

A COMPREHENSIVE REVIEW OF SHWETA PRADARA WITH SPECIAL REFERENCE TO LEUCORRHOEA

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ABSTRACT

Vaginal discharge is one of the most frequent complaints with which women present to gynaecology outpatient departments in India. White, non-haemorrhagic vaginal discharge, often accompanied by weakness, backache, pain in the calves and pruritus vulvae, is described as *Shweta Pradara* in Ayurvedic classics and is broadly correlated with leucorrhoea of modern gynaecology. The *Brihatrayee* do not use the term *Shweta Pradara*; white discharge is described within the twenty *Yonivyapad*, and the term appears in medieval texts such as *Sharangadhara Samhita*, *Bhavaprakasha*, *Yogaratanakara* and *Bhaishajya Ratnavali*. The present review compiles the classical concept of *Shweta Pradara* (*Nirukti*, historical background, *Nidana*, *Samprapti*, *Lakshana* and *Chikitsa*) and correlates it with the modern understanding of vaginal physiology, physiological and pathological leucorrhoea, and the

common infective causes of abnormal discharge, namely bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis. Diagnostic approach, syndromic management, oral and local (*Sthanika*) Ayurvedic therapies, *Ahara-Vihara*, *Yoga* and preventive measures are also discussed. *Shweta Pradara* is primarily a *Kaphaja* manifestation involving vitiation of *Rasa* in the *Artavavaha Srotas*; *Kashaya rasa* dominant, *Kapha-shamaka*, *Stambhana* and

Rasayana drugs, used internally and locally, form the backbone of management, while exclusion of malignancy and sexually transmitted infections remains mandatory before symptomatic treatment.

KEYWORDS: *Shweta Pradara*, Leucorrhoea, *Yonivyapad*, *Kapha*, *Sthanika Chikitsa*, Vaginitis.

INTRODUCTION

Women's health is the foundation of the health of the family and society. Among the gynaecological problems that affect the physical, psychological and social well-being of women, abnormal vaginal discharge is one of the commonest, particularly in the reproductive age group. Because of social hesitation, many women ignore the complaint until it becomes chronic and is accompanied by weakness, backache, pruritus and mental distress.

A certain amount of vaginal secretion is physiological. It keeps the vagina moist, maintains an acidic environment and protects against ascending infection. Leucorrhoea in the strict sense means an excessive amount of normal vaginal discharge, which is non-purulent, non-offensive and non-irritant.^[1] In common clinical usage, however, the term is often applied to any white discharge per vaginum, including infective discharges.

Ayurveda describes gynaecological disorders under the heading of *Yonivyapad*. The word *Shweta Pradara* is not found in the *Brihatrayee*; it appears in *Sharangadhara Samhita*, *Bhavaprakasha*, *Yogaratanakara* and in *Chakrapani's* commentary on *Charaka Samhita*.^[2,3,4,5] *Shweta Pradara* is not an independent disease but a symptom of several *Yonivyapad* and systemic conditions. In many patients this symptom becomes so prominent that it overshadows the underlying disease, and the woman seeks treatment for the discharge alone.^[2,6]

AIMS AND OBJECTIVES

- To compile the classical Ayurvedic description of *Shweta Pradara* from *Samhita* texts and commentaries.
- To review the modern understanding of leucorrhoea and the common causes of abnormal vaginal discharge.
- To correlate *Shweta Pradara* with leucorrhoea and to present an integrated approach to its diagnosis, management and prevention.

MATERIALS AND METHODS

Classical Ayurvedic texts (*Charaka Samhita*, *Sharangadhara Samhita*, *Bhavaprakasha*, *Yogaratanakara*, *Chakradatta* and *Bhaishajya Ratnavali*), standard textbooks of Ayurvedic and modern gynaecology, national and international treatment guidelines, and published review articles were studied. Relevant information was compiled, analysed and presented in a systematic manner.

