

A Literature Review on *Shweta-Pradara* (Leucorrhoea) and Drug Used in *Shweta-Pradarain* Ayurveda

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Submitted: 15-07-2023

Accepted: 25-07-2023

ABSTRACT

Reproductive tract disease is one of the major issues which women deal in their lifecycle. Women are not aware about severity of their own health problems and are unwilling to seek medical help for the disease. *Shweta-Pradara* i.e. Leucorrhoea could be a side effect, which is found in numerous *Yonivyapadas* (Gynecological diseases) emerging due to *Kapha-Vata Pradhan Tridosha* (*Ayananda, Karnini, Acharna, Aticharna, Shleshmala, Upapluta and Prasramsini Yonivyapada*). The word *Shweta-Pradara* has not been depicted in *Brihatrayee*. For unusual white vaginal discharges the word *Shweta-Pradara* has been depicted in *Sharangdhar Samhita, Bhava Prakash, Yoga Ratnakara* & Commentator *Chakrapani* has described *Shweta Pradara* term as '*Pandure Pradara Iti Shweta-Pradara*'. Most common causes of leucorrhoea in cutting edge are cervicitis, vaginitis, cervical ectopy and bacterial vaginosis etc. Treatment of *Shweta-Pradara* is primarily based on the utilization of classical arrangements or drugs which are having dominancy of *Kashaya Rasa* and along with *Tridosha Shamaka* and *Balya* properties. The present study has been designed to validate the *Nidana* and *Samprapti*, and various formulations for *Shweta-Pradara* management. The study also reflect the importance of identification of different types of vaginal discharges their features and clinical management with the help of syndromic approach where physician rely only on the symptoms of abnormal vaginal discharges. This review aimed to synthesize and analyze the diagnostic accuracy and the likelihood of providing correct treatment of the syndromic approach Vaginal Discharge.

Key Words: *Shweta-Pradara*, Leucorrhoea, Abnormal Vaginal discharges, *Pradara, Yonivyapada*.

I. INTRODUCTION

Shweta-Pradara is made up of two words: *Shweta* and *Pradara*. *Shweta* implies white or the closest color to white. It is additionally utilized to represent the color of *Sphatika*. *Pradara* implies abundance or expanded degree (which indicates over flow). Thus the term *Shweta-Pradara* implies overabundance white release per vagina¹.

Leucorrhoea a white release from the vagina may be physiological or pathological. Physiological overabundance of vaginal release may not require particular treatment. However, pathological conditions involving infections like *Candida*, *Trichomonas* and *Bacterial Vaginosis* may require its proper management.

A lady amid her life span may have diverse sorts of discharges per vagina. A typical physiological discharge may be white or clear, non-offensive that changes with the menstrual cycle. Normal vaginal vagitation (*lactobacilli*) colonize the vaginal epithelium and may have a part in defense against infection².

In *Ayurveda*, leucorrhoea is known as *Shweta-Pradara*. *Yonivyapadas* which are caused by *Kapha-Vata Pradhan Tridoshas* are the most causative components of *Shweta-Pradara*. The word *Shweta-Pradara* has not been depicted in *Brihatrayee* i.e., *Charaka Samhita, Sushruta Samhita, Astanga Hridaya and Astanga Sangraha*. For white vaginal release, the word *Shweta-Pradara* has been portrayed in *Sharangadhara Samhita, Bhava Prakash, Yoga Ratnakara* and in commentary on *Charaka Samhita* by *Chakrapani*.

The women who are over-anxious, introspective or endure from untrue fear of cancer etc. exaggerate this physiological release into something pathological. Pathological vaginal discharges are really indications of distinctive infections. Concurring to their color, consistency,

and scent these releases may be Purulent, thick, foul noticing, mucoid, blood mixed, pinkish, thin or watery vaginal release or leucorrhoea³.

Shweta-Pradara or Leucorrhoea is troublesome vaginal release generally happening in regenerative age and the earlier indication of pathological disease in women that is why it is important to rummage around for its management in early stage with legitimate medications & treatments specified by *Acharyas*.

