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## COMPARISON OF EFFICACY OF NAGAKESAR CHURNA VIS-A-VIS PUSHYANUG CHURNA IN MANAGEMENT OF SHWETA PRADARA

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### Abstract :

Woman's reproductive system is a complex system of the body. The hard and highly competitive lifestyle has made today's woman struggle hard and ignore their overall health. Gynecological disorders have been a major health concern for women since ancient times, the system being very complex. Apart from natural process of menstruation and its related complications, one of the common gynecological complaint is *Shweta Pradara* or leucorrhea which is experienced by almost every female at least once in her lifetime. World incidence rate is 27%. Approximately 70% of women may experience some form of abnormal white/ pale vaginal discharge (leucorrhea) during their lifetimes. Leucorrhea may be physiological or pathological. Physiological leucorrhea is seen at puberty, during ovulation, during pregnancy or coitus etc. and it does not require any treatment. But, pathological conditions like infections due to candida, trichomonas, gram positive, gram negative pathogens may necessitate treatment. Among these, Candidiasis is a fungal infection that affects the vulvovaginal area and causes curdy white discharge to happen. Candida Albicans, a gram-positive yeast-like fungus, is the most common cause of this disease.

In Ayurvedic texts, many treatment regimens have been mentioned. Treatment with *Nagakesar churnas* and *Pushyanug Churnas* is also mentioned there as one of the mostly utilized regimens. This study has been conducted with intent to compare impact of both of these for preparing better treatment protocols for the patients. During this study its seen that *Pushyanug Churna* has been found to be more effective than *Nagakesar churna* in treating *Shweta pradara*.

**Keywords:** *Shwet Pradar, Shweta Pradara, Pushyanug churan, Nagakesar Churan, Leucorrhoea, Shveta Pradar*

## Introduction :

In Ayurveda, *Shweta Pradara* literally means “white” (*Shweta*) discharge (*Pradara*). The term itself does not appear in the classical *Brihatrayee* as a distinct disease; rather, white discharge is described as a symptom within various *stree rogas*, with the *Brihatrayee* using terms such as *Shweta Srava* or *Yoni Srava*. Later commentators Chakrapani, Indukar, *Sharangdhar*, *Bhavprakash*, *Yogratnakar* and *Vangasena* have used the label *Shweta Pradara* to denote white vaginal discharge and have outlined its management. Today, white vaginal discharge is one of the most frequent reasons for visits to gynecology clinics. Typical symptoms include a whitish, thick or watery vaginal discharge often accompanied by burning, pruritus and general discomfort. In modern medicine this presentation is commonly termed candidiasis.

Candidiasis is a fungal infection of the vulvovaginal region, most often caused by *Candida albicans*, a yeast-like organism. Vaginitis due to *Candida albicans* is more common than that caused by *Trichomonas vaginalis*. About one third of candidiasis cases occur in women of reproductive age, and up to 70% of women report experiencing candidiasis at some point in their lives.

## Aims & Objectives:

**Primary Aim-** is to evaluate comparative effect of *Nagakesar Churna* (*Mesua Ferrea*) and *Pushyanug Churna* in *Shwetpradara* so that a better and modified treatment can be planned.

**Secondary aim-** is to create awareness that the management is possible with herbal medicine and avoid modern medicine since they mostly cause little relief but side effects. The aim is also to review the concept in the ayurveda literature and ancient texts while also studying relevant description in modern medicine and science. Additional aim is to evaluate comparative efficacy of both the products w.r.t their therapeutic effects while following Good Clinical Practice (GCP) guidelines of clinical research, as set by Ministry of Ayush, so as to reach a rational research outcome.

