



Case Study

MANAGEMENT OF *SHWETA PRADARA* (LEUCORRHOEA) THROUGH AYURVEDA- A CASE SERIES

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Article info

Article History:

Received: 04-12-2021

Revised: 28-12-2021

Accepted: 13-01-2022

KEYWORDS:

Gynaevin, *Haritaki*,
Jeevak plus, Himtone
forte, Leucorrohea,
Shweta pradara,
Triphala kwatha.

ABSTRACT

Leucorrhoea or vaginal discharge is generally whitish, yellowish or greenish vaginal discharge in females that might be normal or a symptom of infection. It is almost mucus discharge, which exhibit exfoliation of vaginal epithelial cells due to estrogen influence on the vaginal mucosa. It is important to identify the differences between physiological and pathological discharges. In Ayurveda, leucorrhoea is known as *Shweta Pradara*, where *Shweta* means white and *Pradara* mean discharge. *Yoni vyapadas* which are caused by *Kapha* or *Vatakaphaja doshas* are the main causative factors of *Shweta pradara*. It also depends on the *Nidana* which may lead to vitiation of any of the *Doshas*. An attempt was made to manage *Shweta pradara* by Ayurvedic treatment protocol in dispensary at OPD level. This study was conducted on five unmarried female patients having symptoms of *Shweta pradara*. These patients came with complaints of vaginal discharge, itching in vaginal area, backache etc., and were treated with *Shunthi Dhanyak Siddha Jala* for *Deepan Pachan*, *Haritaki churna* for *Anuloman*, Jeevak plus capsule, Gynaevin syrup for oral medication, and *Triphala Kwatha* for *Yoni Prakshalan*, Himtone forte as *Rasyana* and *Balya aushadhi*. The whole treatment was done for 4 weeks and marked improvement was achieved in all the patients.

INTRODUCTION

A woman during her life span may have different types of discharges per vagina. Normal vaginal flora (lactobacilli) colonize the vaginal epithelium and may have a role in defense against infection.^[1] The vagina serves as a passageway between the outside of the body and the inner reproductive organs. The growth of various bacteria and fungi is hampered in vagina because the pH balance of the vagina is naturally acidic. As saliva cleanses and moistens the environment of the mouth similarly a healthy vagina produces secretions to cleanse and moisten itself. Imbalance in the vaginal pH and changes in color, consistency, amount, smell of discharge sets up an environment conducive to infection that leads to leucorrhoea.^[2]

Most common causes of leucorrhoea in modern are cervicitis, vaginitis, cervical erosion and bacterial vaginosis etc.

In Ayurvedic classics white vaginal discharge is known as *Shweta pradara*. The word *Shweta pradara* has not been described in *Brihatrayee* i.e., *Charaka Samhita*, *Sushruta Samhita*, *Astanga Hridaya* and *Astanga Sangraha*. For white vaginal discharge, the word *Shweta pradara* has been described in *Sharangadhara Samhita*, *Bhava Prakasha*, *Yoga Ratnakara* and in commentary on *Charaka Samhita* by *Chakrapani*.^[3] *Shweta pradara* (Leucorrhoea) is observed as a symptom of many diseases. *Shweta pradara* may be present as an *Upadrava* of other *Vyadhi*.^[4] *Shweta pradara* is a symptom, not a disease, hence etiopathogenesis of principal disease would be the etiopathogenesis of *Shweta pradara* also. Considering clinical features of *Shweta pradara*, it is a *Kaphaja* disorder in the region of *Apana vayu*, as any type of *Srava* (discharge) is resulted from *Kapha dosha*. So, vitiated *Kapha* due to its various factors, results in white discharge through vagina, because of *Drava guna* and *Rasadushti* caused by *Kapha*. Along with *Kaphadushti* and *Rasadushti*, *Vatadushti* is also present in *Shweta pradara*.

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<https://doi.org/10.47070/ijapr.v10i1.2245>

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Coitus in excessive amount, frequent abortions (MTP),^[5] sedentary lifestyle and improper dietary habits during menstruation and ovulatory period; along with unhygienic vaginal conditions are commonly observed causes for *Shweta pradara* (Leucorrhoea).