REVIEW OF LITERATURE

Nirukti (Etymology) and Definition

The word *Pradara* is derived from *Pra* (excessive) and the root *Dri* (to tear or to flow out), meaning excessive discharge from the *Yoni*. The prefix *Shweta* denotes white colour. Thus *Shweta Pradara* literally means excessive white discharge per vaginum. When the discharge is blood-stained, the condition is described as *Rakta Pradara* (menorrhagia/metrorrhagia).^[6]

The term leucorrhoea is derived from the Greek *leukos* (white) and *rhoia* (flow). Synonyms used in Ayurvedic and regional literature include *Shwetasarava*, *Yonisrava* and *Safed Pani*.

Historical Review

- **Vedic period:** Diseases of the female genital tract and remedies for them are mentioned in the *Atharvaveda*, though no specific description of white discharge is available.
- **Brihatrayee:** *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* do not use the term *Shweta Pradara*. White discharge is, however, a feature of several of the twenty *Yonivyapad* described in *Charaka Samhita*, and local measures for *Yonisrava* are given there.^[7]
- **Medieval period:** The term *Shweta Pradara* is used in *Sharangadhara Samhita*, *Bhavaprakasha*, *Yogaratanakara* and *Chakradatta*, where oral remedies are described^[3,4,5,8]; *Chakrapani* also uses it in his commentary on *Charaka Samhita*.^[2]
- **Bhaishajya Ratnavali:** Describes a large number of formulations for *Pradara*, such as *Pradarantaka Lauha*, *Pradarari Lauha*, *Pushyanuga Churna* and *Ashoka Ghrita*.^[9]
- **Modern Ayurvedic literature:** Prof. P.V. Tewari has systematically correlated *Shweta Pradara* with leucorrhoea and the concerned *Yonivyapad* with modern gynaecological diseases.^[6]

MODERN REVIEW OF LEUCORRHOEA

Normal Vaginal Physiology

Normal vaginal discharge is composed of cervical mucus, transudate from the vaginal wall, exfoliated epithelial cells and secretions from the Bartholin's and Skene's glands. Under the influence of oestrogen, the vaginal epithelium stores glycogen, which is converted to lactic acid by *Lactobacilli* (Doderlein's bacilli). This maintains a vaginal pH of about 3.8-4.5 and inhibits the growth of pathogenic organisms.^[1,10] Normal discharge is clear or white, non-offensive and non-irritant, and does not stain undergarments significantly.

Classification of Vaginal Discharge

A. Physiological excess of discharge

- Neonatal period, due to maternal oestrogen.
- Around puberty (menarche).
- Around ovulation (mid-cycle) and in the premenstrual phase.
- Pregnancy, due to high oestrogen levels and pelvic congestion.
- During sexual excitement.^[1]

B. Pathological leucorrhoea (excess of normal secretion)

- **Cervical causes:** Cervical ectopy (erosion), chronic cervicitis and mucous polyp.
- **Pelvic congestion:** Uterine prolapse, chronic pelvic inflammatory disease, retroverted uterus, use of oral contraceptive pills and pessaries.
- **General causes:** Chronic ill health, anaemia and emotional stress.^[1,11]

C. Abnormal (infective and other) discharge

This is discharge that is altered in colour, odour or consistency, or associated with pruritus, burning or dyspareunia. Common causes are bacterial vaginosis, vulvovaginal candidiasis, trichomoniasis, gonococcal and chlamydial cervicitis, foreign body (retained tampon or pessary), atrophic vaginitis and malignancy of the cervix or uterus.^[10,12]

Table 1: Differential diagnosis of common infective vaginal discharge.^[12,13,14]

Feature	Bacterial vaginosis	Candidiasis	Trichomoniasis
Organism	<i>Gardnerella</i> and anaerobes	<i>Candida albicans</i>	<i>Trichomonas vaginalis</i>
Discharge	Thin, grey-white, homogeneous	Thick, white, curdy	Profuse, frothy, yellow-green
Odour	Fishy, worse after coitus	Not offensive	Offensive
Pruritus	Usually absent	Marked	Present

