

CASE STUDY

Revitalizing Vaginal Health: A Case Report on Ayurvedic Management of *Shwetpradar* (Leucorrhoea)

Saniya Meer* and Rita Makim

Department of PG and PhD studies in Prasuti Tantra Evum Stri Roga, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India

*Corresponding Author: Saniya Meer

Email: meersaniya9876@gmail.com

ABSTRACT

Leucorrhoea, referred to as *Shwet Pradar* in Ayurveda, is a common gynaecological condition characterized by excessive vaginal discharge. While physiological in certain cases, pathological leucorrhoea is often associated with infections, hormonal imbalances, and systemic weaknesses, driving to inconvenience and a decay in quality of life. This case report documents the effective management of *Shwet Pradar* in a 29-year-old female patient using Ayurvedic principles. The patient presented with complaints of persistent whitish vaginal discharge, itching, and mild back ache. Based on Ayurvedic diagnostics, the condition was identified as a Kapha-predominant disorder with *Apana Vata* imbalance. The treatment approach included internal administration of herbal formulations alongside local application of *Yoni Dhawan* (vaginal washes), *Yoni pichu* (vaginal tampon). Dietary and lifestyle modifications emphasizing *Laghu Ahara* (light diet) and *Vata-Kapha* pacification were also prescribed. Significant improvement was observed within two weeks, with reduced vaginal discharge, relief from itching, and enhanced general well-being. Follow-up assessments showed no recurrence of symptoms over a three-month period. This case highlights the holistic approach of Ayurveda in addressing *Shwet Pradar* by targeting the root cause, balancing doshas, and promoting systemic health. Further studies are warranted to validate these findings and integrate Ayurvedic management with modern gynaecological practices.

Keywords: Ayurveda, *Chandraprabha Vati*, *Kapha-Vata* imbalance, *Leucorrhoea*, *Pushyanuga Churna*, *Shwet Pradar*, *Yoni pichu*, *Yoni prakshalan*.

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INTRODUCTION

A healthy reproductive system is a necessity in life, especially women's life, we live in society where most of women avoid their general health and we are yet talking about vaginal health. The word *Swetapradara* composed of 2 words, '*Sweta*' means white and '*Pradara*' means discharge. *Swetapradara* isn't a infection, but a indication of other illness. It is quite normal to some extent but when it is pathological become so severe that its over- shadow the actual cause and patient come for the treatment of only this symptom. In this disease *kapha* aggravated due to its own vitiating factors with *Apana vayuvaigunya*, impacts *rasa dhatu* of regenerative framework which is as of now vitiating by excessive coitus, abortion, improper mode of lifestyle, dietetics during menstruation along with non-cleanliness, then produces white and painless vaginal discharge which is called *Swetapradara* (Leucorrhoea)¹. The release is evident, without turbidity, cool, scentless, easy, white and abundance in amount. That woman becomes weak and can't control urges of urine, restlessness, yawning, delirium, can't balance the head and her mouth and palate are dried². In Ayurveda general treatment of Leucorrhoea includes removal of causes, anti *kapha* diet and procedure, vaginal suppositories, douches, fumigation and symptomatic treatment [3].

CASE REPORT

A married female aged 29 years visited the Outpatient department of Prasuti Tantra Evum Stree Roga, Parul Ayurveda Hospital, Vadodara on 30/08/2023, with complaints of white discharge per vagina with

foul smell and itching over vulvar region (on/off) for 6 months associated with backache in the last 5 months.

Family history:

NAD

Personal history:

Personal addictions/habits: Intake of tea, 4-5 times per day

Lifestyle: Sedentary

Diet: Vegetarian, eats in moderate quantity.

Appetite: Decreased

Bowel: 1time /day (satisfactory)

Maturation: 4-5 times / day. 1 time/ night sometimes.

