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PURIFICATION TO PALLIATION: AN INTEGRATIVE AYURVEDIC APPROACH TO LEUCORRHOEA (SWETA PRADARA) — A CASE SERIES

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ABSTRACT

Background: Leucorrhoea (Swetapradara) is a common gynaecological complaint characterized by excessive or altered whitish vaginal discharge, which may be associated with itching, discomfort and unpleasant odour. In Ayurveda, the condition is considered in relation to Kapha or Vata-Kapha predominance, impaired Agni and increased Kleda. An integrated therapeutic approach combining Shodhana, Shamana, and local Yoni Prakshalana treatment may provide a comprehensive approach to its management. **Objective:** To document the clinical response to an integrated Ayurvedic treatment protocol comprising Nitya Virecana, Shamana Aushadhi and Yoni Prakshalana in patients presenting with Swetapradara. **Case Presentation:** A case series of five female patients attending the Panchakarma Outpatient Department with clinical features suggestive of Swetapradara was undertaken. The patients received a 21-day integrated Ayurvedic intervention consisting of Nitya Virecana with Trivrit Avaleha (5 g once daily in the morning on an empty stomach), Pradarantaka Lauha as Shamana Aushadhi and Yoni Prakshalana using Triphala and Lodhra. Clinical severity was assessed using a arbitrary four-point ordinal grading system covering six parameters: Picchila, Sita, Kandu, Alpa Vedana, Pandu Varna and Durgandha. Changes in clinical scores before and after treatment were evaluated using the Wilcoxon signed-rank test. **Intervention and Outcome:** Improvement was observed across all assessed clinical parameters following treatment. The highest percentage reduction was observed in Kandu (61.54%), followed by Alpa Vedana (50.00%), Durgandha (46.15%), Picchila and Pandu Varna (44.44% each) and Sita (30.77%). The overall mean clinical symptom score decreased from 17.00 ± 1.22 before treatment to 9.20 ± 0.84 after treatment, corresponding to a mean reduction of 45.88%. The median total score decreased from 17 to 9. However, owing to the small sample size, the reduction in the total score did not reach conventional statistical significance (Wilcoxon W = 0, p = 0.0625). **Conclusion:** The present case series indicates that an integrated Ayurvedic approach incorporating Nitya Virecana, Shamana Aushadhi and Yoni Prakshalana may have potential in the management of Swetapradara, with consistent clinical improvement observed across the five cases. Nevertheless, the findings should be interpreted cautiously because of the small sample size, absence of a control group and short treatment and follow-up period. Larger controlled clinical studies using validated outcome measures are warranted to establish the efficacy and safety of this therapeutic approach.

KEYWORDS: Swetapradara, Leucorrhoea, Nitya Virecana, Trivrit Avaleha, Pradarantaka Lauha, Yoni Prakshalana, Triphala, Lodhra, Ayurveda.

INTRODUCTION

During a woman's reproductive life, vaginal discharge may occur as a normal physiological phenomenon or as a manifestation of an underlying pathological condition. The character of vaginal discharge can vary in colour, consistency and quantity. It can range from clear or mucoid to white, watery, purulent and pinkish or blood stained secretions. The perception of abnormal discharge also differs among women and may be influenced by individual awareness, observation, tolerance and understanding of what constitutes normal vaginal secretion. Physiologically, the vulva and vagina are maintained in a moist state by secretions originating from the genital tract. However, an excessive or altered discharge may become a significant clinical complaint. Leucorrhoea[1] is generally considered a symptom rather than a disease. It may accompany a variety of gynaecological and systemic conditions. In some women, the discharge may become sufficiently troublesome to hide other clinical manifestations, leading them to seek treatment primarily for this complaint. It may also occur in the absence of an identifiable pathological condition. In Ayurvedic literature, Swetapradara is commonly correlated with leucorrhoea, although the term itself is not explicitly described in the major Brihattrayi texts—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. Different terms have been used in the classical literature to describe vaginal bleeding and abnormal vaginal discharge, such as Pradara, Asrigdara, and Raktapradara primarily associated with excessive or abnormal vaginal bleeding. Whereas Swetasrava and Yonisrava have been used in the context of whitish vaginal discharge. Next generation Ayurvedic texts and commentaries give more specific references to whitish vaginal discharge. Such as Chakrapani has mentioned the concept of Pandura-Asrigdara,[2] while Sharngadhara Samhita,[3] Bhavaprakasha[4] and Yogaratnakara[5] have used terms such as Pandura asrigdara, Swetapradara and Somaroga in relation to this. Indu has also described the term Shukla asrigdara.[7] Based on these descriptions, some Ayurvedic scholars have considered Asrigdara associated with aggravated Kapha to be clinically comparable with Swetapradara or leucorrhoea. In the context of the pathophysiology of Pandura Asrigdara or Swetapradara, it is considered to arise predominantly from Kapha vitiation with Vata-Kapha involvement. Its clinical features have been correlated with Kaphaja Yonivyapad, Upapluta, Acharana and Aticharana. Acharya Charaka describes the features such as picchila (slimy), shita (cold), kandu (itching), alpa vedana (mild pain) and pandu (whitish discoloration of the discharge). The involvement of aggravated Vata along with Kapha is described as producing pale, whitish, and mucous vaginal discharge. These classical descriptions provide a pathway to understanding the characteristic presentation of Swetapradara and support a therapeutic approach aimed at correcting the underlying Dosha imbalance. From an Ayurvedic perspective, management of Swetapradara aims to pacify the underlying Dosha imbalance and restore physiological harmony of Doshas rather than controlling the disease symptomatically. A multimodal therapeutic approach incorporates Nitya Virechana (therapeutic purgation), Shamana Chikitsa (palliative therapy) and Yoni Prakshalana (local vaginal cleansing therapy) in the present case series. This approach combines systemic purification, internal pacification and local management. Individual Ayurvedic interventions have been explored in previous clinical studies but the available clinical evidence remains limited. Hence the present case series seeks to document the clinical outcomes of this integrated approach and provide further insight into its potential role in the management of Swetapradara (Leucorrhoea).