AIMS AND OBJECTIVES

- To explore The *Ayurvedic* Literature of *Shweta-Pradara* from various articles, journals, pub med, researchgate & textbooks.
- To explore the Modern review on abnormal vaginal discharges and Leucorrhoea in textbooks.
- To know the different management and different approaches to identify abnormal vaginal releases.
- To know the *Ayurvedic* management for *Shweta-Pradara* (Leucorrhoea).

II. MATERIAL AND METHODS

Shwetrasava or *Yonirava* words have been utilized for White releases per vaginam. *Shweta-Pradara* is a condition characterized with white vaginal discharge not related with pain, burning sensation and distress; hence, it appears to be portrayal of leucorrhoea⁴.

Leucorrhoea is a side effect of pouring out of white releases per vaginam⁵.

“A running of white substance” microscopically the release contains mucus, epithelial flotsam and jetsam, organisms of various kinds and, in the second half of the cycle, a few leucocytes⁶.

Vagina serves as a way between the exterior of the body and the internal regenerative organs. Vaginal pH is acidic, which debilitates contaminations from happening. All ladies have a few vaginal releases. Typical release may show up clear, cloudy white, and/or yellowish when dry on clothing. May moreover contain white bits and at times may be thin and stringy changes in typical release can happen for numerous reasons, counting menstrual cycle, emotional stress, dietary status, pregnancy, utilization of medicines- birth control pills, and sexual excitement.

Any alteration in color, quantity and consistency of release may be a sign of vaginal contamination. Like releases accompanied by itching, rash or soreness, persistent release, burning

on skin amid urination, white, clumpy release, grey/white or yellow/green release with a foul odour⁷.

Types of Vaginal Discharges⁸:

1. Physiological discharge.
2. Pathological discharge.
3. Inflammatory discharge.
4. Urinary & Faeculent discharges.

1. Physiological Discharges- Slight release regularly seen at vulva and in vagina may be a blend of following:

- Vulvar secretions from Bartholin's sebaceous, sweat & apocrine glands.
- Vaginal discharge.
- Cervical secretion.
- Uterine secretion.
- Fallopian tube secretion.
- May also contain a contribution from peritoneal fluid.

Amount of vaginal release regularly expanded in following circumstances:

- At the time of ovulation.
- Few days pre-menstrual.
- During pregnancy.
- During sexual excitement.

2. Pathological discharge-

Leucorrhoea- means ‘a discharge of white matter’ is a feature of the normal vaginal releases that are increased in amount, although white or cream when fresh, dries to leave brownish yellow stains on clothes. Microscopically, the discharges contain mucus, epithelial fragments, various bacteria & some leucocytes in the second half of the cycle. Non-pathological leucorrhoea can be classified as cervical and vaginal. Any vaginal discharge that is directly purulent and contains pus cells should be considered a vaginal infection.

Leucorrhoea never causes pruritus & is never offensive. It is more problematic pre-menstrual, mid-cyclically & during pregnancy and can lead to fears of cancer & of STDs.

The causes of leucorrhoea are as follows:

At Birth- newborn babies have mucus in their genital area for 1-10 days. This is because stimulation of the uterus and genitals by placental oestrogens.

Puberty -it is not uncommon for young girls during the few years before & after menarche.

Active or Passive Congestion of the Pelvic Organs Especially of the Cervix-causes a strong

secretory activity of the glands. Prolonged ill health, stress and neuroses, sedentary work and prolonged stay in hot climate may cause leucorrhoea.

Increase in Glandular Components of the Cervix- in cases of cervical erosion or ectopy, leading to a copious & clear discharge.

Vaginal Adenosis- causes excessive discharge.

Oestrogen-progestogen Oral Contraceptives Pill- combined OCPs cause vaginal discharge, usually caused by the development of an ectopy on the cervix.

Regular Douching- clears the natural defenses against lactobacilli and changes the pH, promoting more discharge from the cervix, especially if strong antiseptic solutions are used also predisposes to infection.

3. Inflammatory Discharge- muco-purulent or purulent discharge from disease: varying from cream to yellow/green. Discharge is often offensive and its microscopic characteristic is the presence of pus cells.