Vaginal pH	> 4.5	< 4.5 (normal)	> 4.5
Whiff test	Positive	Negative	Often positive
Microscopy	Clue cells	Budding yeast, hyphae (10% KOH)	Motile trichomonads
Signs	Minimal inflammation	Vulval erythema, fissures	Strawberry cervix

ETIOPATHOGENESIS (NIDANA AND SAMPRAPTI)

Nidana (Causative Factors)

As *Shweta Pradara* is a symptom, the *Nidana* of the principal disease is also the *Nidana* of *Shweta Pradara*. Factors described in classics and in the *Yonivyapad* context may be grouped as follows^[2,6,7]:

Table 2: Nidana of Shweta Pradara.

Group	Factors
<i>Aharaja</i>	Excess <i>Madhura</i> , <i>Amla</i> , <i>Lavana rasa</i> ; heavy, oily, cold and <i>Abhishyandi</i> food; curd at night; irregular eating
<i>Viharaja</i>	<i>Divaswapna</i> , sedentary life, <i>Ati-maithuna</i> , improper coital positions, unhygienic practices during <i>Rajaswala</i> and <i>Ritukala</i>
<i>Mithya Achara</i>	Lack of genital hygiene, use of unclean cloth during menses, faulty personal habits
<i>Garbhapata/Prasava</i>	Repeated abortions, unhygienic delivery, <i>Sutika</i> negligence, genital trauma
<i>Manasika</i>	<i>Chinta</i> , <i>Shoka</i> , stress
Others	<i>Beeja dushti</i> , <i>Daiva</i> , chronic systemic illness, worm infestation in young girls

Samprapti (Pathogenesis)

On the basis of its clinical features, *Shweta Pradara* is primarily a *Kaphaja* disorder of the female genital tract, since *Kapha* is the chief factor responsible for any discharge. Aggravated *Kapha*, due to its own vitiating factors, produces white and painless vaginal discharge because of the dominance of its liquid property, by vitiating the *Rasa dhatu* of the reproductive system. Associated *Vata* makes the discharge thin, frothy and painful, while association of *Pitta* produces yellowish, foul-smelling discharge with burning.^[2,6]

The sequence may be summarised as: *Nidana sevana* → *Agnimandya* → *Kapha* (with *Vata*) *prakopa* → *Rasa dhatu dushti* → *Sthana samshraya* in *Yoni* and *Garbhashaya* (with *Khavaigunya* due to trauma, infection or poor hygiene) → excessive *Shweta srava* → *Shweta Pradara*.

Table 3: Samprapti Ghataka.

Ghataka	Description
<i>Dosha</i>	<i>Kapha</i> predominant; <i>Vata</i> and <i>Pitta</i> anubandha
<i>Dushya</i>	<i>Rasa</i> , <i>Mamsa</i>
<i>Srotas</i>	<i>Rasavaha</i> , <i>Artavavaha</i>
<i>Srotodushti</i>	<i>Atipravritti</i>
<i>Udbhava sthana</i>	<i>Amashaya</i>
<i>Adhishthana</i>	<i>Yoni</i> , <i>Garbhashaya</i> , <i>Garbhashaya greeva</i>
<i>Vyakta sthana</i>	<i>Yoni</i>
<i>Rogamarga</i>	<i>Abhyantara</i>
<i>Vyadhi swabhava</i>	<i>Chirakari</i>

Shweta Pradara in Yonivyapad

White discharge is found in those *Yonivyapad* which arise mainly from vitiation of *Kapha* and *Vata-Kapha*: *Atyananda*, *Karnini*, *Acharana*, *Aticharana*, *Shleshmala*, *Upapluta* and *Prasramsini*.^[2,7,15] The *Kaphaja* group (*Atyananda*, *Karnini*, *Acharana*, *Aticharana*, *Shleshmala*) follows the classification of *Sushruta*, while *Upapluta* is described by *Charaka*.^[7,15] Their probable modern correlations, as proposed in contemporary Ayurvedic literature^[6], are shown below.

