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PATRANGASAVA AND DARVYADI KWATHA: A CLINICAL STUDY IN THE MANAGEMENT OF SHWETA PRADARA W.S.R. TO LEUCORRHEA

***Dr. Reshu Singh[1], Dr. Jaiswal Nitesh Bharatlal[2]**

[1]P.G. Scholar, Department of *Prasuti Tantra Evum Stree Roga*, Major S.D Singh P.G. Ayurvedic Medical College & Hospital Bewar Road, Fatehgarh, Farrukhabad. U.P

[2]Guide and Associate Professor, Department of *Prasuti Tantra Evum Stree Roga*, Major S.D Singh P.G. Ayurvedic Medical College & Hospital Bewar Road, Fatehgarh, Farrukhabad. U.P

*Corresponding Author's Email - gangwarreshu@gmail.com

ABSTRACT

Shweta Pradara (Leucorrhoea) is characterized by whitish or yellowish vaginal discharge accompanied by itching, backache, and weakness. In modern medicine, it is often associated with infections or hormonal disturbances, whereas Ayurveda describes it as a *Yoni Vyapada* caused by vitiation of *Kapha* and *Vata doshas* and excessive *Kleda* (moisture). Ayurvedic management includes internal and external therapies like *Kwatha*, *Asava-Arishta*, and *Yoni Dhavana*. Among them, *Patrańgasava* and *Darvyadi Kwatha* are prominent formulations with *Kleda-Shoshana* and *Kapha-Vata Shamana* properties. This article reviews their Ayurvedic rationale, pharmacological significance, and available clinical evidence, highlighting their potential effectiveness in the management of *Shweta Pradara (Leucorrhoea)*.

Keywords: *Shweta Pradara*, Leucorrhoea, *Patrańgasava*, *Darvyadi Kwatha*, *Yoni Vyapada*.

INTRODUCTION

Leucorrhoea (commonly known in Ayurveda as *Shweta Pradara*) is characterised by a whitish or yellowish vaginal discharge, often associated with itching, backache, weakness,

burning sensation in the vulval region, and foul smell. Modern gynecology recognises that while physiological discharge is normal, persistent, excessive or pathological leucorrhoea may reflect infections, hormonal disturbance, irritative processes or other genital-tract disorders.

In Ayurvedic terms, *Shweta Pradara* is considered a *Yoni Vyapada* - a disorder of the female reproductive tract, typically attributed to vitiation of *Kapha* and/or *Vata doshas* and the accumulation of excessive *Kleda* (moisture), leading to abnormal discharge. Classical texts recommend a variety of internal and local therapies - including herbal decoctions (*Kwathas*), fermented preparations (*Asavas*/*Arishtas*), local cleansing (*Yoni Dhavana/Vasti*) and lifestyle-dietary modifications. Two frequently referenced internal therapies are *Patrańgasava* (a fermented herbal wine) and *Darvyadi Kwatha* (an herbal decoction consisting of herbs like *Darvi* and others). This article aims to review the rationale, pharmacology, available clinical evidence (especially for *Shweta Pradara*) of these preparations, and discuss their potential role in management of leucorrhoea.

Rationale & Ayurvedic perspective

Patrańgasava

- *Patrańga* (Citrus aurantium or perhaps other related species) is noted in Ayurvedic texts for properties such as *Kashaya (astringent)* and *Tikta (bitter) rasa*, with *Sheeta veerya* (cool potency) and ability to reduce *Kapha* and *Kleda*.
- The fermented preparation (*asava*) allows for better assimilation, deeper penetration and perhaps the digestive (*Deepana-Pachana*) and *Rasayana* (rejuvenative) effects which may help in root-correction of *dosha dusti* and thereby reduce pathological discharge.
- In *Shweta Pradara*, the abnormal white discharge is due to *Kapha* and *Kleda* accumulation; thus, a formulation reducing these could assist normalisation of yoni discharge.

Darvyadi Kwatha

- "*Darvi*" (Bergenia ligulata or similar) and other ingredients in the *Kwatha* are classically indicated for disorders of the urinary tract, haematuria, leucorrhoea and

bleeding disorders owing to *Rakta-Shodhaka (blood purifier)*, *Kleda-Shoshana (moisture-absorbing)*, *Vata/Kapha-Shamana* properties.

- A decoction is suitable for repeated dosing, systemic effect, and owing to its hot/medium *veerya* may help pacify *Kapha* and *Vata* in the pelvic region.
- While not always used specifically in classical texts for *Shweta Pradara* (in the published literature this may be less well documented), its use in nearby pathologies supports its rationale.

Mechanism (Pharmacological considerations)

Although modern pharmacology of these preparations is limited, some proposed mechanisms (based on constituent herbs) include:

- Reduction of microbial load (considering leucorrhoea often has an infective component) via antimicrobial phytoconstituents.
- Alteration of local mucosal environment (pH, moisture) reducing excessive *Kleda* or exudation.
- Anti-inflammatory, anti-oxidant, tissue-tonic effects helping restore vaginal mucosa health and resist recurrence.
- Improvement of general systemic strength (*Balya*, *Rasayana*) thereby improving host-resistance which may reduce recurrent leucorrhoea.