CASE SERIES

The present case series comprised five female participants who attended the Panchakarma Outpatient Department (OPD) of the Institute of Postgraduate Ayurvedic Education and

Research at Shyamadas Vaidya Shastra Pith, Kolkata, with complaints suggestive of leucorrhoea (Swetapradara) along with varying menstrual and gynaecological concerns. The relevant demographic, menstrual, obstetric and medical histories of the participants are summarized below.

Table 1: (History of patients).

Case	Age	Date of OPD Visit	Chief Complaints	Duration of Complaints	Menarche	Menstrual History	Obstetric History	Relevant Medical History
1	35 years	21/05/2026	Excessive thick white vaginal discharge with itching	5 months	15 years	Regular cycles every 28–30 days, duration 4–5 days; LMP: 20/05/2026	$P_2L_1A_1D_0$, last childbirth 6 years ago, full term normal vaginal delivery with episiotomy, male child	No significant medical history, not on regular medication
2	22 years	02/06/2026	Thick white vaginal discharge associated with itching and foul smell	2 months	12 years	Cycles reported as irregular, occurring every 28–34 days, duration 4–5 days, LMP: 23/05/2026, discharge increased before menstruation	No obstetric history	No significant medical history, not on medication
3	45 years	30/04/2026	Intermittently excessive thick white discharge with itching and mild pain	6 months	13 years	Regular cycles every 28 days, duration 2–3 days; scanty menstrual flow; LMP: 10/04/2026	$P_3L_2A_0D_1$, last childbirth 12 years ago; full-term normal vaginal delivery with episiotomy, male child	Known case of hypertension and on medication
4	25 years	07/07/2026	Excessive watery white vaginal discharge with foul smell	2 months	14 years	Irregular cycles every 28–40 days, duration 4 days, LMP: 20/06/2026	No obstetric history	No significant medical history; not on medication

5	48 years	28/07/2026	Intermittent thick to purulent white discharge with marked itching	8 months	13 years	Regular cycles every 28 days; duration 3 days; LMP: 02/07/2026	$P_2L_2A_0D_0$, last childbirth 19 years ago; full-term normal vaginal delivery with episiotomy; female child	History of cholecystectomy, reports allergic reactions to certain food items

Diagnostic Assessment

The severity of Swetapradara was assessed using an arbitrary four-point ordinal grading system based on six clinical parameters—Picchila, Sita, Kandu, Alpa Vedana, Pandu Varna and Durgandha. Each parameter was graded from 1 (absent) to 4 (severe), with a total possible score ranging from 6 to 24. Lower scores indicated lesser symptom severity.

Table 2: (Arbitrary scoring of subjective parameters).

