where *Shweta-Pradara* is main symptom

Sr.No.	<i>Yoni-vyapad</i>	<i>Lakshanas</i>
1.	<i>Kaphaja-yonivyapad</i> ^[13]	<i>Picchhila, Kanduyukta, Atisheetala</i> and <i>Alpavedana</i> .
2.	<i>Sannipatik/Tridoshaja/Sarvaja yonivyapad</i> ^[14]	When the condition involves all the <i>Doshas</i> , it presents with <i>Shweta</i> and <i>Picchhila</i> discharge along with <i>Daha</i> and <i>Shoola</i> .
3.	<i>Upaplutayonivyapad</i> ^[15]	<i>Shweta, Sakapha, Pandu</i> discharge associated with <i>Shoola</i> .
4.	<i>Aticharana/Acharana/Atyananda/Karnini-yonivyapad</i> ^[16]	Even though the cardinal symptoms of the four <i>Yonivyapad</i> are different, <i>Kandu</i> and <i>Paicchhilya</i> are in common as all these are due to predominance of <i>Kapha</i> and the term “ <i>Paicchhilya</i> ” refers to discharge.
5.	<i>Prasramsiniyonivyapad</i> ^[17]	One of its features includes- <i>Syandate</i> -meaning- <i>Sravati</i> - indicating towards vaginal discharge.
6.	<i>Pittala-yonivyapad</i> ^[18]	May be associated with purulent vaginal discharge.

Samprapti of *Shweta-Pradara*: (Etiopathogenesis)

The *Samprapti* can be explained as depicted in the flow chart below;



**Samprapti Ghataka**

- *Dosha: Kapha-Vata Pradhana Tridoshaja*
- *Dhatu: Rasa, Rakta, Mamsa*
- *Srotas: Rasavaha, Raktavaha, Artavavaha srotas.*
- *Sroto Dusti: Atipravritti*
- *Agni: Jatharagnimandya and Rasadhatv agnimandya*
- *Rogamarga: Abhyantara*
- *Adhithana: Yoni, Garbhashaya*
- *Vyakthasthana: Yoni*
- *Pratyatmaka Lakshana: Yonitah Atisrava, Pandura srava, Yonikandu.*

Chikitsa (Treatment)**Samanya Chikitsa**

Shweta Pradara, described by Chakrapani Datta as *Pandura Asrigdara*, is managed in Charaka Samhita through three main approaches:

- **Nidana-Parivarjana:** Avoiding improper diet and lifestyle (*Mithya Ahara-Vihara*) to help natural recovery.
- **Treating the underlying disease:** Since discharge is often a symptom, focus is on curing the root cause.
- **Direct management:** Based on *Prakriti, Dosha*, and symptoms-especially *Kapha* dominance, treated with *Kaphaghna* (drying, heating) therapies.

Local treatments like *Varti, Kalka*, and *Dhooma Chikitsa* are used for thick, sticky discharge. Herbs with pungent, bitter, and astringent tastes help reduce *Kapha* and moisture.

Overall care focuses on balancing *Kapha*, reducing infection, itching, and odor, while restoring digestion (*Agni*) and strengthening reproductive tissues.

Visistha Chikitsa

The treatment modality of *Shweta-Pradara* involves the *Abhyantara* and *Bahyaprayogas*.

Abhyantara**Table 3: Drugs used in Shweta-Pradara**

S.No.	Drug	Reference
1.	<i>Amalaki choorna</i> with honey	Charaka-Samhita, Chikitsa sthana 30/117
2.	<i>Lodhra kalka</i> along with <i>Nyagrodha kashaya</i>	Charaka-Samhita, Chikitsa sthana 30/118
3.	<i>Rohitaka mula kalka</i> with water	Bhavaprakash, Chikitsa sthana 69/7
4.	<i>Amalaki beeja kalka</i> mixed with honey and sugar	Bhavaprakash, Chikitsa sthana 69/10-11
5.	<i>Nagakeshara</i> mix with <i>Takra</i>	Yoga-ratnakar, Soma roga chikitsa
6.	<i>Chakramarda moola</i> with <i>Tandulodaka</i>	Yoga-ratnakar, Soma roga chikitsa