Table 4: Yonivyapad presenting with white discharge.

Yonivyapad	Dosha	Probable modern correlation
<i>Shleshmala</i>	<i>Kapha</i>	Candidiasis, chronic vaginitis
<i>Acharana</i>	<i>Kapha</i>	Vulvovaginitis due to poor hygiene
<i>Aticharana</i>	<i>Vata-Kapha</i>	Vaginitis due to excessive coitus
<i>Atyananda</i>	<i>Kapha</i>	Vaginitis/cervicitis with hypersexuality
<i>Karnini</i>	<i>Kapha (Vata)</i>	Cervical erosion, polyp, chronic cervicitis
<i>Upapluta</i>	<i>Vata-Kapha</i>	Leucorrhoea/vaginitis in pregnancy
<i>Prasramsini</i>	<i>Pitta</i>	Uterovaginal prolapse with discharge

CLINICAL FEATURES (LAKSHANA)

Shweta Pradara is characterised by white vaginal discharge not associated with pain or burning and not mixed with other colours, which suggests its correspondence with leucorrhoea.^[2] Associated features include:

- *Daurbalya* (weakness), feeling run down and fatigue.
- *Kati graha* and *Kati shula* (low backache), pain in the calves.
- *Yoni kandu* (pruritus) on and around the vulva, thighs and groin.
- *Aruchi*, *Agnimandya*, constipation and heaviness of body.
- Dyspareunia, burning micturition and mental irritability in chronic cases.

In married women, uterine inflammation following childbirth, displacement of the uterus or

sexually transmitted infections may precipitate the discharge; in young girls, threadworm infestation may be a cause. Chronic discharge may be associated with cervical pre-malignant or malignant change; hence the actual cause must be determined before starting treatment.^[2,16]

Upadrava (Complications)

If neglected, the condition may lead to anaemia and debility, pelvic inflammatory disease, *Vandhyatva* (infertility due to tubal or cervical factors), adverse pregnancy outcomes such as preterm labour (particularly with bacterial vaginosis and trichomoniasis), and increased susceptibility to other sexually transmitted infections including HIV.^[10,12]

Sadhya-Asadhyata (Prognosis)

Recent, *Ekadoshaja* discharge in a patient with good strength is *Sukhasadhya*. Chronic, *Dvandvaja* or recurrent cases, and those associated with structural lesions, are *Kashtasadhya*. Discharge due to malignancy requires surgical and oncological management and cannot be treated as *Shweta Pradara*.

DIAGNOSIS (PARIKSHA)

Ayurvedic Examination

Ashtavidha and *Dashavidha Pariksha* assess the constitution, *Agni* and *Dosha* involvement. *Yoni Pariksha* includes inspection and palpation of the genital tract and assessment of the colour, consistency, odour and amount of discharge.

Modern Investigations

- Per speculum and bimanual examination.
- Vaginal pH, saline wet mount, 10% KOH mount and whiff test.
- Gram stain with Nugent scoring and Amsel's criteria for bacterial vaginosis.^[13,17]
- High vaginal swab and endocervical culture; NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* where indicated.^[12]
- Cervical cytology (Pap smear), VIA/VILI, colposcopy and cervical biopsy for suspicious lesions.
- Haematology: Hb%, TLC, DLC, ESR; blood sugar (for recurrent candidiasis).
- Serology: VDRL, HIV, HBsAg.
- Urine routine and microscopic examination; stool examination for worms in young girls.
- Ultrasonography of pelvis when PID or structural pathology is suspected.

