

AN AYURVEDIC APPROACH TO SHWETAPRADARA (EXCESSIVE VAGINAL DISCHARGE)**Meeta Jhala^{1*} and Vishnu Dutt Sharma²**

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ABSTRACT

Shwetapradara is the most common complaint of day-to-day gynecology O.P.D. Shwetapradar can be a symptom of many diseases as well as an independent entity. Shweta pradar could be a side effect, which is found in numerous Yonivyapada. Shwetapradar disease mainly has complaints like yonishrava, yonikandu, yonishula, and katishula. According to modern health science, Shwetapradas is considered excessive vaginal discharge. Usually, it is a non-pathological symptom secondary to inflammatory conditions of the vagina and cervix. Excessive vaginal discharge in females might be normal or a symptom of infection. The present study has been designed to substantiate the Nidana and Samprapti vighatan of Shweta Pradura so that an alternative, better form of therapy can be made available in those suffering from Shwetapradar.

KEYWORDS: Shwetapradar, Vaginal Discharge, Yonistrava, Yonikandu, Excessive Vaginal Discharges.

INTRODUCTION

In ayurvedic classics like Brihutrayee, there is no separate description of Shwetapradar as a disease, but there are many stree vyadhi in which Shwetapradar is described as a symptom.^[1] However, many times, Shwetapradar is so severe that it overshadows the symptoms of actual disease, and women seek the treatment of only Shwetapradar. Keeping this scenario in mind,

and due to the high prevalence of this ailment, an attempt has been made to study Shwetapradar as a separate disease entity.

The word Shwetapradar consists of two parts: shweta and pradar. Shweta: Shukla, Shubhra, Suchi, Pandura, Avadata sita, Dhawal, Aruna, and Hridra pandu are synonyms of the word Shweta. The word shweta explains the nearest colour to white. Pradar: The next word, Pradar, is derived from the Sanskrit root. Due to the Pradirina word Pradar's use in the meaning of excessive amount.

Acharya Chakrapani has explained Pandura Asrigdara as Shwetapradar. All Acharyas of Briturayee had described Shwetapradar in terms of yoni srava as a symptom in many Yoni Rogas classifications of shwetapradar.

Shwetapradar has been classified as follows

1. Prakratik (Physiological) Shwetasrava.
2. Vaikritika (Pathological) Shwetasrava.

Prakratik (Physiological) Shwetapradar

In Sushruta Samhita, Astanga Sangraha, and Bavaprakasha, stree shukra is described, which co-relates with Prakrutik Shwetasrava, like stree shukra is a physiological discharge during sexual acts. Another is Kamalini bVandhya, in which women have continuous watery vaginal discharge.^[2] In Kamshutra, the Vatsayana describes five varieties of vaginal discharges according to the character of women, which can be considered physiological Shweta Srava. All these conditions are prakrutik, or physiological, and need assurance if they become troublesome.

Vaikrutik (Pathological) Shwetapradar

In our ancient Ayurvedic literature, many diseases are described that have Yonirava as a clonical feature, which many correlate with shwetapradar. Priruta jatharini and Soma roga are general pathological conditions that have excessive Yonirava. Various Yonivyapads like Vatala, Pittala, Shleshmala, Sannipatika, Lohitakshara, Acharana, Atyananada, Aticharana, Upapluta, Paripluta, Karnini, Mahayoni, and Phalini have the feature of excessive Yonirava.

Different types of artava dushti, like Pittaj, Kaphaja, Kunapgandhi, Granthibhuta, Putipuyanibha, and Mutrapurishagandhi artva, also have abnormal and excessive vaginal discharges.

Jarayu Roga also has the feature of excessive vaginal discharges. Local discharges, loss of appetite, fever, headache, bachache, and burning micturition are common complaints of patients suffering from Jarayu Roga. All these symptoms indicate a genital tract infection.

Rati Roga (Guhya Roga), like Upadamsha and Puymeha, are also considered very important etiological factors of excessive Yonisrava.

After the above description, we can say that all the above physico-pathological conditions are some of the causes of shwetapradar (Excessive vaginal discharges).

AIMS AND OBJECTIVES

- To study the literary and updated review of Shweta Pradara.
- To prevent the shwetapradara during the reproductive age of women.
- To know the different types of vaginal discharges and their causes.
- To know the Ayurvedic management for Shwetapradara.