The most common diseases causing discharges are:

- **Vulvovaginitis:** caused by infection with the gonococcus, *Trichomonas vaginalis*, *Candida albicans* or Bacterial vaginosis.
- Cervicitis gonococcal, Chlamydial, anaerobic or puerperal; secondary infection of an erosion
- Secondary infection of wounds, abrasion, burns, chemical injuries and neoplasm, sited in any part of the genital tract.
- **Bacterial vaginosis-** called as nonspecific vaginitis or *Gardnella* vaginitis. It is a change in normal vaginal flora that results in loss of hydrogen peroxide-producing lactobacilli and an overgrowth of most anaerobic bacteria. Lactobacilli are usually absent. Women with BV are at risk for pelvic inflammatory disease (PID). Fishy vaginal odour and vaginal discharges are grey & thinly coat the vaginal walls.

pH of these secretions is higher than 4.5 (usually 4.7 to 5.7).

- **Trichomonal Vaginitis:** infection caused by a flagellated parasite. *T. vaginitis* is associated with a profuse, purulent, foul smelling vaginal discharge that may be greenish yellow in colour. A patchy vaginal erythema and macular vaginitis ("strawberry" cervix) may be seen during examination.
- **Vulvovaginal Candidiasis (Moniliasis):** Vaginal yeast infection is an RTI, not an STI. Caused by gram-positive fungus *Candida*

albicans. Candidiasis occurs when the environment in the vagina changes. This can occur after taking broad-spectrum antibiotics, oral contraceptives or other steroids & in immunological diseases such as diabetes, HIV infection. Often *Candida* causes intense vulval and vaginal itching with profuse curdy discharge. Inflammation of the vulva, especially the labia minora and introitus, with excoriation may be seen during examination. The discharge is thick, white and "cottage cheese" appearance. Vulvar candidiasis can produce erythema and oedema.

- **Inflammatory vaginitis:** Desquamative inflammatory vaginitis is a medical condition caused by diffuse exudative vaginitis, exfoliation of epithelial cell, and a large purulent vaginal discharge. Women with this disease experience purulent vaginal discharge, vulvovaginal burning or irritation, and dyspareunia.
- **Chronic cervicitis:** Leucorrhoea may be the main symptom in chronic cervicitis. Although it may not look like cervicitis, this discharge may also cause vulvar irritation. The discharge may be purulent and variable in colour, or it may present as thick, tenacious, turbid mucus.

4. Urinary & Faeculent discharges: the causes of urinary incontinence, a condition which can be confused with a vaginal discharge.

Syndromic Approach⁹: Because of the lack of laboratory tests in many areas and the possibility of mistakes when doctors rely solely on the clinical methods, syndromic management is often the best approach in low-resource settings.

The diagnosis is based on the identification of syndromes, which are combinations of the symptoms reported by the patient reports and those seen by physicians. Recommended treatments can be used for any condition that may be causing symptoms. However, syndromic management cannot resolve the common problem of **asymptomatic infections**. The syndromic approaches, has been recommended by World Health Organisation (WHO) for STI patients since 1990, consists of four elements:

- 1) Syndromic classification: classify them according to the appearance of the disease produced by the distribution of large organisms.

- 2) Use of algorithms: use the workbook to guide the management of syndrome.
- 3) Treatment and counseling: often use more than one type of treatment.
- 4) Treatment of partners: promoting treatment of partners.

The importance of reproductive tract infections (RTIs) in causing disease and chronic disease has been recognized by the WHO, which has recommended the syndromic approach to RTIs at the community level. In general, many different diseases have been found to be present with RTIs; especially in developing countries, have no place to check the truth; therefore, patients do not benefit from timely treatment to prevent sequelae.

The management of patient with vaginal discharge depends on the availability of a speculum or laboratory facilities. If a women complaint of vaginal discharge to a health facility where even a speculum is not available, she & her partner are treated empirically for gonorrhoea, Chlamydia, Candidiasis, Trichomoniasis and Bacterial vaginosis, if her partner has a genital ulcer or discharge.

If speculum examination is feasible, treat according to nature of discharge:

- Mucopus- treat for gonorrhoea & Chlamydia.
- Profuse discharge- treat for trichomoniasis and bacterial vaginosis.
- Lumpy discharge- treats for candidiasis.