Sleep: Sound

Menstrual history:

Menarche: 12 yrs of age

LMP: 20/8/24

Table 1: Menstrual History

Regularity	Regular
Interval	28- 30 Days
Duration	3- 4 Days
Pain	Absent
Clots	Absent
Foul Smell	Absent
Pad	1 st & 2 nd Day : 2 pads/ day 3 rd & 4 th Day : 1 pad / day
Color	Dark red

Active Married Life: 2 Years

Obstetric History: Nulli-gravida

Coital History: 2-3 times per week

Contraceptive history: Barrier Method (Condom)

General examination:

Table No. 2: General examination

Blood Pressure	110/70mmHg
Pulse Rate	76/min
Temperature	97.2 °F
Respiratory Rate	16/min
Height	165 cm
Weight	49kg

Systemic examination:

CNS: all superficial reflexes are intact, patient is conscious and oriented towards time, place and person

Cardiovascular System: S₁S₂ clear

Respiratory System: Bilateral Air entry clear

Per Abdomen: soft & non tender

Per speculum: Cervix Healthy, milky white discharge ++

Per Vagina: Uterus AV/AF, normal size, All fornacs free, non-tender

Specific Pariksha for diagnostic assessment:

Asthavidha Pariksha

Nadi- Pitta Kaphaja

Mala- Samyaka

Mutra – Samyaka

Jihva- Sama

Shabda- Spashta

Sparsha- Anushnasheeta

Druka- Prakruta

Akriti – Madhyama

Dashavidha pariksha

Prakriti – Kapha pittaja

Vikruti – Kapha Vata

Sara – Madhyam

Samhanana- Madhyam
Satva- Madhyam
Satmaya- Pravara
Pramana – Madhyam
Ahara shakti- Madhyam
Vyayam shakti- Avara
Vaya –Madhyama

Samprapti Ghataka:

Dosha: Kapha, Vata
Dushya: Rasa
Udbhavasthana: Aamashaya
Vyakta sthana: Yoni
Srotas: Rasavaha
Srotodusti: Atipravrutti
Rogamarga: Abhyantara

Investigation:

CBC: Hb –11.1 gm% WBC – 7400 per cu. mm., Rest - within normal limit.
Urine: Routine & Micro: Within normal range
HIV: Negative
VDRL: Negative
HBsAg: Negative
USG: Revealed no significant abnormality.
PAP Smear: Normal.

Assessment criteria [4]

Shweta Strava (Vaginal White Discharge)

- 0 - No vaginal discharge
- 1 - Mild - Occasionally wetting undergarments/Slight discharge, vulva moistness
- 2 - Moderate discharge, wetting of under- garments
- 3 - Severe - Heavy discharge which needs Vulva pads

Katishoola (Backache)

- 0 - No pain
- 1 - Mild - Can withstand pain &can manage routine work.
- 2 - Moderate – Cannot manage routine work &Need to take rest.
- 3 - Severe - Cannot withstand pain &bedridden.

Durgandha (Odor)

- 0- Absent
- 1- Mild
- 2- Moderate
- 3- Severe

Itching

0 - No Itching: No sensation of itching or scratching.

1 - Mild Itching: Occasional itching with little or no impact on daily activities. The individual might scratch infrequently.

2 - Moderate Itching: Itching occurs regularly, causing discomfort but does not severely interfere with daily activities.

3 - Severe Itching: Constant or frequent itching, which significantly disrupts daily activities. Frequent scratching may lead to visible marks or skin irritation.

4 - Very Severe Itching: Persistent and intense itching that interferes with sleep and daily activities. Constant scratching that may cause damage to the skin, such as open sores or scabs.

Treatment Protocol:

The treatment methodology of *Shweta pradara* includes the *Abhyantara*(internal administration) and *Bahyaprayogas* (external administration). In this case study, we used following treatment for 7days of admission

Table: 3 Treatment during admission

1	<i>Yoni Prakshalana with Panchavalkal Kwath</i>	Once A Day	Treatment On Admission For 7 Days
2	<i>. Yoni Pichu with Nimba Taila</i>	Once A Day	
3	<i>Tab Dhatri Loha</i>	2 BD After Meal	
4	<i>Pushyanug Churna</i>	5 Gm Two Times After Meal	
5	<i>Tab Chandraprabha</i>	2 BD After Meal	

Table: 4 Follow up Medication

1	<i>Tab Dhatri Loha</i>	2 BD after meal	Treatment on discharge for next 7 days
2	<i>Pushyanug Churna</i>	5 gm two times after meal	
3	<i>Tab Chandraprabha</i>	2 BD after meal	

Pathya – Apathya

Pathya: Drink warm Jeera water, Buttermilk, and green gram water, maintain personal hygiene, and avoid common toilets.