Parameter	1 – Absent	2 – Mild	3 – Moderate	4 – Severe
Picchila (Slimy nature)	No sliminess; discharge non-mucoid	Slightly slimy discharge	Clearly slimy/mucoid discharge	Markedly thick, highly slimy and mucoid discharge
Sita (Coldness)	No sensation of coldness	Mild sensation of coldness, occasional	Moderate and recurrent sensation of coldness	Severe/persistent sensation of coldness
Kandu (Itching)	No itching	Mild, occasional itching; does not interfere with routine activities	Moderate itching with recurrent discomfort	Severe/persistent itching interfering with daily activities or sleep
Alpa Vedana (Pain/Discomfort)	No pain or discomfort	Mild discomfort, occasional and tolerable	Moderate pain/discomfort affecting routine activities	Severe pain/discomfort causing marked functional limitation
Pandu Varna (Whitish/Pale discharge)	No abnormal whitish discharge	Slightly increased whitish discharge	Clearly increased whitish discharge	Excessive, persistent and markedly whitish discharge
Durgandha (Foul smell)	No abnormal odour	Mild odour, noticed occasionally	Moderate unpleasant odour, readily noticeable	Severe/persistent foul odour causing considerable distress

Table 3: (Summing the scores of all six parameters, Minimum = 6; Maximum = 24).

Total Score	Severity
6–10	Mild
11–15	Moderate
16–20	Severe
21–24	Very severe

Therapeutic Intervention

Table 3: (Therapeutic Intervention).

Medication	Dose	Anupana	Intake Time	Duration
Trivrita avaleha as Nitya Virecana (Purgation as mild purification)	5 gm	Usna Odaka	At morning in empty stomach	21 days
Pradarantaka Lauha (Palliative treatmen)	2 pills	Madhu	Twice a daily before food	21 days
Triphala & Lodhra Sita Kalpana as Yoni prakshalana (Vaginal wash)	1:1 (overnight soaked water)	For Local Wash	Twice a daily	21 days

CLINICAL COURSE AND OUTCOME

Following the 21-day Ayurvedic intervention, improvement was observed across all assessed clinical parameters. The percentage reduction was highest for Kandu (61.54%), followed by Alpa Vedana (50.00%), Durgandha (46.15%), Picchila and Pandu Varna (44.44% each) and *Sita* (30.77%). The overall mean clinical symptom score decreased from 17.00 ± 1.22 before treatment to 9.20 ± 0.84 after treatment, representing a 45.88% reduction. As the clinical variables were ordinal in nature and the sample size was small, the paired observations were analysed using the exact Wilcoxon signed-rank test. The total clinical symptom score showed a reduction from a median of 17 at baseline to 9 after treatment; however, the difference did not reach conventional statistical significance (W = 0, p = 0.0625). Similarly, none of the individual clinical parameters demonstrated statistically significant differences. In spite of that the consistent improvement observed across all five participants, together with the substantial reduction in overall symptom scores, suggests a clinically favourable response. Due to the small sample size and the exploratory nature of this case series, these outcomes must be interpreted carefully.

Table 4: (Result – Before & After treatment).

Parameters	Case 1		Case 2		Case 3		Case 4		Case 5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Picchila	4	1	4	3	3	2	3	2	4	2
Sita	2	2	2	1	3	2	3	2	3	2

Kandu	3	1	2	1	2	1	2	1	4	1
Alpa Vedana	1	1	1	1	4	1	3	1	1	1
Pandu varna	4	2	4	2	4	2	3	2	3	2
Durgandha	1	1	4	2	2	1	4	2	2	1
Total	15	8	17	10	18	9	18	10	17	9

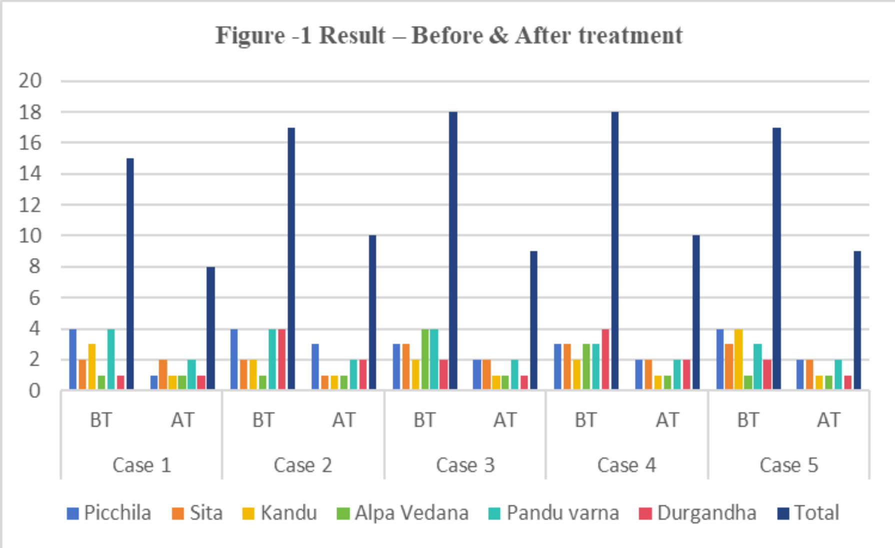

Figure 1.