Available Clinical Evidence

Here we summarise the evidence relevant to these therapies in leucorrhoea (*Shweta Pradara*) or related disorders.

1. **Single-case study using *Patrangasava***
    - A case report titled "Management of *Shweta Pradar* (Leucorrhoea) through Ayurveda - A Single Case Study" presents a patient treated with *Patrangasava* 15 ml twice daily after meals (with water) along with other supporting medicines such as *Pushyanaga Churṇa, Chopchinyadi Churṇa* for 30 days. After 30 days, symptoms such as white discharge, low backache, itching (yoni *kandu*), burning (*yoni daha*) resolved (score from 3 → 0 for discharge)[1].

- This provides preliminary anecdotal evidence of *Patrangasava* in leucorrhoea.

2. **Comparative study of *Patrangasava* (vs other drug) in leucorrhoea**
    - A recent prospective comparative observational study (10 patients) compared *Patrangasava* (group A) vs *Pradararipu Rasa* (group B) in treatment of leucorrhoea for 3 months. Both groups showed significant reduction in white discharge and associated symptoms; group A (*Patrangasava*) also gave statistically highly significant result ($P < 0.001$)[2].
    - Although this study did not include *Darvyadi Kwatha*, it solidifies evidence for *Patrangasava* in leucorrhoea.
3. ***Darvyadi Kwatha*: Toxicology & related usage**
    - There is a toxicological study of *Darvyadi Kvatha Churṇa* (powder form) in albino rats, evaluating safety over 45 days. Although not efficacy for leucorrhoea, it shows the preparation is under investigation[3].
    - A comparative clinical study of *Darvyadi Kwatha* in management of jaundice (*Kamala*) showed better results than another *Kwatha*, indicating its systemic effect and potential for other disorders[4].
    - However, **no published clinical trial specific to *Darvyadi Kwatha* in leucorrhoea/*Shweta Pradara*** could be identified from the present search.

Proposed Clinical Study Design (Hypothetical)

Given the above, one can propose a clinical trial of *Patrangasava* + *Darvyadi Kwatha* vs standard therapy in *Shweta Pradara*. Key features:

- **Inclusion criteria**: Women (age 18-45) with persistent white vaginal discharge >4 weeks, diagnosed as *Shweta Pradara* (Ayurvedic) or leucorrhoea (gynaecological), excluding major infection requiring antibiotics.
- **Groups**: A) *Patrangasava* (15 ml twice daily) for 8 weeks; B) *Darvyadi Kwatha* (40-60 ml twice daily) for 8 weeks; C) Combination of both + supportive yoni *dhavana*; D) Standard modern therapy (control).
- **Outcome measures**: Primary - change in discharge volume/frequency; Secondary - itching, burning, backache, quality of life, recurrence at 3 months.

- **Safety monitoring**: Liver/kidney function, adverse events, adherence.
- **Statistical analysis**: Within-group and between-groups, P-value <0.05 considered significant.

DISCUSSION

- The evidence for *Patrangasava* in *Shweta Pradara* is promising but remains limited (case reports, small comparative study). The evidence for *Darvyadi Kwatha* specifically in leucorrhoea is lacking - though its logic from Ayurvedic pharmacology and usage in related disorders is supportive.
- Combination therapy may harness benefits of both: the fermented extract (*Patrangasava*) for deep systemic effect, and the decoction (*Darvyadi Kwatha*) for direct *dosha* and *kleda* mitigation[5].
- Important to integrate modern diagnostics (exclude STIs, cervical pathology, hormonal disorders) to ensure appropriate patient selection and to interpret results.
- Safety, standardisation of preparations, dosage, and adherence remain crucial. Also patient lifestyle/diet correction (Ayurvedic diet, yoni hygiene) should accompany therapy.
- The beneficial effect may be through multiple mechanisms: reduction of pathological discharge, restoration of vaginal flora/mucosa integrity, systemic balancing of *doshas*, and general strengthening of host resistance.

Limitations & Future Directions

- Many published studies lack large sample size, randomisation, long follow-up, objective measurement of discharge (volume, microscopy, culture).
- Standardisation of herbal preparations (chemistry, batch consistency) is often lacking.
- Specific clinical trials of *Darvyadi Kwatha* in leucorrhoea are required.
- Comparative studies combining Ayurvedic and modern endpoints (cytology, microbiology, vaginal pH, patient-reported outcome) would strengthen evidence.
- Pharmacological studies of constituent herbs (mechanisms of action, anti-microbial/anti-inflammatory/anti-oxidant) will support biological plausibility.

CONCLUSION

For management of Shweta Pradara (leucorrhoea), *Patrangasava* has emerging clinical support and may be considered as a therapeutic option in appropriate cases alongside lifestyle and hygiene modifications. *Darvyadi Kwatha* shows theoretical and contextual promise but requires targeted clinical research specific to leucorrhoea. Given the prevalence and impact of white vaginal discharge on women's health and quality of life, well-designed Ayurvedic clinical trials of these preparations are both timely and valuable.

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