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CLINICAL EVALUATION OF *AYURVEDIC* MANAGEMENT IN *SHWETA*

PRADARA: A CASE STUDY

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Abstract

Background: *Shweta Pradara* is described in *Ayurveda* as excessive, non-bloody white vaginal discharge caused predominantly by vitiation of *Kapha Dosha* along with involvement of *Rasa Dhatu* and *Artavavaha Srotas*. It can be clinically correlated with leucorrhoea in modern gynecology. Improper dietary habits, *Mandagni*, and sedentary lifestyle play an important role in its manifestation. If left untreated, it may result in physical weakness and mental discomfort. **Case Presentation:** A 28-year-old married female presented with complaints of excessive white vaginal discharge for four months. The discharge was thick, white, non-foul smelling, and non-irritating. Associated symptoms included generalized weakness, low backache, heaviness in the lower abdomen, and reduced appetite. Menstrual history was normal, and there were no complaints of itching, burning sensation, or urinary discomfort. **Diagnosis:** Based on clinical features and *Ayurvedic* assessment, including *Dosha–Dushya* involvement and *Srotas* assessment, the condition was diagnosed as *Shweta Pradara*. **Intervention:** The patient was treated with internal *Ayurvedic* medications having *Kapha Shamaka*, *Stambhaka*, and *Agni Deepana* properties along with appropriate *Anupana*. Dietary and lifestyle modifications were advised according to *Pathya–Apathya* principles.

The treatment duration was 30 days. **Outcome:** A significant reduction in vaginal discharge was observed within 15 days of treatment. By the end of 30 days, complete remission of discharge and associated symptoms was achieved. No adverse effects were reported during the treatment period. **Conclusion:** This case study suggests that *Ayurvedic* management based on *Dosha* predominance and correction of *Agni* is effective in the treatment of *Shweta Pradara*. Proper medication along with dietary regulation plays a vital role in successful management and prevention of recurrence.

Keywords: *Shweta Pradara*, Leucorrhoea, *Kapha Dosha*, *Rasa Dhatu*, *Artavavaha Srotas*, *Ayurvedic Management*

Introduction

Shweta Pradara is a common gynecological disorder described in *Ayurveda*, characterized by excessive, non-bloody white vaginal discharge. It is mainly attributed to vitiation of *Kapha Dosha* with involvement of *Rasa Dhatu* and *Artavavaha Srotas*. Classical texts explain that deranged *Agni* and improper *Ahara* and *Vihara* play a key role in the manifestation of this condition. Although it is not a life-threatening disorder, it significantly affects the physical comfort and mental well-being of women.¹

In the present era, due to sedentary lifestyle, increased intake of heavy, sweet, and cold food items, and lack of proper personal hygiene, the incidence of *Shweta Pradara* has increased. Women commonly complain of persistent vaginal discharge associated with weakness, backache, heaviness in the lower abdomen, and reduced enthusiasm for daily activities. Recurrent episodes often lead to anxiety and social discomfort, especially in young and middle-aged women.²

From the modern perspective, *Shweta Pradara* can be correlated with leucorrhoea, which may be physiological or pathological. Pathological leucorrhoea is commonly associated with nutritional deficiencies, poor hygiene, chronic pelvic congestion, or hormonal imbalance. Conventional treatment mainly focuses on symptomatic relief and use of antimicrobial agents, which may not address the root cause and can lead to recurrence in many cases.³

Ayurveda emphasizes a holistic approach in the management of *Shweta Pradara* by correcting *Dosha* imbalance, improving *Agni*, and strengthening the affected *Dhatu* and *Srotas*. Management includes *Kapha Shamaka*, *Stambhaka*, and *Rasayana* therapies along with strict adherence to *Pathya–Apathya*. This approach not only provides symptomatic relief but also

helps in preventing recurrence, making *Ayurvedic* management a rational and effective option for treating *Shweta Pradara*.⁴

Case Report

A 28-year-old married female attended the OPD with complaints of excessive white vaginal discharge for the last four months. The discharge was thick, white, non-foul smelling, and non-irritating in nature, and was associated with generalized weakness, low backache, and heaviness in the lower abdomen. There was no history of itching, burning sensation, dysuria, or fever. Her menstrual cycles were regular with normal duration and flow. There was no significant past medical or surgical history. On *Ayurvedic* assessment, she was found to have *Kapha-Vata Prakriti* with *Mandagni* and *Mridu Koshtha*.