Treatment of *Shweta pradara* is mainly based on the use of drugs which are having predominance of *Kashaya rasa* and along with *Tridosha shamaka* and *Balya* properties. Therefore, the drugs of *Kashaya rasa* dominance are mainly used locally and internally. All the medication provided to the patients was used from the Government supply that has been provided by the Department of Ayush to Govt. Ayurvedic Dispensary Basolhi Town. So the present attempt was initiated to see the efficacy of Ayurvedic management of *Shweta pradara*.

Case Series

This case series included the patients of *Shweta pradara* who visited the Government Ayurvedic Dispensary Basolhi Town, District Kathua, J&K. Demographic data of the patients included their age, gender, occupational history and personal history. Patients were examined physically and required investigations were carried out. Follow-up of patients was taken each week for four consecutive weeks. Assessment of the patients was done on the completion of the treatment.

Case Presentation

Case 1

A 22 years old unmarried female patient student by profession suffering from white discharge per vaginal, lower back ache and weakness since 9 months. On further inquiry patient told that discharge was heavy that her undergarments became wet. The consistency of the discharge was thin with foul smell. Occasionally she experienced pain in lower abdomen and became tired on moderate exertion. She used to sleep late at night and during day also she slept for around 2 hours after lunch. Lifestyle of the patient was sedentary.

Her weight was 55 kg.

Diet: Patient was consuming *Amla Katu ras pradhan ahara* and having junk food twice a week regularly

Past History: NAD

Family History: Her sister was also suffering from *Shweta pradara*.

Agni: *Visham* with *Krura Kosht*

Prakruti: *Kapha pradhana Vata anubandhi*.

Sara: *Rasa-Rakta sara*.

Mala: *Asamyaka, Vibandha*.

Mutra: *Samyak*

Menstrual history: Regular menses at the interval of 28 days for 5 days with mild pain.

She had taken treatment at different places but did not get satisfactory relief in the complaints. So she came for Ayurvedic treatment.

Case 2

A 26 years old unmarried female patient teacher by profession suffering from thick discharge per vaginal, itching in vulva, lower back ache and weakness since 8 months. On further inquiry patient told that discharge was yellowish in colour, thick in consistency with foul smell. Discharge was quite heavy that she has to use pads for that. Discharge increased on heavy exertion. Occasionally she experienced pain in lower abdomen and became tired even on mild exertion. Her sleep was disturbed.

Her weight was 48 kg.

Diet: Patient was fond of *Lavana* and *Katu ras pradhan ahara* and took non-vegetarian diet. She used to have excessive junk food, chocolates 2 times a week.

Past History: NAD

Family History: NAD

Agni: *Agnimandhya* with *Krura Kosht*

Prakruti: *Vata kapha prakruti*

Sara: *Mansasara*

Mala: *Sama mala*

Mutra: *Samyak*

Menstrual History: Regular menses at the interval of 30 days for 4 days severe pain on 1st day and for rest 3 days patient felt mild pain in lower abdomen.

She had taken allopathic medicine once and got temporary relief in the complaints. As her problem aggravated again she came for Ayurvedic treatment.

Case 3

A 27 years old unmarried female patient teacher by profession came with complaints of white discharge from vagina, itching in vulva and backache since 7 months. On further inquiry patient told that discharge was heavy that her undergarments became wet. The consistency of the discharge was thick, curdy white in colour with foul smell. Occasionally she experienced itching in vulvar region along with burning sensation. She also complained of heaviness in abdomen along with bloating after having food. Her backache increased when discharge increased. She used to sleep late at night. Lifestyle of the patient was sedentary.

Her weight was 52 kg.

Diet: Patient was fond of *Lavana* and *Amla ras pradhan ahara* and took fast food, she drinks cold water and sometimes lukewarm water in early morning. She was having habit of taking tea 3 times daily.

Past History: NAD

Family History: NAD

Agni: *Agnimandhya* with *Krura kosht*

Prakriti: Vata pitta**Sara:** Raktasara**Mala:** Vibandha**Mutra:** Sdaha Mutrata**Menstrual History:** Regular menses at the interval of 28 days for 5 days mild pain in lower abdomen, back and thigh region.**Case 4**

A 17 years old unmarried female patient student by profession with complaints of white discharge from vagina, and backache since 5 months. On further inquiry patient told that discharge was heavy that her undergarments became wet. The discharge was white in colour with thin consistency and foul smell. Occasionally she experienced itching in the vulvar region along with burning micturation. She became tired on mild exertion and slept for around 2 hours after lunch. Lifestyle of the patient was sedentary Discharge increased on exertion.