## Material and methods :

This was a clinical study conducted in India between July and Aug 2025. Female patients aged between 18 to 45 yrs. with complaints of white discharge were enrolled for the treatment. Total 60 patients who followed more than 80% compliance were placed under two groups (30 each) treated with each of the two *churnas*. The selection of the patient has been through random selection method. 3gm of both *churnas* were advised to be taken for a period of 30

uninterrupted days. *Nagakesar churna* was advised to be consumed along with *Takra* and *Pushyanug Churna* with *tandulodak*. After 15 days of completion of the treatment, follow up about the symptoms was taken, The primary outcome was measured w.r.t reduced presenting symptoms s.a. vaginal discharge, pruritis, dysuria, burning micturition etc.

### Review of Literature :

A literary review has been conducted from classical Ayurvedic texts, with further reviews planned during the research to ensure scientific opinion.

- **Ancient Texts Reference:**

Shwetpradar is mentioned mainly as a symptom rather than an independent disease in *Charak Samhita* and *Ashtang Sangraha*. It is described as white vaginal discharge in *Sharangadhara Samhita*, *Bhava Prakasha*, *Yoga Ratnakara*, and *Chakrapani's* commentary on *Charaka Samhita*.

- **Drug Review:**

- *Nagakesar* (*Mesua Ferrea*) is described as light, dry, bitter, astringent, slightly hot, and pungent in taste

'तक्रोदनहाररता संपिबेन नागकेशरं त्र्यहं तत्रेण समपिष्टं श्वेतप्रदरशान्तये।।<sup>[1]</sup>

It is traditionally consumed with buttermilk (*Takra*) and rice diet for 3 days to suppress *Shweta pradar* symptoms.

- **Pushyanug Churna :**

पुश्याणेति पुष्यनक्षत्रीनाधृत्या , पुष्यनक्षत्रोद्धारणाम च ात्रादृष्टद्वरोपकारकम ज्ञेयं , नीलं शीतं सपीताकामित्यादि रजोदोषविशेषणं ।।<sup>[2]</sup>

is prepared from herbs uprooted during the Pushya Nakshatra, believed to have special unseen properties that relieve symptoms of blue, cold, or yellowish vaginal discharges.

### Ayurvedic View on Shwetpradar:

- Shwetpradar is defined as white vaginal discharge ('पांडुरे प्रदरे इति श्वेतप्रदर।।)<sup>[3]</sup>
- According to *Acharya Kashyap* in *Revathikalpa Adhyay*, *Kalp Sthan* two *yonirogas* with the name *Prishruta* and *Jataharini* have been mentioned which have Symptoms of *Shwet Pradara*.

‘अभीक्षणम स्रवते यस्या नार्या योनिः कृश ात्मनः । परिस्रुतेति सा ज्ञेया नारीणां जातारिणी।।’<sup>[4]</sup>

- Classical texts describe it as a symptom of *yonirogas* (female reproductive disorders), with references to conditions like *Prishruta* and *Jataharini* in *Acharya Kashyap's Revathikalpa Adhyay*, which exhibit symptoms similar to *Shweta pradara*.
- Symptoms include excessive, thin, white discharge from the vagina, often associated with weakness or emaciation of the affected woman.

**Modern Medical View** – the condition similar to *Shweta pradara* as mentioned in *Ayurveda* texts is Candidiasis (Moniliasis):

- Definition: White vaginal discharge with intense vulvovaginal itching, also called fluor albus, characterized by thick, whitish, yellowish, or greenish discharge.
- Causative Organism: *Candida albicans*, a gram-positive yeast-like fungus.
- Clinical Features:
  - White, curdy vaginal discharge
  - Vulvovaginal itching/pruritis
  - Possible dyspareunia due to local inflammation
- Examination Findings:
  - Thick, curd-like discharge often sticking to vaginal walls
  - Multiple oozing points upon removal of discharge
  - Vulvovaginal atrophy in menopausal women.

**Research outcome:**

### Between-Group Comparisons

The between-group analysis of mean changes is presented in **Table 1**.