Table 4: Formulations used in Shweta-Pradara

S.No.	Formulation	Reference
1.	<i>Darvyadi kwatha</i>	Sharangadhara Samhita, Madhyama khanda 2/112
2.	<i>Nyagrodhadi kashaya</i>	Sushruta Samhita, Sutrasthana 38/49
3.	<i>Pushyanuga choorna</i>	Charaka Samhita, Chikitsa sthana 30/90-96
4.	<i>Ashokaristha</i>	Bhaishajya Ratnavali, Stree-roga adhikara 114116
5.	<i>Lakshmanaristha</i>	Bhaishajya Ratnavali, Pradara roga 565/115-117
6.	<i>Patrangasava</i>	Bhaishajya Ratnavali, Pradara chikitsa 122-126
7.	<i>Ashoka ghrita</i>	Bhaishajya Ratnavali, Pradara chikitsa 17-21
8.	<i>Lodhrasava</i>	Ashtanga Hridaya Chikitsa 12/24-27
9.	<i>Kalyanaka ghrita</i>	Ashtanga Hridaya, Uttarantra 6/26-28

10.	<i>Sukumara ghrta</i>	Ashtanga Sangraha Chikitsa sthana 15/20
11.	<i>Kadali kanda ghrta</i>	Yogaratanakara, Somaroga chikitsa

Bahyaprayogas

Table 5: Drugs for external or local use^[19]

S.No.	Sthanik-Chikitsa	Drugs
1.	<i>Yoni-Prakshalana</i>	<ul style="list-style-type: none"> Irrigation of the vagina using a decoction prepared from the stem bark of <i>Lodhra</i>. Irrigation of the vagina using a decoction prepared from the stem bark of <i>Vata</i>.^[20]
2.	<i>Yoni-Purana</i>	<ul style="list-style-type: none"> After lubricating the vaginal canal, a bolus made from powdered bark of <i>Plaksha</i> mixed with honey should be used.^[21] Fine powders of <i>Khadira</i>, <i>Pathya</i>, <i>Jati-Phala</i>. <i>Nimba</i>, and <i>Puga</i> should be triturated with <i>Mudga</i> soup, dried, and then applied inside the vagina.^[22]
3.	<i>Yoni-Varti</i>	<ul style="list-style-type: none"> After oleation, a suppository prepared from powdered <i>Lodhra</i>, <i>Priyangu</i>, and <i>Madhuka</i>, mixed with honey-or other drugs having predominant astringent properties-should be inserted.^[23] A flax cloth soaked in a decoction of the stem bark of <i>Nyagrodha</i> should be used.^[23] A flax cloth soaked in a decoction of the stem bark of <i>Lodhra</i> and <i>Vata</i> should be used.^[23]
4.	<i>Yoni-Dhupana</i>	<ul style="list-style-type: none"> Fumigation should be performed using <i>Sarala</i>, <i>Guggulu</i> and <i>Yava</i> mixed with ghee, after oleating the vaginal canal. Fumigation may also be done using <i>Katu Matsyaka</i> along with oil, after prior oleation of the vaginal canal.^[24]
5.	<i>Yoni-Pichu</i>	<ul style="list-style-type: none"> <i>Nyagrodha</i> or <i>Vata</i> and <i>Lodhra twak Kashaya</i> is placed in the <i>Yoni</i> as <i>Pichu</i> or tampon.

Specific preparations

- Choorna:** *Pushyanuga Choorna*, *Utpaladi Choorna*, *Triphala Choorna*, *Avipattikar Choorna*, *Lodhradi Choorna*, *Yashtimadhu Choorna*, *Nagakesara Choorna*, *Kutaja Choorna*.
- Vati Kalpana:** *Chandra Prabha Vati*, *Rajahpravartini Vati*.
- Kashaya Kalpana:** *Panchavalkal Kashaya*, *Triphala Kashaya*, *Nyagrodhadi Gana Kashaya*, *Darvyadi Kashaya*.
- Asava/Arishta:** *Ashokarishta*, *Lakshmanarishta*, *Lodhrasava*, *Patrangasava*.
- Ghrta and taila:** *Ashoka Ghrta*, *Nyagrodhadi Ghrta*, *Vishvavallabha Ghrta*, *Shitakalyanaka Ghrta*, *Priyanguvadi Taila*.