Her weight was 47 kg.

Diet: Patient was fond of *Katu* and *Amla ras pradhan ahara* and takes regular fast food, she used to have excess of coffee almost 4 to 5 cups a day.**Past History:** NAD**Family History:** NAD**Agni:** Visham with *Krura koshta***Prakriti:** Vata Kapha**Sara:** Mamsa sara**Mala:** Vibandha 1 time in two days**Mutra:** Sdaha Mutrata**Menstrual History:** Regular menses at the interval of 28 days for 5 days with mild pain.**Case 5**

A 16 years old unmarried female patient student by profession came with complaints of excessive white discharge from vagina, pain in lower abdomen and general weakness since 5 months. On further inquiry patient told that discharge was white in colour, thick in consistency with foul smell. Discharge was so heavy that her undergarments became wet. She experienced pain in lower abdomen and even became tired on exertion. Patient slept late at night.

Her weight was 43 kg.

Diet: Her diet was very irregular and mostly had junk food, also had bakery products and fast food regular basis.**Past History:** NAD**Family History:** Mother had complaint of white discharge.**Agni:** Agnimandhya with *Madhyam koshta***Prakriti:** Vata kapha**Sara:** Rasasara**Mala:** Vibandha**Mutra:** Samyak**Menstrual history:** Regular menses at the interval of 28 days for 6 days with severe pain in lower abdomen and thigh region.**Per Vaginal and per speculum Examination:** As all the patients were unmarried these examinations were not done.**Table 1: Assessment Criteria/Gradation of symptoms^[6]****A. Yonigata Shweta Strava (Vaginal discharge)**

No discharge	0
Mild discharge (occasionally Wetting under garments/slight discharge, vulva moistness)	1
Moderate discharge (wetting of under garments)	2
Heavy discharge (Heavy discharge which needs vulva pads)	3

B. Katishul (Backache)

No backache	0
Mild (can withstand pain & can manage routine work)	1
Moderate (cannot manage routine work & need to take rest)	2
Dependent on painkiller (cannot withstand pain & bed ridden)	3

C. Yoni kandu (Itching)

No Kandu	0
Mild itching (Slight rub)	1
Moderate itching (Instant rub causes redness)	2
Heavy itching (continuous rub causing redness)	3

D. Vibandh (Constipation)

Stool passes as per normal schedule	0
Passes stool with strain, sometimes takes purgative	1
Passes stool after more than 24 hours, frequently takes purgative	2
Passes stool after gap of one day, normal purgatives does not work	3

E. Shrama (Tiredness)

1	No Shrama (Tiredness)	0
2	On excessive exertion feels tired	1
3	On moderate exertion feels tired	2
4	On mild/ no exertion feels tired	3

F. Agnibala

Feels good hunger and proper digestion regularly	0
Feels good hunger but irregular digestion	1
Feels less hunger and irregular digestion	2
Feels very less hunger and the very less digestion	3

G. Durgandha (Odour)

Absent	0
Mild	1
Moderate	2
Severe	3

Treatment Protocol

Treatment protocol planned for all the 5 patients was of 4 weeks, divided into three parts:

Table 2: Deepan, Pachan, Anuloman and Pathya Palan 1 week

Name of Drug	Dose	Kala	Anupana	Duration
<i>Shunthi dhanyak siddh Jala</i>		Whole day <i>panarth</i> whenever patient feels thirsty		1 st week
<i>Haritiki Churna</i>	5gm	Morning, afternoon and evening 1 hour before meal	<i>Ushanodak</i>	1 st week
<i>Triphala Kwatha</i>	Q.S	5-6 times in a day for <i>Yoni prakshalana</i>		1 st week

Table 3: Vyadhaiviprit chikitsa for 2 weeks

Name of Drug	Dose	Kala	Anupana	Duration
Jeevak Plus Capsule	2 cap	Morning, afternoon and evening half hour before meal	<i>Ushanodak</i>	2 nd and 3 rd week
Gynaevin Syrup	2 tsf	Morning, afternoon and evening half hour before meal		2 nd and 3 rd week
<i>Haritiki Churna</i>	5gm	Morning (empty stomach) evening (6p.m)	<i>Ushanodak</i>	2 nd and 3 rd week
<i>Triphala Kwatha</i>	Q.S	3 times in a day for <i>Yoni prakshalana</i>		2 nd and 3 rd week

Rasayan and Balya Aushadi for 1 week (4th week)

Himtone forte 2 tabs of 250mg with milk morning evening half hour before meal.

