

A COMPREHENSIVE REVIEW ON: SHWETAPARDARA W.S.R. TO LEUCORRHOEA

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ABSTRACT

Leucorrhea is a common gynecological condition faced by many women during reproductive age, it is characterized by excessive white or pale yellowish vaginal discharge, which may be sometimes cause itching, redness, irritation and foul smell. While a small amount of vaginal discharge is normal and helps keep the vagina clean and protected that is physiological discharge. However, abnormal leucorrhoea may be a sign of infection, hormonal imbalance, poor hygiene, or a systemic illness. White discharge with a foul odor can cause discomfort and embarrassment, affecting a women's daily activity and social life. According to ayurveda, this condition is referred to as *shwetapradar*, the term "*shwetapradra*" Is not mentioned as independent disease but is described as one of the symptoms of *yoni vyapad* in *Breehatrayi*. *Yonivyapad* (*Atyananda*, *Karnini*, *Aticharna*, *Shleshmala*, *Upapluta* and *Prasramsini Yonivyapada*)^[1] influenced by *kapha-vata* predominant in *tridosha*. Aggravated *kapha*, influenced by its own aggravating factors and compounded by factors like excessive coitus, abortions, improper lifestyle and diet during menstruation, can disturb the *rasadhātu* of the reproductive system. This review aims to provide a comprehensive overview of leucorrhoea, including its physiopathology, criteria, etiology, symptoms, investigations and preventions strategies from both modern and ayurvedic perspectives.

KEYWORDS: Shwetapardara, Leucorrhea, Abnormal Vaginal Discharge, *Pradara*, *Yonivyapada*.**INTRODUCTION**

Shwetapardara consists of two words *Shweta* and *Pradara*. *Shweta* word explains white or the nearest colour of white. From these meaning the whitish or yellowish white colour can be considered under the *Shweta varna*. *Pradara* word, which is derived from the *Sanskrit* root, which denotes the dilatation or tearing off. Thus, the term *shwetapardara* implies over abundance white discharge release per vagina.

Leucorrhoea can occur due to both normal physiological and pathological conditions.^[3] Physiological vaginal discharge is a natural process that helps maintain vaginal hygiene and provides protection against infection. Abnormal discharge often indicates an underlying disorder that requires medical treatments. Leucorrhoea is often a symptom rather than a standalone disease, sometimes it is so noticeable that people focus on treating it alone, but it's essential to find and address the

real cause behind it, at the end severity up to infertility and chronic reproductive tract infections if not treated at right time.

In the classics of *Ayurveda*, *shwetapardra* is not described as a single disease entity but is understood under the condition of *yonivyapad*. The term *shwetapardara* is used in the *Sharangdhar Samhita* to describe atypical white vaginal discharge. *Bhava Prakash*, *Yoga Ratanakar* and commentator *Chakrapani* have define the term *shwetapardara* as "*Pandure Pradara iti Shwetapardara*"^[2] caused by *kapha-vata* *Pradhan dosha*, it is not an illness, but rather a sign of numerous ailments, because of inadequate diet, lifestyle, weak immunity, *kapha* becomes disturbed, affecting the genital area and impairing the *Rasa dhātu* of the reproductive system, leading to the release of a white, unpleasant smelling discharge.

Clinically leucorrhoea may present additional symptoms such as lower backache, pruritus, general weakness, which can interfere with daily activities irritation and sexual health issues. It is estimated that approximately 60-80% of women experience this at one time or another.

The prevention of leucorrhoea is particularly high among women of reproductive age, largely due to hormonal imbalance, reproductive activity and increased susceptibility to infections, socioeconomic factors like lack of awareness about menstrual and genital hygiene, poor nutrition and limited access to healthcare. According to modern approach, which mainly focus on antimicrobial or hormonal therapies, while ayurveda focus on comprehensive treatment approach that seeks to rectify the fundamental dosha imbalance, enhance Agni and revive the normal functioning of the reproductive system. Therapeutic approaches including *Shamana Chikitsa*, *Shodhana Chikitsa*, local treatment such as *yonipichu*, *yonidhupana*, *yoniprakshalana* as well as herbal remedies, dietary guidance, increases awareness, health education, lifestyle changes are crucial in reducing the prevalence and recurrence of leucorrhoea.