Apathya: Curd, Sour items, Rice, White flour, Chickpea flour, extra oily food items, outside snacks, salty food, etc.

Lifestyle Recommendations

Stress Management: Daily practice of *Yoga* and *Pranayama* (e.g., *Nadi Shodhana* and *Anulom Vilom*).

Sleep Hygiene: Ensured a regular sleep schedule to reduce stress and promote hormonal balance.

RESULTS

The patient showed marked improvement within the first week of treatment. Symptoms of vaginal discharge and itching were significantly reduced. By the second week, there was complete resolution of symptoms, and the patient reported feeling energetic and free of abdominal discomfort. A follow-up assessment conducted after three months revealed no recurrence of symptoms, indicating the long-term efficacy of the treatment.

Table 5 – Patient Improvement Result

Symptoms	Day of Admission	1 st follow up (after 7 days)	2 nd follow up (after 14 days)
<i>Shweta Strava</i> (Vaginal White Discharge)	2	1	0
<i>Katishoola</i> (Backache)	1	1	0
<i>Durgandha</i> (Odor)	2	0	0
<i>Kandu</i> (Itching)	2	0	0

DISCUSSION

The success of this case highlights the comprehensive approach of Ayurveda in managing *Shwet Pradar*. Each component of the treatment played a crucial role:

Pushyanuga Churna: It is used in all *pradararogas* according to classical books. Drugs of *pushyanugchurna* acts as *Sthambhana* eg. *Rakta chandana*, *manjista*, *dhataki* etc. Due to *sita virya* of mostly drugs it act as *pittaghana*. It is *pittakaphara*. *Lodhra* has anti-inflammatory activity, *sheetavirya*, *laghu*, *raktadosha nashka* is drug of choice in gynecological disorder. It is used in leucorrhoea, menorrhagia and other gynecological disorder. Due to *Kashaya Rasa*, it restrains *Srava*. *Dhataki* has Anti-microbial and Anti-inflammatory properties. *Acharya charaka* mentioned *Kashaya Rasa* as having Pharmacological action like *Sthambhan* and *kaphananashak*. So *kashaya rasa* stop *Srava*. [8-12]

Chandraprabha Vati acted as a detoxifier and supported reproductive health. *Chandra Prabha vati* has *katu, tikta*, *Kashaya* and *Madhura rasa*, *ushnavirya* and *gunas* like *laghu*, *ushna*, *Tikshna* and *ruksha*. It is considered as *sarvaroganashini*. It helps in the pacification of *kapha*, *pitta* and *vata*. It reduces urinary discomfort, frequent micturition, burning sensation etc. [5]

Yoni Prakshalan and *maintained* local hygiene and reduced irritation, preventing secondary infections.

Yoni pichu with *Nimba Taila* is primarily attributed to these bioactive compounds which is *Azadirachtin*, *nimbin*, *nimbidin*, and *quercetin*, among others. These compounds give *Nimba Taila* its antibacterial, anti-inflammatory, antifungal, antiviral, antioxidant, and immunomodulatory properties. [6] [7]

Dietary and lifestyle interventions strengthened overall immunity and prevented *doshic* aggravation. This holistic strategy not only relieved symptoms but also targeted the root cause, leading to sustained health improvements without side effects. The integration of Ayurveda's personalized approach ensured that treatment was tailored to the patient's constitution and lifestyle, making it more effective.

CONCLUSION

In terms of symptoms, *shwetpradara* and leucorrhoea can be compared to one another in contemporary medicine. The mainstay of *shwetpradar* treatment is the use of medications with a high concentration of *Kashaya rasa* and *kapha shamak* properties. This case demonstrates that Ayurvedic management of *ShwetaPradara* can provide rapid and sustained relief by addressing the root cause and restoring *doshic* balance. The success of this approach suggests that Ayurveda can serve as a viable alternative or complementary therapy for managing gynaecological disorders.

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