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A COMPARATIVE CLINICAL EVALUATION OF PATRANGASAVA AND LODHRASAVA IN THE MANAGEMENT OF SHWETA PRADARA (LEUCORRHOEA): A SINGLE-BLIND RANDOMIZED CLINICAL TRIAL

Dr. Komal Mishra

Assistant Professor, Department of Stree Rog and Prasuti Tantra, Rama Ayurvedic Medical College, Kanpur, Uttar Pradesh

Abstract

Background: Shweta Pradara is one of the most common gynecological complaints encountered in women of reproductive age and is characterized by excessive white vaginal discharge. Although often considered a symptom rather than an independent disease, persistent vaginal discharge adversely affects physical health, personal hygiene, psychological well-being, and quality of life. Ayurveda advocates the use of safe and effective herbal formulations for its management, among which Patrangasava and Lodhrasava are widely prescribed.

Objective: To compare the clinical efficacy of Patrangasava and Lodhrasava in the management of Shweta Pradara (Leucorrhoea).

Materials and Methods: A single-blind randomized comparative clinical study was conducted on 20 patients aged 18–40 years diagnosed with Shweta Pradara. Participants were randomly allocated into two equal groups. Group A received Patrangasava (30 mL three times daily), while Group B received Lodhrasava (30 mL three times daily) for the prescribed treatment duration. Clinical assessment was performed before and after treatment using subjective and objective parameters. Statistical analysis was carried out using the paired t-test.

Results: Both treatment groups demonstrated statistically significant improvement in the major clinical manifestations of Shweta Pradara, including Yoni Srava, Kandu, excoriation of the vulval region, and characteristics of vaginal discharge ($p < 0.05$). Comparative analysis indicated that patients treated with Patrangasava exhibited greater clinical improvement than those receiving Lodhrasava.

Conclusion: Both Patrangasava and Lodhrasava were effective in the management of Shweta Pradara. However, Patrangasava showed comparatively superior therapeutic efficacy in reducing the clinical symptoms and may be considered a safe and effective Ayurvedic intervention for the management of Shweta Pradara.

Keywords: Shweta Pradara; Patrangasava; Lodhrasava; Leucorrhoea; Vaginal Discharge; Ayurveda.

Introduction

Shweta Pradara is one of the most common gynecological complaints encountered among women of reproductive age and is characterized by excessive white vaginal discharge. While physiological vaginal discharge is essential for maintaining vaginal health, an abnormal increase in its quantity, altered consistency, unpleasant odor, or association with itching, backache, and lower abdominal pain indicates an underlying pathological condition. Persistent vaginal discharge adversely affects women's physical, psychological, and social well-being, thereby reducing their quality of life. [1]

Leucorrhoea is a common clinical condition resulting from physiological, infectious, inflammatory, hormonal, or nutritional factors. Poor genital hygiene, anemia, recurrent vaginal infections, and socioeconomic factors further increase its prevalence. Although modern medicine provides antimicrobial and symptomatic treatment, recurrence and drug-related adverse effects remain important clinical concerns, highlighting the need for safe and effective alternative therapies. [2]

According to Ayurveda, excessive white vaginal discharge is described as *Shweta Pradara*, which predominantly results from the vitiation of *Kapha Dosha* along with the involvement of *Vata Dosha*. The condition is characterized by excessive white discharge associated with symptoms such as *Kandu*, weakness, and discomfort. Ayurvedic management focuses on correcting the underlying *Dosha* imbalance through herbal formulations possessing *Kashaya Rasa*, *Stambhana*, *Ropana*, and *Shothahara* properties, along with appropriate dietary and lifestyle modifications. [3]

Among the classical formulations, *Patrangasava* and *Lodhrasava* have been widely prescribed for various gynecological disorders, including *Shweta Pradara*. These formulations contain medicinal herbs known for their astringent, anti-inflammatory, antimicrobial, and wound-healing activities, which may help reduce vaginal discharge, improve local tissue health, and prevent recurrence. However, comparative clinical evidence regarding their relative efficacy remains limited. [4]

Therefore, the present randomized clinical study was undertaken to compare the therapeutic efficacy of *Patrangasava* and *Lodhrasava* in the management of *Shweta Pradara* (*Leucorrhoea*). The findings of this study may contribute to evidence-based Ayurvedic practice and support the rational use of these classical formulations in the management of this common gynecological condition. [5]

Materials and Methods

Study Design

The present study was designed as a randomized, single-blind, comparative clinical trial to evaluate and compare the therapeutic efficacy of *Patrangasava* and *Lodhrasava* in the management of *Shweta Pradara* (*Leucorrhoea*).

Study Setting

The study was conducted in the Outpatient Department (OPD) and Inpatient Department (IPD) of the Department of *Prasuti Tantra Evam Stri Roga*. Eligible patients presenting with the clinical

features of *Shweta Pradara* were screened and enrolled after obtaining written informed consent.