Table 5: (Percentage of improvement in between BT and AT).

Parameter	BT Mean ± SD	AT Mean ± SD	Mean Reduction	Improvement (%)
Picchila	3.60 ± 0.55	2.00 ± 0.71	1.60	44.44%
Sita	2.60 ± 0.55	1.80 ± 0.45	0.80	30.77%
Kandu	2.60 ± 0.89	1.00 ± 0.00	1.60	61.54%
Alpa Vedana	2.00 ± 1.41	1.00 ± 0.00	1.00	50.00%
Pandu Varna	3.60 ± 0.55	2.00 ± 0.00	1.60	44.44%
Durgandha	2.60 ± 1.34	1.40 ± 0.55	1.20	46.15%
Total Score	17.00 ± 1.22	9.20 ± 0.84	7.80	45.88%

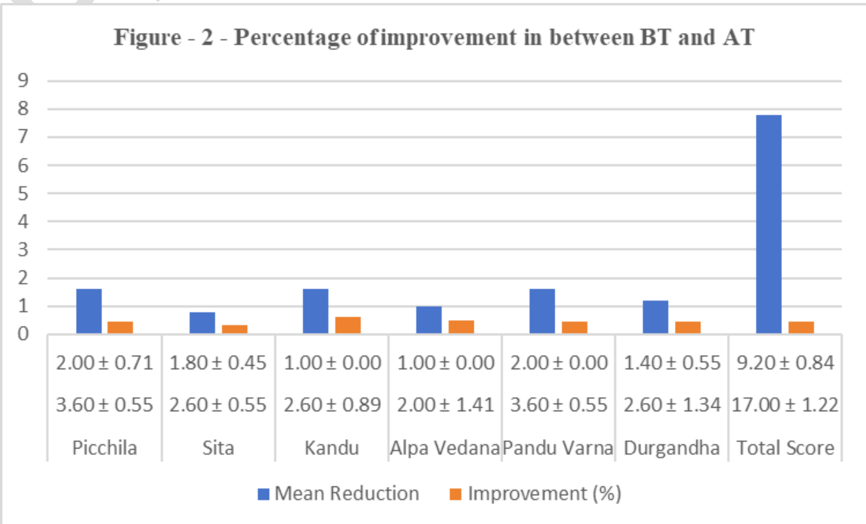

Figure 2.

Table 6: (Wilcoxon signed-rank test).

Parameter	BT Median	AT Median	Median Change	Wilcoxon W	Exact p-value	Interpretation
Picchila	4	2	−2	0.0	0.0625	Not significant
Sita	3	2	−1	0.0	0.1250	Not significant
Kandu	2	1	−1	0.0	0.0625	Not significant
Alpa Vedana	1	1	0	0.0	0.5000	Not significant
Pandu Varna	4	2	−2	0.0	0.0625	Not significant
Durgandha	2	1	−1	0.0	0.1250	Not significant
Total Score	17	9	−8	0.0	0.0625	Not significant

DICUSSION

Leucorrhoea is a common gynaecological complaint characterized by excessive whitish vaginal discharge. From an Ayurvedic perspective, it has been described in relation to Yoni Vyapada and is predominantly associated with Kapha or Vata-Kapha vitiation, impaired Agni (Mandagni) and increased Kleda. These factors may cause to the development of abnormal vaginal discharge and it affects the physical comfort and quality of life a woman. In the present case series, five patients diagnosed clinically with Swetapradara were managed for 21 days using an integrated Ayurvedic protocol of Nitya Virecana, Shamana Aushadhi with Pradarantaka Lauha and local Yoni Prakshalana. Improvement was observed in the clinical features following treatment. All participants belonged to the Madhyama Vaya category according to the classical Ayurvedic age classification. Although the findings are based on a small number of cases, the consistent clinical improvement observed across the participants provides a basis for further evaluation of this therapeutic approach.