MATERIAL AND METHODS

All related Ayurvedic and modern literature related to shwetapradara (excessive vaginal discharges) and local therapy were referred to and discussed here. In Ayurveda, excessive vaginal discharge is known as Shweta Pradara.^[3]

Shwets, Pichchila Yonisrava, Yonikandu, and Putigandha indicated that Shwetapradara is a kapha vata Pradhana Tridoshaja vyadhi.^[4]

Etiopathogenesis

According to Ayurvedic classics, all the gynaecological disorders included in Yonivyapat and Yonitah Shweta Srava Lakshana are described in various Yonivyapat. Shweta Srava Lakshan is described in various Yonivyapat. Mithya ahara and mithya vihara are both causative factors for shwetapradar; kapha vardhaka ahara is the main factor, but pitta-vata vardhaka ahara also plays an important role.^[5]

Mithya vihara, which means an abnormal or unhealthy lifestyle, is also a cause of shwetapradar. Mansika bhava, krodha, shoka, and moha also promote excessive and abnormal vaginal discharges. Pradushta Artava means abnormal sex hormones, abnormal ovum, and abnormal menstrual blood.

Due to Nidana Sevana, Doshas get vitiated; these vitiated Doshas spread in the body, and due to the vitiation of Doshas, Dushya and Mala also get vitiated, causing disease formation. Ativavyavaya, Apdrvya prayog, Visham sthan shayan, vega dharan, Yoni adhavanata, Asamanya prasava, and garbhpatha lead to tridoshaja prakopa. All these sthanika causative factors ultimately cause yonidushti; consequently, dushita Yoni leads to Yonirava dushti and Yonidrava Nishyanandana, and finally leads to Shwetapradar.

Samprapti ghataka^[6]

Dosha – Kapha vata Pradhan tridosha

Dushya – Rasa, Rakta, Mansa

Srotas – Rasavaha, Raktavaha, Artavavaha

Srotodushti prakara – Atipravriti

Agni – Jathragnimandhya and Rasadhatvagnimandhya

Adhithana – Yoni, Grabhashya

Sthana Samshraya – Yonimarga

Roga marga – Abhyantatra

Pratyatmaka Lakhana – Yonitaha Atisara, Pandura Srava, Yonikandu etc.

Shwetapradar is a symptom of many stree Roga, and there is no direct reference available regarding lakshanas of shwetapradar in our literature. Various clinical features manifested by patients suffering from shwetapradar can be grouped into two categories.

1. Sthanika (Local)
2. Sarvadehika (Generalized)

Sthanik lakshana of Shwetapradas are Pichchhila Padura, Grey, Sheetala and Ghan Yoni Shrava, Yoni Shaitya, Kandugrasta Yoni, and Pandu Varna Yoni with Alpa Vedana or Avedama Yoni.

Sarvadehik lakshanas of Shwetpradar are Panduta, Nishabhatva, Daurbalya, Bhrama, Angamarda, Mutradaha, Vibandha, Katishoola, and Adhodar Shoola.

In Ayurvedic classics, gynaecological disorders have been described under the heading of Yoni vyapat or stree Roga. Shwetapradar is described as a symptom directly or indirectly in various stree roga. Shwetapradar is described as a symptom directly or indirectly in various stree roga. Prisoata Jataharini, Soma Ruga, Kaphaja Asrigdara, and various yonivyapats are

described directly as consequent conditions of Shweto prodava. Aartava dushti like Pittaja, Sannipatija artavadushti, and Guhya Roga like Upadamsha are described indirectly as consequent conditions of Shwetapradar.

Yonivyapadas, which are caused by Kapha Vata Pradhan Tridoshas are the most causative components of Shweta pradara. Vulvar, vaginal, cervical, and uterine secretions, which are slight in amount at the time of ovulation, during pregnancy, and premenstrually, are known as physiological secretions.^[7] Active or passive congestion of the pelvic organs, especially the cervix (Cervicitis), oral contraceptive pills, and regular douching also cause excessive vaginal discharges.

Inflammatory discharge is often mucopurulent or purulent cream, yellow, or green in colour and offensive. These types of discharges are caused by bacterial vaginosis, trichomonal vaginitis, and moniliasis, et cetera. Secondary infection from erosion or wounds, burns, chemical injuries, and genital tract neoplasm also produces abnormal and excessive vaginal discharges.^[8]

Complications

Shwetapradar is an important symptom s of many stree rogas. If shwetapradar is not treated properly can lead to complications like kandu (Vulvel itching), garbhashya much shopha (hypertrophy of cervix), grabhashayamukhashrta vrana (Cervical erosion), vandhyatva (Infertility) and grabhashayamukhashrta arbuda (Carcinoma of cervix).^[9]

Management

Shweta Pradara is Sadhya Vyadhi, but there is a very high rate of recourse due to frequent Nidana Sevana; thus, we can say that Shwetapradar is Kashta Sadhya Vyadhi. Understanding Doshas, Dhatu, Drusti, and Strotas involvement and causes is important for its prevention and treatment. Proper treatment of Shweta pradara depends on mainly three principles: Nidana parivarjana, chikitsa of the disease in which Shweta pradara is found, and chikitsa of Shwetapradar.

Two types of management

Preventive management and therapeutic management.

