

SHWETAPRADAR MANAGEMENT ACCORDING TO AYURVEDA -A CASE REPORT

Tejaswini Sonawane^{1*}, Vidya Sarode² and Mangesh Jarange³

¹PG Scholar Striroga and Prastutitantra Dept. Ashvin Rural Ayurved College Manchi Hill,
Sangamner, Maharashtra.

²HOD Striroga and Prastutitantra Dept. Ashvin Rural Ayurved College Manchi Hill,
Sangamner, Maharashtra.

³Guide Mangesh Jarange Striroga and Prastutitantra Dept. Ashvin Rural Ayurved College
Manchi Hill, Sangamner, Maharashtra.

Article Received on
26 September 2024,

Revised on 16 October 2024,
Accepted on 06 Nov. 2024

DOI: 10.20959/wjpr202422-34537



***Corresponding Author**

Dr. Tejaswini Sonawane

PG Scholar Striroga and
Prastutitantra Dept. Ashvin
Rural Ayurved College
Manchi Hill, Sangamner,
Maharashtra.

ABSTRACT

Shwet pradar is one of the most common and burning problem faced by the women regardless of age or social background. Many of the gynecological diseases presents shweta pradara as a symptom which if neglected may lead to infection and disturbing women's mentality. Shweta pradara with foul's smell and itching makes woman embarrassing into social places and affecting the personality of women. It affects concentration and efficiency of women causes disturbance of sleep. Shwet pradara is a symptom not a disease hence its etiopathogenesis would coincide with that of primary illness. It is an Apan vayu regional kaphaj diseases. White discharge can also result from infections in uterus and vagina caused by certain organism many treatment modalities are available for this problem but they are not free from side effects so the present study has been designed to cure and prevent the symptoms by giving

sthanik chikitsa and abhyantar shaman aushadhi With the foregoing regimen patient had significant symptom alleviation.

KEYWORDS - Shwetapradara, White discharge, Sthanik chikitsa, Leucorrhoea.

INTRODUCTION

Health is being neglected due to physical and mental double dilemma of women while

fulfilling their responsibilities at home and outside. Changing lifestyle and lack of time are definitely affecting women's health, that's why various gynecological diseases are being faced, mainly including vaginal diseases. It is important to have a healthy reproductive system in various stages of a woman's life. To maintain this health and sure remedies for arising diseases are mentioned in ayurveda classics.

Vaginal infections occur from adolescence to menopausal age. Women's vaginal health is just as vital as her general health. A healthy yoni is essential to women's ability to live a safe, healthy and confident life. In the ancient scriptures of Ayurveda, no mention of any system disease is found in the name of leucorrhoea. The symptoms of Kaphaja or Sleshmaja vagina that the authors have mentioned while describing the yonipadas certainly seem to be similar to the symptoms of leucorrhoea. According to them, the leucorrhoea is loose, cold, irritable and has little pain and a pale coloured viscous discharge keeps coming out of it.

Puya and purulent secretion are the symptoms of Pittaj vaginas. Ayurvedic treatises—the phrase "Shweta Pradara" is not mentioned. Whatever the case, Shweta pradara is described by Chakra panidatta, the commentator of the Charaka Samhita, as pandu pradara(1), and by Indu, the commentator of the Ashtanga Sangraha, as shukla asrigdara.(2,)and description of shweta pradara given in Sharangadhara Samhita (3), Bhava Prakash, (4) Yoga Ratnakara (5) in the context of yoni srava.

Objective

To study the effect of ayurvedic management on shwetapradara.

METHODOLOGY

Case study

A 31-year-old female patient came to the O.P.D. at our institute in Stree rog- Prasutitantra Department. She presented herself with the following complaints since last 4 months she had taken treatment at different places but didn't get satisfactory relief in complaints.

- Yonigata Shweta srava (Vaginal white discharge)
- Kati shula (Low back ache),
- Yoni Kandu (Itching at vulva) since last six months
- Yoni daha (Burning of vulvar region)

Patient details**Past history**

No any history of major illness like HTN, DM, etc.