Table 4: Ingredients of Jeevak Plus, Gynaewin Syrup and Himtone forte

Name of Medicine	Contents	Botanical name	Quantity
Jeevak Plus	<i>Ashoka</i>	<i>Saraca asoca</i>	50gms
	<i>Bala</i>	<i>Sida cardifolia</i>	40gms
	<i>Ashwaganda</i>	<i>Withania somnifera</i>	40gms
	<i>Shatavari</i>	<i>Asparagus racemosus</i>	40gms
	<i>Supari</i>	<i>Areca catechu</i>	40gms
	<i>Lodhra</i>	<i>Symplocos racemosa</i>	30gms
	<i>Nagkesar</i>	<i>Messua ferra</i>	30gms
	<i>Majuphal</i>	<i>Querques infectoria</i>	20gms
	<i>Mocharasa</i>	<i>Bombax malabaricum</i>	20gms
	<i>Dhataki Pushpa</i>	<i>Woodfordia fruticosa</i>	20gms
	<i>Gorakhmundi</i>	<i>Spharanthus indicum</i>	20gms
	<i>Daruharidra</i>	<i>Berberis aristata</i>	20gms
	<i>Muktashukti Bhasam</i>		25mg
	<i>Kukutand Twak Bhasam</i>		25mg
Gynaevin Syrup	<i>Jamun Chhala</i>	<i>Shzygium cumini</i>	200mg
	<i>Aam Chhala</i>	<i>Mangifera indica</i>	150mg

	<i>Supari</i>	<i>Areca catechu</i>	150mg
	<i>Lodhra</i>	<i>Symplocos racemosa</i>	200mg
	<i>Ashok Chhala</i>	<i>Saraca indica</i>	150mg
	<i>Gajpippali</i>	<i>Scindapsus officinalis</i>	150mg
	<i>Manjishtha</i>	<i>Rubia cordifolia</i>	100mg
	<i>Jeevanti</i>	<i>Leptadenia reticulata</i>	100mg
	<i>Shatavari</i>	<i>Asparagus racemosus</i>	100mg
	<i>Dashmool</i>		100mg
	<i>Shunthi</i>	<i>Zingiber officinale</i>	50mg
Himtone forte	<i>Ashwagandha</i>	<i>Withenia somnifera</i>	75mg
	<i>Shatavari</i>	<i>Asparagus racemose</i>	50 mg
	<i>Vidarikand</i>	<i>Pueraria tuberosa</i>	50 mg
	<i>Akarkara</i>	<i>Anacyclus pyrethrum</i>	20 mg
	<i>Jaiphal</i>	<i>Myristica fragrans</i>	20 mg
	<i>Manjistha</i>	<i>Rubia cordifolia</i>	20 mg
	<i>Kounch beej</i>	<i>Mucuna prurita</i>	20 mg
	<i>Vidhara</i>	<i>Pueraria tuberosa</i>	20 mg
	<i>Shilajit</i>	<i>Asphaltum pniablunm</i>	15 mg
	<i>Chaturjat</i>		20 mg
	<i>Triphala</i>		20 mg
	<i>Trikatu</i>		20 mg

Table 5: Pathya-Apathya

Pathya Ahahar	Apathya Ahahar
<i>Ushanodak</i> (reduce upto 1/4 th)	Avoid <i>Pishta anna</i>
<i>Mudag yush, Masoor yush, Shali Chaval</i>	Excessive <i>Lavan, Amla</i> and <i>Katu ras</i>
<i>Dudhi, Karvelak, Patol, Kushmand</i>	Dairy products
	Junk food
Pathya Vihar	Apathya Vihar
<i>Nirvata sthana shayanarth</i>	<i>Divaswapan, Ratrijagran</i>
	<i>Pravatsevan, Chinta adhikya</i>
	<i>Vyayam</i>

Patients were strictly advised to follow the *Pathya* and avoid *Apathya* during the complete duration of treatment.