If the partner has a lesion, couples are also treated for gonorrhoea and Chlamydia. If a microscope is available, a wet mount examination is carried out to look for trichomoniasis, yeast cells and clue cells, & treatment given accordingly. If the problem persists after this initial treatment, refer the patient to a higher care centre.

The syndromic treatment for vaginal discharge will be in all cases - treat for vaginitis (trichomoniasis and BV plus candidiasis). In some cases- if the risk assessment is positive or discharge from the cervix is detected, give treatment for cervicitis (gonorrhoea & chlamydial infection).

Classification by Syndromes¹⁰: In this approach, STIs are classified according to symptoms. Each condition consists of combination of signs and symptoms that occur during testing. The four main syndromes are:

- Urethral discharge: male.
- Lower abdominal pain: female.
- Vaginal discharge: female.

- Genital ulcer: male or female.

Syndromic management provides a standardized evidence-based approach that uses clinical management systems and schedule that can be consistently used in clinical settings so that on-site clinicians in resource-poor settings may deliver appropriate and effective STI treatment. The treatment is based on the identification of common of symptoms and signs (syndromes), risk assessment, and risk scoring.^{11,12}

The vaginal discharge flowchart leads to three treatment outcomes:

- (i) no medical treatment.
- (ii) Treatment for only vaginal infections caused by TV, BV and/or Candida spp.
- (iii) Treatment for vaginal and cervical infections caused by NG and/or CT. In the majority cases, abnormal vaginal discharge is highly indicative of a vaginal infection, thus all women presenting with vaginal discharge receive treatment for TV, BV and Candida spp.¹³

Advantages and Limitations of Syndromic Management-

- Emergency treatment: Clients receive diagnosis and treatment in a one visit.
- Positive Results: Clients receive treatment for infectious diseases. Using a workbook with treatment recommendations will reduce the likelihood of poor treatment. This approach helps prevent misdiagnoses in a variety of clinical settings. Where clinical diagnosis is common.
- Ease of use: It is easy to teach and learn, so it can be used by physicians and facilities of all levels. Requires good training, but not special knowledge about RTIs.
- Low costs: Cost savings based on unused expensive inspection.

III. LIMITATIONS AND CONCERNS:

Limitations in Diagnosing Vaginal Discharge: Vaginal discharge is a unique challenge because it may not be associated with STIs. Women who do not have STIs but STI affecting genital area will be advised to have their partner treated; thus can lead to relationship problems, including violence.

Treatable: Clients are treated for variety of infections, although some of whom have only one disease or no disease at all. This costs too much

unnecessary drug use, waste of drugs that could be used to treat other clients, and the ability of microbes to develop drug resistance. Not effective for asymptomatic disease: This approach is not applicable to patients who have the disease but do not show any signs or symptoms¹⁴.

It is a review article. For the present review detailed literary study was done described in *Ayurvedic* & modern text books briefly reviewed and research articles were also analyzed and studied. While searching for historical background of *Shweta-Pradara* glimpses can be obtained from different periods of history as discussed below.

Vedic period¹⁵-Prevedic and Vedic periods have no specific evidence about “*Shweta Pradara*”.

Charaka Samhita¹⁶-Acharaya Charaka does not say that *Shweta-Pradara* is a specific disease. However “*Pandura Asrigdara Chikitsa*” is specially mentioned.

Sushruta Samhita¹⁷-describes the *Yonivyapada*s and their *Chikitsa*, but does not specifically mention *Shweta-Pradara* and *Chikitsa*. The Physiological secretions that women secrete during sexual activity are termed as *Shukra-Dhatu* in women.

Astanga Hridaya & Ashtanga Samgraha-Acharya Vagbhata described 20 different aspects of *Yonivyapada* with their remedies¹⁸. Acharya Vagbhata describes *Pandura Asrigdara¹⁹* and *Shukra Dhatu* which is incapable for reproduction described in *Uttarasthan*.

Bhela Samhita and Harita Samhita- There is no depiction of *Shweta-Pradara*, but the *Yoni Pravaha²⁰* treatment is described in *Harita Samhita* may be related to the cure of one form of *Shweta-Pradara*.