Clinical examination revealed predominance of *Kapha Dosha* with involvement of *Rasa Dhatu* and *Artavavaha Srotas*. General and systemic examinations were within normal limits. Based on the classical features, *Dosha-Dushya* involvement, and clinical presentation, the condition was diagnosed as *Shweta Pradara*. The patient was planned for *Ayurvedic* management focusing on *Kapha Shamaka* and *Stambhaka* therapy along with appropriate dietary and lifestyle modifications.

Chief Complaints

- Excessive white vaginal discharge for 4 months
- Generalized weakness
- Low backache
- Heaviness in lower abdomen

Personal Information

Parameter	Details
Age	28 years
Sex	Female
Marital Status	Married
Religion	Hindu
Occupation	Homemaker
Socio-economic Status	Middle class

Diet	Mixed
Appetite	Reduced
Sleep	Normal
Bowel Habit	Regular
Addiction	Nil

Vital Examination

Parameter	Findings
Pulse	76/min
Blood Pressure	110/70 mmHg
Respiratory Rate	18/min
Temperature	Afebrile
Weight	54 kg
Height	158 cm
BMI	21.6 kg/m ²

Systemic Examination

System	Findings
Cardiovascular System	Normal heart sounds
Respiratory System	Clear bilateral air entry
Gastrointestinal System	Soft abdomen, non-tender
Central Nervous System	Conscious and oriented
Musculoskeletal System	Mild low back discomfort

Past History

- No history of diabetes mellitus
- No history of hypertension

- No history of tuberculosis
- No history of thyroid disorder
- No history of any chronic systemic illness
- No history of recurrent genital infections

Previous Medication History

- History of using local vaginal creams
- History of taking oral medications prescribed by a local practitioner
- Temporary relief was observed with treatment
- Recurrence of symptoms after discontinuation of medication

Menstrual History

- Age of Menarche: 13 years
- Cycle Interval: 28–30 days
- Duration of Flow: 4–5 days
- Quantity of Bleeding: Normal
- Clots: Absent
- Pain during Menses: Mild lower abdominal pain
- Inter-menstrual Bleeding: Absent
- Last Menstrual Period: 12 days before OPD visit

Gynecological and Obstetric History

Parameter	Details
Marital Life	6 years
Obstetric History	G2 P2 L2
Mode of Delivery	Normal vaginal delivery
Last Childbirth	3 years ago
Contraceptive History	Not using any contraception
History of Abortion	Nil
History of Pelvic Infection	Nil

Treatment Plan

S. No.	Name of Medicine	Dose	Anupana	Duration	Probable Action
1	<i>Pushyanuga Churna</i>	3 g twice daily	Lukewarm water	30 days	<i>Stambhaka, Kapha-Pitta Shamaka</i>
2	<i>Lodhra Churna</i>	3 g twice daily	Honey	30 days	<i>Rasa-Artava Stambhana</i>
3	<i>Ashokarishta</i>	20 ml twice daily	Equal quantity of water	30 days	<i>Artava Niyamaka, uterine tonic</i>
4	<i>Amalaki Churna</i>	3 g once daily	Warm water	30 days	<i>Rasayana, Kapha Shamaka</i>
5	<i>Triphala Churna</i>	3 g at bedtime	Lukewarm water	30 days	<i>Agni Deepana, Srotoshodhana</i>

Follow-up Plan

Follo w-up Date	Drugs Continued	Pulse (per min)	Blood Pressure (mmHg)	Respiratory Rate (per min)	Temp	Clinical Assessment
Day 0 (Base line)	<i>Pushyanuga Churna, Lodhra Churna, Ashokarishta, Amalaki Churna, Triphala Churna</i>	76	110/70	18	Afeb rile	Excessive white discharge, weakness, low backache present
Day 15	<i>Pushyanuga Churna, Lodhra Churna, Ashokarishta, Amalaki Churna, Triphala Churna</i>	74	112/72	18	Afeb rile	Marked reduction in vaginal discharge, improvement in appetite and strength
Day 30	<i>Pushyanuga Churna, Lodhra Churna, Ashokarishta, Amalaki Churna</i>	72	114/74	18	Afeb rile	Complete remission of discharge, no associated complaints
Post-treat ment Follo w-up	No medication advised	72	114/76	18	Afeb rile	No recurrence of symptoms, general condition stable

Result and Findings

- Significant reduction in the quantity of white vaginal discharge was observed within 15 days of treatment.
- Complete cessation of vaginal discharge was noted by the end of 30 days of treatment.
- Associated symptoms such as generalized weakness and low backache showed marked improvement.
- Heaviness in the lower abdomen was completely relieved after completion of therapy.
- Appetite improved gradually, indicating correction of *Agni*.
- Vital parameters including pulse, blood pressure, respiratory rate, and temperature remained within normal limits throughout the treatment period.
- No adverse drug reactions or complications were observed during the course of treatment.
- No recurrence of symptoms was reported during the post-treatment follow-up period.