OBSERVATIONS**Table 6: Laboratory Investigations of the Patients before Treatment**

Investigations	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
TLC (cu mm)	6000	7000	7500	7400	9000
Neutrophils (%)	65	57	69	70	55
Lymphocytes (%)	31	37	26	27	39
Eosinophils (%)	2	4	3	1	3
Monocytes (%)	2	2	2	2	3
Hb (gm%)	10	9.2	10.5	10.4	9
ESR (mm/hr)	20	10	25	20	22

Table 7: Laboratory Investigations of the Patients after Treatment

Investigations	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
TLC (cu mm)	6000	7000	7500	7500	8900
Neutrophils (%)	67	60	69	67	60
Lymphocytes (%)	30	35	26	30	36
Eosinophils (%)	1	3	3	1	2
Monocytes (%)	2	2	2	2	2
Hb (gm%)	10.8	9.8	11	10.8	10
ESR (mm/hr)	18	10	22	20	18

Table 8: Vitals of the patients before treatment

Vitals	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Temperature	98.4	98	98.4	98.4	98.4
BP	122/84	100/70	116/78	120/82	110/74
RR	18	19	18	18	19
Pulse rate	74	76	70	72	74

Table 9: Vitals of the patients after treatment

Vitals	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Temperature	98.4	98	98.4	98.6	98.4
BP	120/82	110/78	120/80	124/80	116/74\8
RR	19	18	18	19	19
Pulse rate	72	74	74	76	72

Table 10: Results of assessment of various symptoms of Shweta pradara

	Symptom	Vaginal discharge	Katishul	Yoni kandu	Vibandha	Shrama	Agnibala	Dorgandhaya
Patient 1	BT	3	2	0	1	1	2	2
	AT	0	0	0	0	0	0	0
	Diff %	100	100	0	100	100	100	100
Patient 2	BT	2	1	2	1	2	1	1
	AT	0	0	0	0	0	0	0
	Diff %	100	100	100	0	100	100	100
Patient 3	BT	3	1	2	1	2	3	1
	AT	0	0	0	0	1	0	0
	Diff %	100	100	100	100	50	100	100
Patient 4	BT	2	2	2	3	3	0	2
	AT	0	0	0	0	0	0	0
	Diff %	100	100	100	100	0	0	100
Patient 5	BT	2	2	1	2	1	1	2
	AT	0	0	0	0	0	0	0
	Diff %	100	0	100	100	100	100	100

*BT: Before treatment, AT: After treatment, Diff %: Difference in %

DISCUSSION

Vaginal discharge is much neglected issue by women especially in country like India.^[7] In village area, women do not know about hygiene very much. Even though leucorrhoea is a symptom but if it is neglected, may become some serious issue. Women may develop reproductive organ infection, infertility, irregular menstrual cycle, low immunity etc. due to negligence of leucorrhoea. Ayurveda gives best results in this condition, because along with following Ayurveda principles like *Deepan pachan*, *Anuloman chikitsa*, *Yoni prakshalana Shamana chikitsa*, *Rasayan* and *Balya Aushadhi* is very beneficial for females suffering from the disease.

The status of *Agni* in all the above cases was *Manda*.

Ama was present in all cases in mild to moderate proportion and *Mala ashuddhi* was also present in all cases.

The *Doshik vikriti* in the above cases as per their *Nidana (Ahara, Vihara)* was evaluated as follows:

Case 1. *Pitta pradhana* with *Vata* associated

Case 2. *Pittakapha*

Case 3. *Pittakapha*

Case 4. *Vata vriddhi* with *Pitta* associated

Case 5. *Pitta* predominant with *Vata madhya* and *Alpa kapha*.

So after evaluating the above factors, the treatment was aimed at 3 following steps

Phase 1. *Ama pachana* and local cleansing and *Hetu viprita chikitsa*

Shunthi- Dhanyaka siddha jala was given. *Shunthi*^[8] is *ushna*, *Amavata hara*, *Pachaka* due to its *Katu rasa*, *Laghu*, *Snigdha guna*, *Madhura vipaka* which helps in *Kapha vata shamana* and *Pitta aprakopana*. Due to its *Grahi guna* it helps in the *Pachna* of *Drava ansha* of *Ama* and due to *Prabhava* it is *Vibhandha hara*.

Dhanyaka^[9] is *Tikta*, *Katu*, *Kashaya*, *Laghu*, *Ushna Virya*, *Madhura vipaka*, *Deepana pachana* and *Tridosha hara*, chiefly it is *Pitta hara*. So the combined effect of this *Jala* is *Deepana*, *Pachana*, *Srotoshodhana* and *Vata varcha anulomana*.