MANAGEMENT (CHIKITSA)

Principles of Treatment

As *Kapha* is the main causative factor for vaginal discharge, the Ayurvedic line of treatment aims to restore *Agni*, remove accumulated morbid matter, bring *Kapha* back to equilibrium and strengthen the reproductive organs with rejuvenating drugs.^[2] The general principles are:

- *Nidana Parivarjana* - avoidance of causative factors.
- Treatment of the underlying *Yonivyapad* (*Vyadhi-pratyanika chikitsa*).
- *Agni deepana* and *Kapha shamana*.
- Use of drugs having *Katu* and *Tikta rasa* (*Kapha-shamaka*) and especially *Kashaya rasa* (*Stambhana* and *Ropana*).
- *Sthanika chikitsa* (local therapy) to cleanse the tract and reduce discharge.
- *Balya* and *Rasayana* drugs to relieve debility.

Specific Treatment: Oral Medicines

A. Single-drug and simple remedies

- Pestled root of *Rohitaka* (*Tecomella undulata*) taken with water.^[7,8]
- Decoction of *Darvyadi* group (*Berberis aristata* etc.).^[3]
- Paste or powder of *Amalaki* (*Emblica officinalis*) or its seed with honey and sugar.^[7]
- Paste of *Lodhra* (*Symplocos racemosa*) with decoction of stem bark of *Nyagrodha* (*Ficus benghalensis*).^[7]
- Decoction of *Nyagrodhadi gana* drugs, owing to their astringent property.^[3]
- *Nagakeshara* (*Mesua ferrea*) with *Takra*, with a diet of rice and *Takra* only.^[4,5]
- Root powder of *Chakramarda* (*Cassia tora*) with *Tandulodaka* in the morning.^[5]
- *Pravala bhasma* and *Trivanga bhasma* with rice water.^[5]
- *Kukkutandatvak bhasma* 250 mg with honey twice daily.^[18]

B. Classical compound formulations

Table 5: Classical formulations useful in Shweta Pradara.^[2,7,9]

Group	Formulations
Churna	<i>Pushyanuga Churna</i> (with <i>Tandulodaka</i> and <i>Madhu</i>), <i>Utpaladi Churna</i>
Lauha/Rasa	<i>Pradarantaka Lauha</i> , <i>Pradarari Lauha</i> , <i>Pradarantaka Rasa</i> , <i>Pradararipu Rasa</i>
Asava-Arishta	<i>Lodhrasava</i> , <i>Ashokarishta</i> , <i>Patrangasava</i> , <i>Lakshmanarishta</i>
Ghrita	<i>Ashoka Ghrita</i> , <i>Nyagrodhadi Ghrita</i> , <i>Shitakalyanaka Ghrita</i> , <i>Vishwavallabha Ghrita</i>
Taila	<i>Priyangvadi Taila</i>
Bhasma/Pishti	<i>Kukkutandatvak Bhasma</i> , <i>Pravala Pishti</i> , <i>Trivanga Bhasma</i>

C. Important single drugs and their properties

Table 6: Important drugs with Rasa-Karma and modern actions.^[19,20]

Drug	Rasa / Karma	Modern action
<i>Lodhra</i> (<i>Symplocos racemosa</i>) bark	<i>Kashaya; Grahi, Stambhana</i>	Astringent, anti-inflammatory, antimicrobial
<i>Ashoka</i> (<i>Saraca asoca</i>) bark	<i>Kashaya, Tikta; Varnya, Stambhana</i>	Uterine tonic, astringent
<i>Nyagrodha</i> (<i>Ficus benghalensis</i>) bark	<i>Kashaya; Stambhana, Ropana</i>	Astringent, wound healing
<i>Nagakeshara</i> (<i>Mesua ferrea</i>)	<i>Kashaya, Tikta; Stambhana</i>	Astringent, antimicrobial
<i>Amalaki</i> (<i>Emblica officinalis</i>)	<i>Amla dominant, Kashaya; Vrishya</i>	Antioxidant, immunomodulator
<i>Daruharidra</i> (<i>Berberis aristata</i>)	<i>Tikta, Kashaya; Kaphahara</i>	Antibacterial, antifungal (berberine)
<i>Shalmali</i> (<i>Bombax ceiba</i>)	<i>Madhura, Kashaya; Grahi</i>	Demulcent, astringent