Kashyapa Samhita-Acharya Kashyapa describes ‘*Parishruta Jataharini²¹*’ discharge from the genital, which could be considered under *Shweta-Pradara*.

Sharangadhara Samhita-Acharya Sharangadhara talks about the cure of “*Pandura Asrigdara²²*”.

Bhavaprakasha-Acharya Bhavamishra uses the term *Shweta-Pradara* while describing the ‘*Pandura Asrigdara*’ treatment²³.

Vrinda Madhava-Shweta-Pradara word has been firstly mentioned in *Vrinda Madhava*. In the context of the recipe described to alleviate *Shweta-Pradara²⁴*.

Chakrapani Datta-Commentator Chakrapani defines the term *Shweta-Pradara* as ‘*Pandure Pradara Iti Shweta Pradara*’.²⁵

Gadanigraha-Acharya Shodhal defines *Shweta-Pradara* disease²⁶.

Yogaratnakara-Author of Yogaratnakara has also mentions 20 kinds of *Yoni Rogas*. Also, *Shweta-Pradara* and its term and *Chikitsa* are used in *Somaroga Chikitsa Adhayaya²⁷*.

Vangasen-In Vangasen, *Shweta Pradara* and its treatment is described in verse of *Yoni Roga²⁸*.

Rasaratnasamuchchaya-Yoniroga is mentioned in the *Rasaratnasamuchchaya*, including *Shweta-Pradara* and its *Chikitsa²⁹*.

Brihat Yoga Tarangini-includes *Yoni Rogas*, *Shweta-Pradara* and *Chikitsa* mentioned in *Brihat Yoga Tarangini³⁰*.

Vasava Rajiyam-Contains explanation of *Pradara*, *Yonivyapada*, *Somaroga* and their remedies³¹.

ETIOPATHOGENESIS-According to *Ayurveda* *Shweta-Pradara* is caused by the vitiation of *Kapha Vata Pradhan Tridosha* in the body. *Shweta-Strava* is a symptom, not a disease; therefore the pathogenesis of main disease is also the pathogenesis of *Shweta-Pradara*.

Regarding the *Nidana* of *Shweta-Pradara* the destruction of *Kapha* takes place by *Abhishyandi*, *Guru*, *Atisnigdha* & *Mithya-Ahara Dravyas*, destruction of *Vata* by *Rukshadi Dravyas* and destruction of *Pitta* by *Ushnadi Dravyas* along with *Manasika Hetu* like *Chinta*, *Shoka* etc. Disrupted *Doshas* causes *Manda Jatharagni* & eventually creates *Ama* and fills *Amashaya*. This *Ama* harms *Rasa Dhatu*. This corrupted *Rasa Dhatu* circulates in the body through *Rasavaha Srotas*, which leads to *Rasavaha Srotas dushti*. *Artava* is *Updhatu* of *Rasa*.³² When the main *Rasa Dhatu* is destroyed, its byproducts i.e the *Updhatu* of *Rasa*, *Artava* is destroyed resulting in *Artavaha Srotodushti*. Also *Kapha* is aggravated by its vitiating factors which vitiate *Rasa Dhatu* by things like excessive indulgence in sex, bad lifestyle & diet during *Ritu-Kala* along with non-cleanliness produces, white and painless vaginal discharges due to dominance of its liquid property³³. Thus, *Dushita Yoni* causes *Yonigata-Srava Dushti* and *Yonitah Drava Nishyanda* due to *Doshas* influenced by *Sthanika* etiological factors eventually leads to *Shweta-pradara*.

DIFFERENT CORRELATIONS OF SHWETA-PRADARA WITH DISEASES IN AYURVEDA

In *Ayurvedic* texts, *Shweta-Pradara* is a symptom of various ailments:

Kaphaja Yonivyapada³⁴- Kapha, aggravated by excessive use of *Abhishyandi* matters reaches *Yoni* and causes *Yoni Picchilata*, *Kandu Yukta*, *Atishitala*, and *Alpavedana Yukta Yonirava*. **Sannipatika Yonivyapada**³⁴- Acharya Charaka says there are *Daha Shoola Yukta Shweta* and *Picchila Srava* from *Yoni*. Aggravated *Kapha* can produce mucoid vaginal discharge.