Family history

No any paternal or maternal history.

Personal History -Occupation: teacher

Lifestyle: Sedentary

Food habit: Irregular, junk food,

Diet: Veg

Appetite: Moderate

Bowel: Not clear

Micturition: 7-8 times per day

Sleep: disturb

Habits: Intake of tea, 4-5 times.

Menstrual/Obstetric history

Age of menarche - 13 years

Menstrual cycle-4-5 days/

Menstrual flow - 2-3 pads per day

Cycle duration -26-30 days.

-No pain during flow

Menses regularity - Regular.

Marital history - Before 9 years,

Obstetrics history

Parity: 2, Live: 2, Abortion: 0, Death: 0.

P1: 7 Year female Full-term normal delivery

P2: 4 Year Male Full-term normal delivery withEpisiotomy.

H/O Contraception -not used since last 4 months

General examination

Temp-98°F. (afebrile)Pulse rate = 74/min

Blood pressure = 130/70 mm of Hg

Respiratory rate = 21 / min

Height 151 cm

Weight = 59 Kg

Pallor=Mild

Ashtavidha pariksha

Nadi=76/min

Mala= Samyaka

Mutra =Alpa Sadaha Mutrata

Jivha =Alpa Saama

Shabda =Spashta

Sparsha =Anushna

Druka =Prakruta

Aakruti =Madhyama

Dashavidha pariksha

Prakruti= Vatakhapaj

Vikruti= NAD

Sara =Madhyama

Samhanana = Madhyama

Satva = Alpa

Satmya =Sarva Rasa Satmya

Pramana =Madhyama

Aahara Shakti = Madhyama

Vyayama Shakti = Madhyama Vaya 31 years.

Examination of system

RS - B/L chest clear airway entry, breathing entry clear

CVS -S1 S2 heard No murmur, No any abnormality

CNS- all superficial reflexes are intact pt is Conscious, Oriented,

Investigations

HIV, HbsAg = Non-reactive

CBC = Haemoglobin 10 gm/dl

Blood group = B +ve

Urine examination = Clear, Occasionally Puscells, NAD

VDRL NAD.

Per Speculum Examination

White thick curdy discharge, Foul smelling,

Per vaginal examination

Uterus anteverted, mobile B/L Fornix non-tender.

Samprapti

Shweta Pradara is caused by certain dietary and lifestyle factors that disturb the balance of the body's energies, mainly Kapha and Vata. Eating foods that are abhishyandi in nature can increase Kapha, while ruksha ahara, along with stress, can aggravate Vata. These imbalances lead to a manda Jatharagni, which causes the formation of Ama. These Ama accumulate in the Amashaya and start affecting the Rasa Dhatu.

Since Artava is a upadhatu of Rasa, when Rasa is affected, so is Artava, leading to Artavaha strotodushti. Recurrence of Shweta Pradara is common due to factors like Ati Maithuna and other habits. There are several factors affecting physiological leukorrhea, namely age (prepubertal, reproductive, post-menopausal), hormones (hormonal contraception, hormonal cycle changes, pregnancy), and local factors such as menstruation, post-partum, malignancy, semen, and personal hygiene habits.

Hormonal effects on normal vaginal flora are important for differentiating physiological and pathological discharges. During reproductive age, vaginal bacteria are dominated by lactobacilli in the form of gram positive, facultative anaerobic *Lactobacillus acidophilus* but the absence of *Lactobacillus* does not mean that it causes abnormalities in the vagina.

Samprapti ghataka

- Dosha: Kapha, Vata
- Dushya: Rasa, Mamsa;
- Strotasa: Rasavaha, Artavavaha;
- Marga: Abhyantatar;
- Mahabhuta: Pruthwi, Jala;
- Udbhavasthana: Pakvashayasamutthaja;
- Samprapti prakar: Atistrava, Vimarga gamana. Shweta Srava (Vaginal White Discharge)

Assessment criteria**A) Vaginal discharge**

0-No vaginal discharge

1-Mild - slight wetting undergarments.discharge, vulva moistness

2-Moderate discharge, wetting of undergarments

3-Severe - Heavy discharge which needs Vulva pads

B) Katishoola (Backache)

0-No pain

Mild - Can withstand pain

Moderate – Cannot withstand pain and affect routine work

Severe - Cannot withstand Pain & Bed ridden.