Sthanika Chikitsa (Local Therapy)

A. Yoni Prakshalana (Vaginal irrigation)

- Decoction of stem bark of *Lodhra*.^[7]
- Decoction of stem bark of *Vata* (*Nyagrodha*).^[7]
- *Panchavalka Kashaya* and *Triphala Kashaya* are commonly used in contemporary practice.^[6]

B. Yoni Purana (Vaginal packing)

- Bolus of powdered bark of *Plaksha* (*Ficus lacor*) mixed with honey after oleating the vaginal canal.^[6]
- Fine powders of *Khadira*, *Pathya*, *Jatiphala*, *Nimba* and *Puga*, triturated with *Mudga yusha*, dried and placed in the vagina.^[6]

C. Yoni Varti (Vaginal suppository)

- Suppository of powdered *Lodhra*, *Priyangu* and *Madhuka* with honey, or of other *Kashaya rasa* dominant drugs, after oleating the canal.^[7]

D. Yoni Pichu (Medicated tampon)

Sterile gauze tampon soaked in medicated oils such as *Jatyadi Taila* or *Panchavalka* oil is kept in the vagina for a few hours; it promotes healing of cervical erosion and reduces discharge.^[6] Classically, a flaxen cloth (*Kshauma Pichu*) impregnated with decoction of stem bark of *Nyagrodha*, or of *Lodhra* and *Vata*, is also described.^[7]

E. Yoni Dhupana (Fumigation)

- Fumigation with *Sarala*, *Guggulu* (*Commiphora wightii*) and *Yava* mixed with *Ghrita* after oleating the vaginal canal.^[7]
- Fumigation with *Katu matsyaka* (a type of fish) along with oil.^[7]

Note: Local procedures should be avoided during menstruation and pregnancy (unless specifically indicated), must be performed with sterile precautions, and are contraindicated in the presence of active bleeding or suspected malignancy.

Modern Management

Management depends on the cause. Physiological discharge requires only reassurance and hygiene counselling. Cervical ectopy with troublesome discharge may be treated with cryotherapy or electrocautery after a normal Pap smear.^[1] Infective causes are treated specifically^[12]:

- **Bacterial vaginosis:** Metronidazole 500 mg orally twice daily for 7 days, or metronidazole gel 0.75% or clindamycin cream 2% intravaginally.
- **Vulvovaginal candidiasis:** Fluconazole 150 mg orally single dose, or intravaginal clotrimazole/miconazole; recurrent cases need longer suppressive therapy.
- **Trichomoniasis:** Metronidazole 500 mg orally twice daily for 7 days in women; the sexual partner must also be treated.
- **Cervicitis (gonococcal/chlamydial):** Ceftriaxone with doxycycline as per guidelines.

In resource-limited settings, the World Health Organization and India's National AIDS Control Organisation recommend syndromic management of vaginal discharge using pre-packed, colour-coded STI/RTI kits, together with partner management and condom promotion.^[21,22]

Ahara (Diet)

Advised: *Purana Shali*, *Yava*, *Mudga*, *Takra*, *Tandulodaka*, *Patola*, *Karela*, garlic, pomegranate, *Amalaki*, light and easily digestible warm food, adequate water intake.^[2]

Avoided: Excess sweet and sour foods, curd (especially at night), fermented and bakery items, cold drinks, deep-fried, heavy and *Abhishyandi* food, excess salt and refined sugar.^[2]

Vihara and Yoga

Regular physical activity and avoidance of *Divaswapna* help to reduce *Kapha*. *Asanas* such as *Baddha Konasana*, *Bhujangasana*, *Dhanurasana*, *Setu Bandhasana* and *Sarvangasana*,

along with *Mula Bandha* (pelvic floor exercise), improve pelvic circulation and muscle tone, while *Nadi Shodhana* and *Bhramari pranayama* reduce stress.^[23] *Asanas* should be avoided during menstruation and adapted during pregnancy.