Karnini Yonivyapada³⁵- Acharya Sushruta says that *Kapha* and *Rakta* created *Karnini* in *Yoni* which will cause the vagina to discharge with blood or mucus (*Picchilata Kandu Yukta Srava*).

Upapluta Yonivyapada³⁶- Acharya Charaka says there is *Shweta Yoni Srava* which is *Pandu* in *Varna* and along with *Todais* due to *Vata* and *Kapha*. This *Shweta Srava* is unique to *Garbhini Stree*. However, Acharya *Vagbhata* explains that it can happen to any woman.

Aticharana Yonivyapada^{36,37}- Acharya Charaka and *Vagbhata* describe edema, pain and odour in this area & loss of sensation. Acharya *Sushruta* mentioned about the features like *Kandu* and *Picchila* etc. *Lakshana* of *Kapha*.

Acharana Yonivyapada³⁷- According to *Charaka*, *Sushruta Vagbhata* and other authors this condition is characterized by itching. Acharya *Sushruta* explains the weakness and irritation of *Kapha* along with itching and development of *Krimis* which may be due to infective disorders of reproductive system.

Raktagulma³⁸- In the special treatment of *Raktagulma*, there is foul smelling vaginal discharge as a symptom.

Parisruta Jataharini²¹- Emaciated woman, having continuous and excessive vaginal discharges is suffering from *Parisruta Jataharini*. This disease originates from *Jataharini*. Because, weight loss and excessive vaginal discharge the only symptoms. Idiopathic fatigue belongs to leucorrhoea.

Guhyaroga includes *Phiranga*, *Upadamsha*, *Puyameha* and other diseases in which patient having the purulent discharge from the genital area³⁹.

SAMPRAPTI GHATAK-

***Dosha**- *Kapha-Vata Pradhana Tridoshaja*

***Dushya**- *Rasa, Rakta, Mamsa*

***Srotas**- *Rasavaha, Raktavaha, Artavavaha*

***Srotodusti Prakara**- *Atipravritti*

***Agni**- *Jatharagni mandya* and *Rasadhatvagni mandya*

***Adhithana**- *Yoni, Garbhasaya*

***Sthana Samshraya**- *Yonimarga*

***Roga marga**- *Abhyantara*

***Pratyatmaka Lakshana**- *Yonitah Atisrava, Pandura Srava, Yonikandu* etc.

Prognosis- Usually *Shweta-Pradara* is *Sadhya Vyadhi*, but can be considered as *Kashta Sadhya Vyadhi* as *Nidana Sevana* is there again.

Complications - *Shweta-Pradara* is a main symptom of many *Stree Roga*. If not treated properly can lead to *Upadravas* like *Kandu, Garbhashaya Mukha Shopha* (Hypertrophy of cervix), *Garbhashaya Mukhashrita Vrana* (Cervical Erosion), *Vandhyatva* (Infertility), *Garbhashaya Greeva-Ashrita Arbuda* & carcinoma of cervix.

Treatment- According to various *Samhitas*, various treatments are described in *Ayurveda* to control *Shweta-Pradara*.

Treatment consists of two headings

1. General treatment (line of treatment)
2. Specific treatment

General treatment

- a. Treatment prescribed for *Yonirava* under *Yonivyapada* chapter.
- b. Symptomatic treatment of *Yonirava* and *Yonipaichhilya*.
- c. *Nidana Parivarjana*.
- d. *Kaphanashak* treatment.
- e. Uses of Drugs having *Katu* and *Kashaya Rasa*.
- f. *Balya Chikitsa* (use of *Rasayana* drugs).

ORAL MEDICATIONS-

Pushyanug Churna, Pippalyadi Churna,⁴⁰ *Rohitak Moola Churna*⁴¹, *Amalaki Kalka & Churna* with sugar and *Madhu, Nagkesar Churna*⁴², *Darvyadi* decoction *Nyagrodh Gana* decoction, powder root of *Chakramard*⁴³, *Bhumyamalaki Churna*⁴⁴.