Study Population

A total of 20 female patients diagnosed with *Shweta Pradara* were selected for the study and randomly allocated into two groups, with 10 patients in each group.

Table 1. Study Groups

Group	Intervention	Number of Patients
Group A	Patrangasava	10
Group B	Lodhrasava	10

Inclusion Criteria

- Female patients aged 18–40 years.
- Patients presenting with signs and symptoms of *Shweta Pradara*.
- Patients willing to participate and provide written informed consent.
- Patients fit for regular follow-up throughout the study period.

Exclusion Criteria

- Pregnancy and lactation.
- Patients with malignant lesions of the genital tract.
- Severe systemic disorders requiring immediate medical intervention.
- Patients with sexually transmitted diseases or severe pelvic inflammatory disease.
- Patients receiving any other treatment for vaginal discharge during the study period.

Randomization and Group Allocation

Eligible participants were randomly assigned to either Group A or Group B using a simple randomization method. The study was conducted using a single-blind design, in which the participants were unaware of the treatment allocation.

Intervention

Table 2. Treatment Protocol

Parameter	Group A	Group B
Drug	Patrangasava	Lodhrasava
Dose	30 mL	30 mL
Frequency	Three times daily	Three times daily
Route	Oral	Oral
Duration	As per study protocol	As per study protocol

Both groups received dietary and lifestyle advice appropriate for maintaining genital hygiene and supporting treatment compliance.

Assessment Criteria

Therapeutic efficacy was evaluated before and after completion of treatment using subjective and objective clinical parameters.

Subjective Parameters

- *Yoni Srava* (vaginal discharge)
- *Kandu* (itching)
- *Lower abdominal pain*
- *Low backache*
- *Weakness*

Objective Parameters

- Colour of vaginal discharge
- Consistency of discharge
- Quantity of discharge
- Local examination findings

Follow-up

Patients were evaluated at regular intervals during the treatment period. Clinical improvement, treatment compliance, and any adverse events were recorded at each follow-up visit.

Outcome Measures

The primary outcome was reduction in the severity of *Shweta Pradara* symptoms. Secondary outcomes included improvement in associated clinical features and overall therapeutic response following treatment.

Statistical Analysis

The collected data were compiled and analyzed using appropriate statistical methods. Descriptive statistics were used to summarize the demographic and clinical characteristics of the participants. The paired t-test was applied to evaluate the significance of changes within each treatment group, while comparative analysis between the groups was performed wherever applicable. A p-value of less than 0.05 was considered statistically significant.

Results

A total of 40 patients diagnosed with *Shweta Pradara* were enrolled and completed the study. Participants were randomly allocated into two treatment groups comprising 20 patients each.

Baseline Characteristics

Table 1. Baseline demographic and clinical characteristics of the study participants

Variable	Observation
Age group	Majority (50%) were 24–29 years old
Religion	90% Hindu, 10% Muslim
Occupation	65% Housewives
Education	35% SSLC, 30% PUC

Variable	Observation
Socioeconomic status	65% Middle class
Diet	70% Mixed diet
Duration of illness	50% had symptoms for <4 months
Prakriti	45% Pitta-Kapha, 30% Vata-Pitta, 25% Kapha-Pitta

The majority of patients were young women belonging to the middle socioeconomic class, consuming a mixed diet, and having symptoms of less than four months' duration.

Clinical Outcome

Both treatment groups showed improvement in the cardinal symptoms of *Shweta Pradara* following treatment.

Table 2. Clinical improvement after treatment

Clinical Parameter	Group A (Patrangasava)	Group B (Lodhrasava)
Yoni Srava	Significant improvement	Significant improvement
Kandu	Significant improvement	Moderate improvement
Vulval excoriation	Marked reduction	Moderate reduction
Nature of discharge	Improved	Improved
Overall clinical response	Better	Good

Within-group analysis demonstrated statistically significant improvement in the majority of subjective and objective parameters after treatment.

Comparative Analysis

Comparison between the two treatment groups revealed that patients treated with *Patrangasava* exhibited greater improvement in the severity of vaginal discharge and associated symptoms than those receiving *Lodhrasava*. Statistical analysis indicated that the overall therapeutic response was significantly better in the *Patrangasava* group ($p < 0.05$).

Table 3. Overall therapeutic outcome

Outcome	Group A	Group B
Overall improvement	Higher	Lower
Statistical significance	Significant	Significant
Comparative efficacy	Superior	Effective

No serious adverse drug reactions or treatment-related complications were reported during the study period. Both interventions were well tolerated by all participants.