Haritaki churna is considered as best *Anulomana*,^[10] helps in elimination of *Doshas* after their proper *Paka*, aids in *Agni deepana*, *Dosha pachana* and *Ama nirharana* brings *Srotolaghava* and balances *Tridosha*.

Triphala Kshaya Prakshalana- Triphala is *Kshaya Rasa pradhana* with *Ruksha* property and it is chiefly *Pitta Kapha Shamana*.^[11] The *Kshaya rasa* is having astringent property which helps in drying excessive *Srava*, reduces local *Shotha* (inflammation) and relieves *Kandu* (itching) per vagina.

Pathya planned is having *Tikta*, *Katu rasa pradhana* and *Katu vipaka*, *Laghu ruksha* in property

plus *Sheeta virya*. Such *Ahara dravya* pacifies *Pitta* and *Kapha dosha*, due to *Laghu ruksha* property helps in *Agni deepana* (easy to digest), *Udgara shuddhi* and *Srotoshuddhi*.

Phase 2. *Vyadhi Viprita* by selecting *Pradara nashaka aushadh* i.e., *Jeevaka plus* and *Gynevin syrup*

In these cases the *Drava* and *Ushna guna* of *Pitta* leads excessive *Srava*, due to *Picchila* and *Snigdha guna* of *Kapha* discharge becomes sticky, foul smelly. The combined effect of these proprietary medicines is having *Sheeta* and *Stambhana* which balances increased *Ushna* and *Drava guna* of *Pitta*. Along with the drugs present in these medicines are having *Ruksha*, *Vishada* and *Laghu* property which helps in pacifying *Vikrita picchila* and *Snigdha guna* of *Kapha*. And drugs like *Ashoka*, *Nagkesar*, *Lodhra*, *Mocharasa*, *Dhataki*, *Puga*, *Amra* and *Jamun chhal* are *Pradara nashaka* predominantly due to *Kshaya tikta*, *Sheeta*, *Grahi*, *Ruksha* property.

Gynaevin syrup has *Vatakaphara* properties. It also has *Dipana*, *Sukshma*, *Vyavayi* and *Grahi guna*. *Dashmool* present mainly has *Tridosha shamak*^[12] effect and *Shunthi* and *Gajpipplai* having *Dipan* effect leading to the pacification of *Ama dosha* and *Agni vriddhi*.

Phase 3. *Rasayan* and *Balya Aushadhi Himtone forte*

Phase 1 and Phase 2 planned helped in *Agni deepana*, *Srotoshodhana*, *Mala shuddhi* and cured *Srava* completely but due to *Rukshana* it leads to little *Vata prakopa*, so to counter it *Rasayana* was planned. The combination of the medicine is having predominantly *Vrishya*, *Bala*, *Brihamanya/dhatu Vardhaka* property due to *Madhura-kshaya rasa*, *Sheeta virya*, *Madhura vipaka*, *Guru*, *Snigdha* property. Also regulates *Apana Vata*. *Shilajatu*^[13] present in this medicine is considered as best *Rasayan* for Urinary and reproductive system. And *Trikatu*^[14] acts as *Yogavahi* to make availability of the *Balya* medicine at cellular level and also it maintains *Agni*.

This whole combination of drugs was well suited to treat leucorrhoea.

CONCLUSION

The whole treatment combination of *Jeevak plus capsule*, *Gynaevin syrup*, *Haritaki churna* for *Anulomana*, and *Triphala kwatha* for *Yoni prakshalan*, *Himtone forte* as *Rasyana* and *Balya aushadhi* when used in patients of *Shweta pradara* (leucorrhoea) for 4 week, gave excellent results. Marked improvement was seen in symptoms of all the five patients. This attempt was made in patients of *Shweta pradara* (leucorrhoea) at OPD level in a village dispensary. It may give some leads to treat the village patients with fewer resources at OPD level. The study is limited to

management of uncomplicated cases of leucorrhoea in a village dispensary.

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Cite this article as:

Akanksha Sharma. Management of Shweta Pradara (Leucorrhoea) Through Ayurveda- A Case Series. International Journal of Ayurveda and Pharma Research. 2022;10(1):57-64.

<https://doi.org/10.47070/ijapr.v10i1.2245>

Source of support: Nil, Conflict of interest: None Declared

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