*Kukkutand Twak Bhasma*⁴⁵, and combination of *Praval* (Coral) *Bhasma, Trivang Bhasma*⁴³ with rice water.

*Pradarantak Lauha, Pradarantak Rasa, Pradararipu Rasa, Pradarari Rasa, Pradarari Lauha*⁴⁶

*Ashokarishta, Patrangasava, Lodhrasava & Nyagrodhadi Ghrita*⁴⁷

FOR EXTERNAL OR LOCAL USE-

Yoni Varti- *Pippalyadi Varti, Arkadi Varti*⁴⁸.

Yoni Prakshalana- *Trifala Kwath, Kariradi Kwath*⁴⁹, *Panchvalkal Kwath*⁵⁰.

Yoni Pichu- *Udumbaradi Taila, Dhatkyadi Taila*⁵¹.

Yoni Dhupana- *Dhupana* with *Sarala, Guggulu & Yava* with *Ghrita*⁵².

Yoni Purana- Use of a bolus of powdered bark of *Plaksham* mixed with honey after oleating vaginal canal⁵³.

Preventive Measures⁵⁴-

- Stay healthy by eating well, get enough sleep & drink enough fluids.
- Use condoms & other barrier methods during sexual intercourse.
- Keep the genital area clean and dry to prevent fungal infections.
- Wear cotton undergarments.
- Wipe from front to back after urinating or defecating.
- Do not use deodorant, pads or tampons.
- Don't use petroleum jelly or other oils for lubricants.
- Don't douche.
- Do not have sex until treatment is complete and symptoms disappear.
- Don't scratch the infected or swollen areas; it can cause further irritation & pain.
- During an infection, use pads rather than tampons, if menstruation occurs.

IV. RESULT & DISCUSSION-

Shweta-Pradara mentioned in *Ayurvedic* literature is similar to leucorrhoea mentioned in modern Gynaecology.

In *Brihatrayee*, *Shweta-Pradara* is not depicted as a separate disease. In spite of *Shleshmala Yonivyapada* or *Sannipatik Yonivyapada*, *Pandura Asrigdara* having the features like *Shweta-Pradara* (Leucorrhoea). Therefore *Yonivyapadas* which are caused by *Kapha* or *Kapha-Vata Pradhan Tridosha* are the main causal factor of *Shweta-Pradara*.

Kapha Dosh is the main cause of the disease. When used in a combination each drug has the same disease preventive features. Vaginal discharge is a neglected problem among women especially in country like India. Women do not know much about hygiene. Although *Shweta-Pradara* (leucorrhoea) is a symptom, it can cause some serious problems if ignored. Women may experience genital infection, infertility, irregular menstrual cycle, low immunity, cervical carcinomas etc. due to negligence of leucorrhoea.

Ayurveda works best in this regard because following *Ayurveda* principles such as *Deepana Pachana*, *Anuloman Chikitsa*, *Yoni Prakshalana Shamana Chikitsa*, *Rasayana* and *Balya Aushadhi* is beneficial for women suffering from this disease.

Management depends on causative factors, *Prakriti* of the patient, involvement of *Doshas* etc.

V. CONCLUSION-

Shweta-Pradara can be confused with leucorrhoea as different symptoms in everyday medicine *Shweta-Pradara* is an independent disease not a symptom of so many diseases & can be considered as *Kapha-Vata Pradhan Tridosha* *Vyadhi*. *Dravyas* mentioned in *Samhitas* for different *Yonivyapadas* (Gynaecological diseases) and for *Yoni Srava* are much effective in *Shweta-Pradara* (Leucorrhoea).

Ayurveda prescribes

topical (*Yoniprakshalana*, *Yonipurana*, *Yonivarti*, *Yonidhupana* and *Yonipichu*) and internal medications (*Churna*, paste, decoctions) for the treatment of *Shweta-Pradara*. These preparations contain the properties of *Kashaya Rasa*, *Stambhana*, *Rsayana*, *Balya Tridosha-Hara* and gives good result in *Shweta-Pradara* (Leucorrhoea).

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