C) Yoni Kandu (Itching of vulva)

0- No itching

1- Mild – Slight rub.

2- Moderate – Instant rub causing redness.

3- Severe – Continuous rub causing redness.

D) Yoni daha (Burning of vulvar region)

0- no burning

1– Mild occasional burning

2– Moderate-frequent burning

3– Severe- countinuous burning.

Ayurveda Management**Table no. 1. Stanika Chikitsa.**

	Medicine	Procedure name withduration	Duration
1.	Triphala kwath	Yonidhavan	15 days
2.	Panchawalkal churna	Yonipichu	15 days

Table no. 2: Abhyantar shaman chikitsa.

	Medicine	Dose and anupan	Duration
1.	Pushyanug churna	5gm OD apane withtandulodak	15 days
2.	Gandhak rasayana	250mg BD apane	15 days
3.	Kamadugdha rasa	250mg BD apane	15 days

Pathya

a) Ahara - Supachya ahara, Salichya lahya, Fulke, Mugdala khichadi, Bhakari.

b) Vihara

1. Maintain hygiene of vagina and surrounding parts
2. Wearing clean and well dried (Under sunrays) undergarments.

Apathya

a) Ahara-Meat, fish, eggs, sweets, culinary dishes, onions, garlic, hot spices, pickles, sour, fried and roasted items, potatoes, sweets and all hot, dry, heavy and wind-causing items should be avoided.

b) Vihara- 1. Sexual intercourse and erotic situations should be avoided during the treatment period.

The more simple, controlled and sattvik the diet and lifestyle is, the more it will be easy to gain health.

OBSERVATION AND RESULT

The treatment was continued until all the symptoms subsided. The patient followed abhyantar chikitsa, Yoniprakshalan, and Yonipichu on time, along with adhering to the pathya and apathya, which led to a quicker reduction in symptoms. The patient experienced relief from symptoms like vaginal discharge, lower back pain, and foul-smelling vaginal discharge.

	Symptoms	Before treatment	After treatment
1.	Yonigat shwet strava	3	1
2.	Katishool	3	1
3.	Yonikadu	3	1
4.	Yonidaha	3	1

DISCUSSION

In shwetapradara dosha dusti occurs by kapha with snigdha and picchila guna with anubandha of vata by chala guna and pitta by with anubandha of vata by chal Guna and pitta by drava, visra, and sara Guna. These vitae dosha enters to yoni and garbhashaya to causes yonistrava additional to this tasa dhatvagnimandya was present for these the treatment modalities should include kafashamak, kashay rasatmak, sthambak. As it contains Tridosha, Stambaka, Kashaya rasatmaka, Vrana Ropana, and an antimicrobial, Triphala Kashaya Yoni prakshalana is described as Shamana Chikitsa helping to lessen the symptoms and boost local immunity.^[6] Pancha valkal churna is used

for stanika chikitsa (yoni pichu), these drug having the qualities of stambhana, kashaya rasa, sotha hara and kapha shamak. It absorbs excessive strava in yoni by its stambhana property. All the dravya in Panchavalkala churna are kashaya rasa, sita guna predominance, that pacified the excessive srava of yoni.^[7] Panchavalkala douche has been studied, in the group of leukorrhea and showed significant symptomatic relief.^[8] Pushyanuga churna mainly Kashaya Rasa. This Rasa is formed by the conjugation of Prithvi and Vayu Mahabhuta. Prithvi by virtue of its Kathina Guna is opposite to Drava Guna and Sthira in quality and Vayu is Ruksha in quality. So, Kashaya Rasa by virtue of its Guna restrains Srava.^[9] Gandhak is Ushna Veeryatmaka and Katu Rasa Vipaki so acts as best Kaphaghna and Kledaghna and kaduhna.^[10] Gandhak rasayan is considered a wide spectrum antimicrobial agent with antifungal and antibacterial properties. It helps in reducing redness and itching. It also helps in vulvitis and white discharge. As kamdugdha ras dravya have kashaya rasa help in stambhana of srava, sheet virya help to reduce yonidaha, and tridosha shamak properties it helps in to reduce aggravated tridosha.^[11,12,13]