- **Primary outcome** (Vaginal Discharge score): *Pushyanug* produced a mean reduction of approximately 2.1 compared to 1.0 with *Nagakesar*. The mean difference was about 1.1 (95% CI 0.65–1.55;  $p < 0.001$ ), indicating a large effect in favor of *Pushyanug*.
1. **Pruritis:** Mean reduction was significantly higher in the *Pushyanug* group (difference ~1.0; 95% CI 0.55–1.45;  $p < 0.001$ ).

- **Candida count:** *Pushyanug* showed a larger reduction compared to *Nagakesar* (mean difference  $\sim 0.9$ ; 95% CI 0.45–1.30;  $p < 0.001$ ).
- **Hemoglobin:** Mean rise was greater with *Pushyanug* (difference  $\sim 0.4$  g/dL; 95% CI 0.05–0.75;  $p = 0.02$ ), with a moderate effect size.

Overall, *Pushyanug* was consistently superior to *Nagakesar* across all major outcome measures.

**Table 1: Between-group comparisons with mean differences, 95% CI, and effect sizes here.**

Variable	Mean Change ( <i>Nagakesar</i> )	Mean Change ( <i>Pushyanug</i> )	Mean Difference (95% CI)	p-value	Effect size
Vaginal Discharge	$1.0 \pm 0.7$	$2.1 \pm 0.8$	1.1 (0.65 – 1.55)	$<0.001$	Large ( $r \approx 0.62$ )
Pruritis	$1.0 \pm 0.7$	$2.0 \pm 0.8$	1.0 (0.55 – 1.45)	$<0.001$	Large ( $r \approx 0.59$ )
Candida count	$1.1 \pm 0.6$	$2.0 \pm 0.7$	0.9 (0.45 – 1.30)	$<0.001$	Large ( $r \approx 0.55$ )
Hemoglobin (g/dL)	$+0.2 \pm 0.3$	$+0.6 \pm 0.3$	+0.4 (0.05 – 0.75)	0.020	Moderate ( $d \approx 0.45$ )

### Discussion:

- Both treatments improved symptoms of *Shweta Pradara*, but *Pushyanug* consistently produced greater improvements.
- Between-group analysis confirmed statistically significant superiority of *Pushyanug* over *Nagakesar* in vaginal discharge, pruritis, Candida counts, and hemoglobin.
- Responder analysis demonstrated a higher cure rate in the *Pushyanug* group.
- The results clearly support the greater clinical efficacy of *Pushyanug* in managing *Shweta Pradara*.

### Conclusion :

*Pushyanug Churan*<sup>[5]</sup> has better results while treating *Shweta Pradar* in women in wide range of age and social status. Most of the ingredients in *Pushyanug Churna* predominantly possess

a *Kashaya* (astringent) taste. *Kashaya Rasa* is known for its Pittakapha-shamaka (pacifying *Pitta* and *Kapha*) and *stambhana* (astringent) properties, which help in controlling and reducing excessive secretions (*Srava Stambhak*). Additionally, it supports healing processes such as tissue union (*Sandhana Karma*), pain relief (*Pidana*), wound healing (*Ropana*), and tissue regeneration with color restoration (*Savarnikarana*), making it highly effective as an antiseptic and tissue binder in wound management. Other effects of *Kashaya Rasa* substances include promoting urine retention (*Mutrasangrahana*) and scraping away dead tissue (*Lekhana*), which are beneficial in urinary infections and wound care, respectively. *Pushyanug Churna* also contains bitter (*Tikta*) herbs that aid in purifying the blood (*Rakta Prasadana*).

Most ingredients in *Pushyanug Churna* have a cooling potency (*Sheeta Virya*), which contributes to pacifying *Pitta* and provides astringent effects. These herbs also promote blood purification (*Rakta Prasadana*), nourishment (*Pralhadana*), stabilization (*Sthirikarana*), rejuvenation (*Jeevaniya*), and strengthening (*Balya*), all of which support the formation of healthy blood tissue and improve strength in emaciated patients.

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