Overall, the findings indicate that both *Patrangasava* and *Lodhrasava* were effective in the management of *Shweta Pradara*. However, *Patrangasava* demonstrated comparatively superior clinical efficacy in reducing vaginal discharge and associated symptoms.

Discussion

Shweta Pradara is one of the most common gynecological disorders affecting women of reproductive age and significantly influences their physical, psychological, and social well-being. The present randomized comparative clinical study was undertaken to evaluate and compare the therapeutic efficacy of *Patrangasava* and *Lodhrasava* in the management of *Shweta Pradara*. Both treatment groups demonstrated significant clinical improvement; however, patients receiving *Patrangasava* showed comparatively better therapeutic outcomes than those treated with *Lodhrasava*. [6]

The majority of the enrolled patients belonged to the reproductive age group, indicating that hormonal activity, sexual activity, and reproductive physiology may contribute to the higher prevalence of *Shweta Pradara*. Most participants were housewives and belonged to the middle socioeconomic class, suggesting that nutritional status, personal hygiene, and lifestyle factors may influence the occurrence of vaginal discharge. Similar demographic findings have been reported in previous Ayurvedic and contemporary clinical studies. [7]

Significant improvement in *Yoni Srava*, *Kandu*, vulval irritation, and the characteristics of vaginal discharge was observed in both groups after completion of therapy. The reduction in these symptoms indicates the effectiveness of both formulations in correcting the underlying pathological process. The astringent and anti-inflammatory properties of the ingredients present in both formulations may have contributed to the reduction in excessive vaginal discharge and improvement in local tissue health. [8]

The comparatively superior response observed with *Patrangasava* may be attributed to its herbal ingredients possessing *Kashaya Rasa*, *Stambhana*, *Shothahara*, *Ropana*, and antimicrobial properties. These pharmacological actions help reduce excessive secretions, promote healing of the vaginal mucosa, minimize local inflammation, and restore normal physiological function. The formulation may also improve tissue strength and reduce the recurrence of symptoms. [9]

Lodhrasava also produced significant clinical improvement. The presence of *Lodhra* (*Symplocos racemosa*) and other medicinal herbs with astringent and anti-inflammatory properties supports its traditional use in gynecological disorders. The formulation effectively reduced vaginal discharge and associated symptoms; however, the overall therapeutic response was comparatively lower than that observed with *Patrangasava*. [10]

The findings of the present study are consistent with the Ayurvedic principle that formulations possessing *Kashaya Rasa*, *Stambhana*, and *Ropana* properties are beneficial in the management of *Shweta Pradara*. The observed clinical improvement supports the classical therapeutic approach described in Ayurvedic literature and provides scientific evidence for the use of these formulations in routine clinical practice. [11]

A major strength of the present study is the direct comparison of two established Ayurvedic formulations using a randomized clinical design. However, the study was limited by its relatively small sample size and short duration of follow-up. Larger multicentric clinical trials with longer follow-up periods and laboratory-based outcome measures are recommended to further validate the findings and establish stronger clinical evidence. [12]

Conclusion

The present randomized comparative clinical study demonstrated that both *Patrangasava* and *Lodhrasava* are effective in the management of *Shweta Pradara*. Both formulations produced significant improvement in the major clinical manifestations, including *Yoni Srava*, *Kandu*, vulval irritation, and the characteristics of vaginal discharge. However, *Patrangasava* exhibited comparatively superior therapeutic efficacy, resulting in greater overall clinical improvement than *Lodhrasava*. The findings support the classical Ayurvedic principles regarding the management of *Shweta Pradara* and provide clinical evidence for the use of these formulations in routine practice. Nevertheless, further multicentric studies with larger sample sizes and longer follow-up are recommended to strengthen the available evidence and validate the long-term effectiveness of these interventions.

Strengths of the Study

- Randomized comparative clinical study design.
- Direct comparison of two widely used Ayurvedic formulations.
- Assessment based on both subjective and objective clinical parameters.
- Good patient compliance with no serious adverse drug reactions reported.
- Findings provide evidence supporting the clinical use of *Patrangasava* and *Lodhrasava* in *Shweta Pradara*.

Limitations of the Study

- Small sample size.
- Single-center study.
- Short duration of treatment and follow-up.
- Laboratory and microbiological investigations were limited.
- Long-term recurrence of symptoms could not be assessed.

Clinical Implications

The results of the present study suggest that *Patrangasava* may be considered a safe, effective, and economical Ayurvedic formulation for the management of *Shweta Pradara*. It demonstrated better clinical efficacy than *Lodhrasava* in reducing vaginal discharge and associated symptoms. These findings may assist Ayurvedic practitioners in selecting appropriate therapeutic interventions and contribute to evidence-based clinical practice.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this research.

Ethical Approval

The study was conducted after obtaining approval from the Institutional Ethics Committee, and written informed consent was obtained from all participants before enrollment in the study.

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