Discussion

Shweta Pradara is described in *Ayurveda* as a condition predominantly caused by vitiation of *Kapha Dosha* along with involvement of *Rasa Dhatu* and *Artavavaha Srotas*.⁵ Improper dietary habits, *Mandagni*, and sedentary lifestyle lead to accumulation of *Kapha*, resulting in excessive white discharge.⁶ In the present case, the patient showed classical features such as thick, non-foul smelling discharge, heaviness, and weakness, clearly indicating *Kapha* dominance. The management was therefore planned on the principles of *Kapha Shamaka*, *Stambhaka*, and *Agni Deepana* therapy.⁷

The medicines selected acted at different levels of *Samprapti*. *Pushyanuga Churna* and *Lodhra Churna* possess *Stambhaka* and *Rasa–Artava Shoshana* properties, helping to control excessive discharge.⁸ *Ashokarishta* acts as an *Artava Niyamaka* and uterine tonic, improving local tissue strength and tone. *Amalaki Churna* works as a *Rasayana* and supports *Agni*, while *Triphala Churna* helps in *Srotoshodhana* and maintenance of proper digestion. Together, these medicines helped in breaking the pathological process and restoring physiological balance.⁹

Dietary regulation and lifestyle modification played an important supportive role in the successful outcome of this case. Avoidance of *Kapha*-aggravating food items and adoption of light, warm, and easily digestible diet supported the pharmacological action of the medicines.

Improvement in appetite and general strength indicated correction of *Agni* and *Dhatu* nourishment. The absence of recurrence during follow-up suggests that *Ayurvedic* management addressing the root cause is effective in the treatment of *Shweta Pradara*.¹⁰

Conclusion

This case study concludes that *Ayurvedic* management based on *Dosha* predominance is effective in the treatment of *Shweta Pradara*. Correction of *Kapha Dosha*, improvement of *Agni*, and stabilization of *Rasa Dhatu* and *Artavavaha Srotas* resulted in complete relief of symptoms without any adverse effects. The holistic approach of *Ayurveda*, including appropriate medication along with *Pathya–Apathya*, not only provided symptomatic relief but also helped in preventing recurrence, thereby improving the overall health and quality of life of the patient.

CONFLICT OF INTEREST-NIL

SOURCE OF SUPPORT –NONE

REFEENCES

1. Agnivesha, *Charaka Samhita*, Chikitsa Sthana, Yonivyapad Chikitsa Adhyaya, with *Ayurveda Dipika* commentary by Chakrapanidatta. Varanasi: Chaukhambha Surbharati Prakashan.
2. Sushruta, *Sushruta Samhita*, Uttara Tantra, Yoniroga Pratishedha Adhyaya, edited with *Nibandha Sangraha* commentary by Dalhana. Varanasi: Chaukhambha Sanskrit Sansthan.
3. Vagbhata, *Ashtanga Hridaya*, Uttara Sthana, Striroga Adhyaya, with *Sarvangasundara* commentary by Arunadatta. Varanasi: Chaukhambha Orientalia.
4. Kashyapa, *Kashyapa Samhita*, Khila Sthana, Yonivyapad Adhyaya, revised by Vatsya. Varanasi: Chaukhambha Sanskrit Sansthan.
5. Sharma PV, *Dravyaguna Vijnana*, Vol. II. Varanasi: Chaukhambha Bharati Academy.
6. Tripathi B, *Charaka Samhita* (Hindi Commentary). Varanasi: Chaukhambha Surbharati Prakashan.
7. Dutta DC, *Textbook of Gynecology*. 7th ed. New Delhi: Jaypee Brothers Medical Publishers.
8. Howkins and Bourne, *Shaw's Textbook of Gynecology*. 16th ed. New Delhi: Elsevier India.
9. API, *The Ayurvedic Pharmacopoeia of India*, Part I, Volumes I–V. New Delhi: Ministry of AYUSH, Government of India.
10. Berek JS, *Berek & Novak's Gynecology*. 16th ed. Philadelphia: Wolters Kluwer Health.