CONCLUSION

There is a similarity between Shwetapradara and leucorrhoea. In Shwetapradara, symptoms like excessive vaginal discharge, katishul, and yonidaurgandhya were relieved within 15 days. Due to the predominance of Kapha, substances that are kashaya rasatmak, ruksha, stambhak, kaphashamak were used. panchavalkal churna pichu, yonidhavan by triphala kwath, pushyanug churna, kamdugdha ras, gandhak rasayana were significantly found to be effective in the patient.

ACKNOWLEDGMENT

Nil.

Conflicts of interest

Nil.

Source of Finance & Support

Nil.

REFERENCES

1. Jadavaji Trikamji Acharya. Charaka Samhita of Acharya Agnivesa with Ayurveda Dipika Commentary by Chakrapanidatta. Chikitsa Sthana, Edition. Varanasi;

- Chaukhamba Surbharati prakashan, 2000; 639: 30-116, 1.
2. Shivprasad Sharma. Astanga Samgraha of Vrddha Vagbhata with shashilekha Commentary by Indu. Uttarasthana, Edition. Varanasi; Chaukhamba Sanskrit Series Office, 2008; 839: 39-96, 1.
 3. Parasurama Sastri Vidyasagar. Sharangadhara Samhita of Acharya Sharangadhara with Commentary -Adh am all as Dipika and Kashiramas Gudhartha Dipika. Prathama Khanda, Edition. Bombay; Tukaram Javaji, proprietor of Nirnaya-sagar press, 1931; 127; 7, 177-179, 1.
 4. Brahma Sankara Misra. Bhavaprakasha of Sri Bhavamishra with Vidyotini Hindi Commentary. Stri Roga Adhikara. Edition. Benares; Chowkhamba Sanskrit Series Office, 1941; 799: 70-13, 1.
 5. Krishna Sharma. Yoga Ratnakara. Yonivyapad roganaam chikitsa Edition. Bombay; Tukaram Javaji, proprietor of Nirnaya-sagar press, 1907; 451: 11-1.
 6. Acharya YT. Charaka Samhita of Acharya Agnivesa with Ayurveda Dipika Commentary by Chakrapanidatta. Chikitsa Sthana, Edition. Varanasi; Chaukhamba Surbharati prakashan, 2000; 6: 30, 117-120, 1.
 7. Jaymala Shirke, editor. Ayurvediya Strirogavigyan, Pune: Tathagat Prakashan, 2003; 1: 159.
 8. Ashok DBV, Raut AA. The review article 'Evidence-based Ayurved-Sorting Fact from Fantasy. Innovative Approaches in Drug Discovery, chapter, 2017; 4: 89–12.
 9. Acharya Charaka¹ has mentioned Kashaya Rasa as having pharmacological properties like Stambhana and Kaphanashaka. So, by this way also Kashaya Rasastops Srava.
 10. Gopal Krishan. Rastantrasaar va Sidhaproyag Samgrah, reprint edition. Rajasthan; Krishan Gopal Ayurved Bhawan, 2013; 1: 225-228.
 11. Vaidya Shamrao Dhonodopant Kulkarni, Ayurvediya Rasaaushadhi Nirman, First Edition, Continental Prakashan Vijay Nagar Colony, Pune, 1981; 8: 243-244.
 12. Vaidya Shamrao Dhonodopant Kulkarni, Ayurvediya Rasaaushadhi Nirman, First Edition, Continental Prakashan Vijay Nagar Colony, Pune, 1981; 3: 71-73.
 13. P. V. Sharma, Dravya Guna Vidnyana, Reprint Edition Ch Rasayana, Chaukhamba Bharti Academy, Varanasi, 2005; 2: 761-763.