In the present case series, Nitya Virecana was adopted as a form of Shodhana Karma. It should be noted that Nitya Virecana differs from Pradhana Virecana Karma, which is performed as a planned therapeutic purification procedure after appropriate Purvakarma. Rather, Nitya Virecana represents a relatively gentle and repeated approach intended to facilitate regular bowel evacuation and support the elimination of accumulated Dosha and Mala. Nitya Virecana has not been specifically described as a direct treatment for Pandura-Asrigdara in the classical texts, Charaka has described its therapeutic application in Udara Roga, particularly Jalodara Chikitsa.[8] Chakrapani explains that regular mild purgation facilitates the removal of accumulated Dosha and helps maintain the patency of the Srotas. From an Ayurvedic perspective, this provides a rationale for considering gentle, sustained bowel regulation in disorders in which Kapha, Kleda, Ama and impaired digestion are considered contributory factors. For the present study, Trivrit Avaleha was selected as the purgative agent. Charaka has mentioned Trivrit (Operculina turpethum) as an important drug for Sukha Virecana. It is possessing Tikta and Katu Rasa, Laghu, Ruksha, and Tikshna Guna, Ushna Virya and Katu Vipaka, with predominantly Kapha-Pitta Shamaka and Recana actions.[9] Its Laghu, Ruksha and Tikshna Guna may be considered relevant in the context of excessive Kapha and Kleda, while its Recana Karma facilitates bowel evacuation. Thus, the use of Trivrit in the present protocol was intended to provide gentle and regular elimination of aggravated Dosha and Mala. The clinical improvement observed in the present cases may provide a preliminary rationale for further systematic investigation of this approach.

Pradarantaka Lauha was selected as the internal Shamana Aushadhi in the present case series. According to Bhaishajya Ratnavali, in the context of Pradara Roga Chikitsa, this formulation is indicated in conditions involving abnormal vaginal discharge and bleeding. The formulation contains a combination of mineral preparations and herbal drugs, including Lauha Bhasma, Tamra Bhasma, Shuddha Haritala, Vanga Bhasma, Abhraka Bhasma, Triphala, Trikatu, Chitraka, Vidanga, Saindhava Lavana and other ingredients. From an Ayurvedic pharmacological perspective, several ingredients possess Deepana and Pachana properties, which may support the correction of impaired digestive function and reduction of Ama. The formulation is also traditionally described in relation to Pradara and Rakta disorders. Its use in the present study was therefore intended to provide systemic Shamana support alongside the purification therapy. Madhu was used as the Anupana, consistent with the traditional administration of the formulation.[10] The inclusion of Pradarantaka Lauha was particularly considered relevant where abnormal discharge was accompanied by weakness or features suggestive of Rakta Dhatu depletion. However, the assumption that leucorrhoea itself necessarily causes anaemia should be avoided unless supported by laboratory findings. Therefore, any haematinic benefit should be interpreted on the basis of individual haemoglobin and other relevant laboratory parameters rather than presumed universally.

Local Yoni Prakshalana was incorporated to provide direct local management of the vaginal symptoms. In the present protocol, Triphala and Lodhra Churna were used for preparing the cleansing solution. The preparation was administered as a cold infusion. Triphala is possessing Kashaya Rasa and Tridosha Shamaka properties and is widely used in Ayurvedic practice for its Vrana Ropana and Stambhana actions. These properties provide a traditional rationale for its use in local cleansing and supportive management of abnormal vaginal discharge. Lodhra is described as predominantly Kapha-Pitta Shamaka and is traditionally indicated in Pradara.[11] Its Kashaya nature and Stambhana action may be relevant to conditions associated with excessive discharge. Yoni Prakshalana was incorporated as a local component of treatment, complementing the systemic effects intended through Nitya Virecana and Shamana Aushadhi. The combined approach was designed to address the condition at multiple levels—systemic purification, internal pacification and local vaginal care. The improvement observed in the present case series may therefore reflect the cumulative contribution of these therapeutic components; however, because the interventions were administered together, the independent contribution of each component cannot be determined from this case series alone.

CONCLUSION

The present case series suggests that an integrated Ayurvedic approach combining Nitya Virecana with Trivrit Avaleha, Shamana Aushadhi with Pradarantaka Lauha and Yoni Prakshalana using Triphala and Lodhra may be beneficial in the management of Swetapradara (leucorrhoea). Following 21 days of treatment, consistent clinical improvement was observed across the assessed parameters, particularly in Kandu (itching), Alpa Vedana (pain), Picchilata (sliminess), Pandu Varna (whitish discharge) and Durgandha (foul odour), with an overall mean reduction of approximately 45.9% in the clinical symptom score. The findings indicate that a therapeutic strategy incorporating Shodhana, Shamana, and local Yoni Chikitsa may address the condition through complementary systemic and local mechanisms. However, the small sample size, absence of a control group and short follow-up limit the generalizability of these observations. The encouraging clinical response warrants further evaluation through larger, well-designed controlled clinical studies with validated outcome measures and longer follow-up to establish the efficacy and safety of this integrated Ayurvedic approach in Swetapradara.

INFORMED CONSENT

Informed consent was obtained from the patient.

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