Preventive Measures (Ayurvedic Perspective)

Prevention in Ayurveda focuses on three main disciplines: *Swasthavritta*, *Rasayana* and *Vajikarana*, and *Balya chikitsa*. Improving general health and hygiene helps reduce the occurrence of *Shweta Pradara*. Ayurveda emphasizes strengthening immunity, recognizing that microorganisms cause disease mainly when body resistance weakens.

The concept of *Prakriti* plays a key role in both prevention and treatment. It determines a person's physical, psychological, and immunological traits, as well as disease susceptibility. *Mithya Ahara* and *Vihara* are major causes of *Shweta Pradara*. Understanding

one's *Prakriti* helps in adopting suitable diet and lifestyle measures to prevent disease.

Since individuals with specific *Prakriti* are more prone to related disorders, personalized treatment is essential. Assessing *Prakriti* aids in:

- Predicting disease susceptibility
- Preventing recurrence
- Determining prognosis
- Selecting appropriate treatment

Thus, a *Prakriti*-based approach improves disease management and reduces treatment failure.

DISCUSSION

Shweta Pradara (leucorrhoea) is better understood in Ayurveda as a symptom reflecting underlying systemic or local imbalance rather than a standalone disease. The review highlights that its pathogenesis is primarily rooted in *Kapha-Vata* predominance, with *Kapha* contributing to excessive, slimy discharge and *Vata* facilitating its abnormal movement. The involvement of *Pitta* becomes evident in cases associated with infection, inflammation, and foul odor, supporting its classification as a *Tridoshaja* condition.

Classical texts, although not uniformly naming *Shweta Pradara*, clearly describe similar conditions under *Yonivyapadas* and *Pradara Rogas*, indicating a well-recognized clinical entity in Ayurvedic literature.

The etiological factors such as improper diet, poor hygiene, and mental stress leads to *Agnimandya* and *Ama* formation, which ultimately affect *Rasa Dhatu* and localize in the reproductive system.

Management principles emphasize a holistic approach, including *Nidana Parivarjana* (elimination of causative factors), correction of *Agni*, and *Dosha* balancing. Internal medications with *Kashaya Rasa* and *Kapha-shamaka* properties help reduce discharge and strengthen reproductive tissues, while external therapies like *Yoni Prakshalana* and *Varti* provide local cleansing and healing.

Preventive strategies focusing on *Prakriti*-based lifestyle, hygiene, and immunity enhancement are equally important to reduce recurrence. Overall, Ayurvedic management offers a comprehensive and individualized approach, addressing both symptoms and root causes, making it a valuable alternative or complementary option in managing leucorrhoea.

Conclusion

Shweta Pradara (leucorrhoea) is a common gynecological condition described in Ayurveda as a symptom of underlying *Dosha* imbalance, predominantly involving *Kapha* and *Vata*. The disorder originates from factors such as improper diet, lifestyle, poor hygiene, and *Agnimandya*, leading to *Ama* formation and vitiation of *Rasa Dhatu* with localization in the reproductive system. Ayurvedic management focuses on a holistic and root-cause-oriented approach, including *Nidana Parivarjana*, *Dosha* balancing, *Agni* correction, and strengthening of reproductive tissues. Both internal medications and external therapies play a significant role in reducing symptoms like discharge, itching, and discomfort. Furthermore, preventive measures based on *Prakriti*, proper hygiene, and healthy lifestyle practices are essential in minimizing recurrence. Thus, Ayurveda provides an effective, safe, and individualized approach for the management of *Shweta Pradara*, improving overall reproductive health and quality of life.

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