PREVENTIVE MEASURES

- Maintain good general health, balanced diet, adequate sleep and fluid intake.
- Keep the genital area clean and dry; wear loose cotton undergarments.
- Wipe from front to back after urination or defecation.
- Maintain menstrual hygiene; change pads regularly.
- Avoid routine self-douching (medicated *Yoni Prakshalana* only under medical supervision), perfumed soaps, deodorant sprays and other irritants.
- Practise safe sex; use condoms with new partners, and ensure treatment of the partner when required.
- Complete the full course of prescribed medication; avoid intercourse until treatment is complete.
- Control diabetes and avoid unnecessary use of antibiotics and steroids.
- Undergo regular cervical cancer screening as advised.^[1,2,12]

DISCUSSION

A woman may experience different types of vaginal discharge during her lifetime. The acidic vaginal environment maintained by *Lactobacilli* is a natural defence; any disturbance of this balance, through hormonal change, infection, poor hygiene, antibiotics or systemic illness, favours abnormal discharge. The common modern causes are cervicitis, cervical ectopy, bacterial vaginosis, candidiasis and trichomoniasis.

In Ayurveda, *Shweta Pradara* is understood as a symptom of *Kapha* and *Vata-Kapha* dominant *Yonivyapad*. The *Kaphaja* qualities of *Shweta* (white), *Snigdha*, *Pichchhila* (sticky) and *Sheeta* correspond well with the character of leucorrhoeal discharge, and the associated weakness and backache reflect depletion of *Rasa dhatu*. The pathogenesis starting from *Agnimandya* explains why systemic factors such as faulty diet and sedentary habits contribute to the complaint, and why *Deepana* and *Kapha shamana* form the first step of treatment.

Drugs of *Kashaya rasa* such as *Lodhra*, *Ashoka*, *Nyagrodha* and *Nagakeshara* dominate the classical formulations. *Kashaya rasa* is *Stambhana* and *Ropana*; in modern terms, tannin-rich astringents precipitate surface proteins, reduce secretion and exudation, and many of them

show antimicrobial activity. *Rasayana* and *Balya* drugs like *Amalaki* correct the associated debility. *Sthanika chikitsa* delivers drugs directly to the site, and procedures such as *Prakshalana*, *Varti*, *Pichu* and *Dhupana* are comparable to vaginal douches, pessaries, medicated tampons and fumigation of modern practice.

At the same time, since *Shweta Pradara* is a symptom, the underlying cause must be established. Sexually transmitted infections require partner treatment, and chronic discharge demands exclusion of cervical pre-malignant and malignant lesions. An integrated approach, using modern diagnostics to define the cause and Ayurvedic principles to correct *Dosha* imbalance, prevent recurrence and improve general health, is therefore most rational. Well-designed randomised controlled trials on classical formulations and local therapies are required to generate stronger evidence.

CONCLUSION

Shweta Pradara can be correlated with leucorrhoea on the basis of its clinical features. It is primarily a *Kaphaja* manifestation seen in several *Yonivyapad*, arising from *Agnimandya* and vitiation of *Rasa dhatu* in the *Artavavaha Srotas*. Its management is based on *Nidana parivarjana*, *Kapha shamaka* and *Kashaya rasa* dominant drugs given internally and locally, along with *Balya* and *Rasayana* therapy. Improvement in general health, personal and menstrual hygiene, proper diet, *Yoga* and safe sexual practices can prevent its occurrence. Correct identification of the underlying cause, including exclusion of infection and malignancy, is essential for successful and safe treatment.