Preventive management^[10]

- Healthy eatying habits and enough fluid intake.

- Healthy life style and proper sleep.
- Mainly personal hygiene.
- Improvement in general health.
- Use of rasayana and balya chikitsa.
- Use of barrier methods (Condoms) during sexual intercourse.
- Avoid use of deodorants or vaginal douche.

Therapeutic management

There are mainly two routes for the Therapeutic management of Shwetapradar.

Aabhantara Aushadha (Oral medicines) and Sthanika Aushadha (Local medicine).

Aabhantara Aushadha(Oral medicines)

Various types of oral medicines are described in our Ayurvedic literature. Oral medicines are also categorized into two groups: preparations and Kashta Aushadha. (Herbal preparation) and Rasa aushadha (Metallic preparations).

- Kashta Aushadha (Herbal preparations)
- Pushyanuga churna, Lodhra churna, Ashoka churna, and Amalaki churna.
- Amalaki Swarasa, or Kernel of Amalaki Seeds with Madhu and Sugar.
- Nimba/Gruduchi/Rohitak/Kakodumbar/ kakaj angha Swarasa
- Nyagrodha Kashaya, Darvyadi Kashaya.
- Rasanjana Kalka, Tandulaka Moola Kalka, Lodhra Kalka, and Rohitak Moola Kalka.
- Patrangasava, Ashokarishta, Lodhraasava, and Rasa Aushadha (metallic preparations)
- Triphala Guggulu, Pradarantaka Lauha,
- Pradararipu Rasa, Pradarantak Rasa, and Pradaradi Lauha.
- Bola Parpati, Kamdudha Rasa, Sutasekhar Rasa,
- Dugdhapashana, Godanti Bhasma, and Shubhra Bhasma Vanga Bhasma, Yashada Bhasma. Kukkutand Twak Bhasma.
- Ghrita: Ashoka Ghrita, Kadli Kand Ghrila

Sthanika aushadha (Local medicine)

Sthanik chikitsa, or local therapy, plays an important role in Shwetapradar management. Various types of local therapy with various medicinal preparations were described in our ancient classical texts.

Yonidhawana/Yoni Pakshalana

Swarasa or Kashaya are mainly used for prakshalan. Triphala Swaras, Triphala Kashaya, Nimbapatra Kashaya, and Panchvalkal Kashaya.^[11] Sugandhi Dravya Kasaya, Shodhak Gana, or Rajvrikshadi Gana Dravya Kasaya.

Yoni Varti^[12]: Arkadi Varti, Pipalyadi Varti, Sudhana dravya varti, varti of the fine powder of Lodhra, Priyangu, Mulethi, and Madhu, varti of Plaksha twaka, churna, and madhu.

Yoni pichu: Pichu with various oils like Udumbara, Dhatakyadi,^[13] Jatyadi, and Kakolyadi Siddha are very effective in treating Shwetpradar. Shrimada Pichu, Dashmoola, and Shrimada Kashaya Pichu were also described as shwetapradar chikitsa.

Yoni dhoopan: Yoni dhoopan with Sarala, Guggal, Yava with Ghruta,^[14] and dhoopan with Haridra and Daru Haridra provide effective local therapy for the management of shwetapradar.

Yoni purana: Use of a bolus of powdered bark of plaksha mixed with honey after oleating the Vaginal canal.^[15]

DISCUSSION

Shwetapradar is one of the most common disorder shwetapradar or excessive vaginal discharge afflicts women of all age groups but most of belonging to the reproductive age group. In ayurvedic classics all gynecological disorders including shwetapradar come under yonivyapada. Kaphaja or Vatakaphaja yonivyapadaa are main causative factors of shwetapradara. Faulty dietary habits, faulty life style, rapid urbanization, excessive work load, stress and negligence habits are responsible for high incidence. Excessive vaginal discharge, vulval itching, backache, lower abdominal pain, burning, vulvae infertility and psychological upset are common clinical features of shwetapradar. Management of shwetapradar is mainly based on the use of drugs which are having Kashaya- tikta rasa predominance and kaphashamak and property by two important route internal and local. Rasayana and balya aushadha beneficial for women suffering from shwetapradar.

CONCLUSION

Shwetapradar or excessive vaginal discharge is not a disease but a symptom of so many diseases however sometimes this symptom is so severe and troublesome to the women. Recurrent nature of this symptoms puts a challenge to develop effective protocol for proper

treatment. Ayurveda prescribes sthanik chikitsa in the form of yoniprakshalan, yonipichu, yonipichu, yonivarti. Yonidhupan, and yonipuran for management. Kaphashamaka, sthambaka, Kashaya-tiktarasapradhan internal medicines in the form churna, kalka, and decoction are also important way to treat shwetapradar. Improvement of general health and personal hygiene are effective preventive measures of shwetapradar.

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