REFERENCES

1. Konar H. D.C. Dutta's Textbook of Gynecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers, 2020.
2. Vijay Lakshmi, Gupta RK. Ayurvedic concept of leucorrhoea: Sweta Pradara. Int J Ayur Pharma Research, 2014; 2(3): 119-123.
3. Acharya Sharangadhara. Sharangadhara Samhita with Dipika Hindi commentary by Brahmanand Tripathi. Reprint. Varanasi: Chaukhambha Surbharati Prakashan, 2001.
4. Bhava Mishra. Bhavaprakasha (Madhyama Khanda) with Vidyotini Hindi commentary by Brahmashankar Mishra. Varanasi: Chaukhambha Sanskrit Bhawan.
5. Yogaratnakara with Vidyotini Hindi commentary by Vaidya Lakshmiapati Shastri. 2nd ed. Varanasi: Chaukhambha Sanskrit Series Office, 1973.
6. Tewari PV. Ayurvediya Prasuti Tantra evam Stri Roga, Part II (Stri Roga). 2nd ed.

- Varanasi: Chaukhambha Orientalia, 2000 (Reprint 2005).
7. Acharya Charaka. Charaka Samhita (Uttarardha), Vidyotini Hindi commentary by Pt. Kashinath Shastri and Dr. Gorakhnath Chaturvedi. Varanasi: Chaukhambha Bharati Academy, 2002.
 8. Chakrapanidatta. Chakradatta with Vaidyaprabha Hindi commentary by Indradeva Tripathi. Varanasi: Chaukhambha Sanskrit Bhawan.
 9. Govinda Dasa. Bhaishajya Ratnavali with Vidyotini Hindi commentary by Kaviraj Ambikadatta Shastri, edited by Rajeshwaradatta Shastri. 17th ed. Varanasi: Chaukhambha Prakashan, 2004.
 10. Hoffman BL, Schorge JO, Halvorson LM, Hamid CA, Corton MM, Schaffer JI. Williams Gynecology. 4th ed. New York: McGraw-Hill Education, 2020.
 11. Padubidri VG, Daftary SN, editors. Shaw's Textbook of Gynaecology. 17th ed. New Delhi: Elsevier, 2018.
 12. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep., 2021; 70(4): 1-187.
 13. Amsel R, Totten PA, Spiegel CA, Chen KC, Eschenbach D, Holmes KK. Nonspecific vaginitis: diagnostic criteria and microbial and epidemiologic associations. Am J Med., 1983; 74(1): 14-22.
 14. Sobel JD. Vulvovaginal candidosis. Lancet, 2007; 369(9577): 1961-1971.
 15. Sushruta. Sushruta Samhita (Uttara Tantra) with Ayurveda Tattva Sandipika Hindi commentary by Kaviraj Ambikadutta Shastri. Reprint. Varanasi: Chaukhambha Sanskrit Sansthan, 2012.
 16. Dawn CS. Textbook of Gynaecology, Contraception and Demography. 14th ed. Kolkata: Dawn Books, 2003.
 17. Nugent RP, Krohn MA, Hillier SL. Reliability of diagnosing bacterial vaginosis is improved by a standardized method of gram stain interpretation. J Clin Microbiol, 1991; 29(2): 297-301.
 18. Jha CB. Ayurvediya Rasa Shastra. 2nd ed. Varanasi: Chaukhambha Surbharati Prakashan, 1998.
 19. The Ayurvedic Pharmacopoeia of India, Part I, Vol. I. 1st ed. (Reprint). New Delhi: Government of India, Ministry of Health and Family Welfare, Department of Indian Systems of Medicine and Homoeopathy, 2001.
 20. Sharma PV. Classical Uses of Medicinal Plants. Varanasi: Chaukhambha Visvabharati,

1996.

21. World Health Organization. Guidelines for the management of symptomatic sexually transmitted infections. Geneva: World Health Organization, 2021.
22. National AIDS Control Organisation. National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections. New Delhi: Ministry of Health and Family Welfare, Government of India, 2006.
23. Iyengar BKS. Light on Yoga. Revised ed. New Delhi: HarperCollins Publishers India, 2006.