Criteria of leucorrhoea

Excess secretion is evident from:

Persistent vulval moistness or staining of the undergarments (brownish yellow on drying) or need to wear a vulval pad.

Discharge is non-purulent and non-offensive.

Discharge is non-irritant and never cause pruritus.^[3]

PATHOPHYSIOLOGY

Normal vaginal secretion

Normal vaginal discharge is a physiological secretion that helps maintain vaginal health. It depends on the level of the hormone's oestrogen in the body. When oestrogen level increases, the endocervical glands produce more mucus. At the same time, the superficial cells of the vaginal lining become rich in glycogen. Lactobacilli (normal vaginal bacteria) convert glycogen into lactic acid, which maintains an acid vaginal pH of about 3.8-4.5. This acidic environment helps prevent infections. The amount and consistency of vaginal discharge during the menstrual cycles due to hormonal variations. Normal discharge helps in lubrication, cleansing, and protecting the vagina from harmful microorganisms.

Cause of leucorrhoea

Physiological cause

- **Puberty:** Increased level of oestrogen causes overgrowth of vaginal epithelium and increase secretions.
- **Ovulation:** Peak risk of oestrogen leads to clear, stretchy cervical mucus.
- **Pregnancy:** Hyperoestrinism with increases vascularity leads to increase vaginal transudate and cervical gland secretion.

Cervical cause: Non-infective cervical lesion may produce excessive secretion which pours out at the vulva.

Vaginal cause: Increased vaginal transudation leads to increased pelvic congestion and secretion.

Pathological cause: pathological causes of leucorrhoea occur due to inflammation, or systematic disease and are usually associated with abnormal color, odor, consistency or symptoms such as itching.

Infection Causes

Bacterial: bacterial vaginosis (thin, grayish, foul-smelling discharge)

Fungal: candidiasis (thick, white, curdy discharge with itching)

Parasitic: trichomoniasis (frothy, yellow-green discharge, foul smell, itching)

Inflammatory causes: vaginitis due to irritation (allergens, soaps, chemicals)

Cervicitis (due to chlamydia or gonorrhoea)

Endometritis (postpartum or post abortion)

Symptoms of leucorrhoea

Common symptoms

- white, clear, watery, sticky and thick discharge.
- Sometimes mild lower abdominal discomfort or backache.

Abnormal discharge

- Foul-smelling discharge.
- Yellow-green or curdy discharge.
- Itching, irritation or burning sensation.
- Lower abdominal or pelvic pain.
- Redness or soreness around the vagina.

Thick white + intense itching → yeast infection.

Gray/white + fishy smell → bacterial vaginosis

Yellow green + frothy + bad smell → trichomoniasis (STI)

Investigation of leucorrhoea

1. Vaginal pH test – normal 3.8-4.5

Raised pH (>4.5): bacterial vaginosis
Trichomoniasis

2. Vaginal swab culture and sensitivity

3. **Pap smear:** detect cervical infection, precancerous or cancerous changes.

4. **Blood test:** CBC, TSH, HIV, Blood sugar

5. **Urine examination:** for urinary tract infection.

6. STI screening

Prevention: leucorrhoea is managed by first determining whether it is physiological and pathological, physiological leucorrhoea does not need medication, it can be managed by reassurance and advice on proper genital hygiene. Appropriate local hygiene is to be taken care of appropriate local hygiene is to be taken care of to prevent infection. Vaginal area should not be washed with soap. Pathological leucorrhoea is treated by

correcting causes such as poor hygiene, strengthens immunity and prevents condition like anemia that predisposes to leucorrhoea., oily food should be avoided, along with medicines like antibiotics or clobetasol propionate 0.05 per cent ointment may be helpful. Sexual partner should be tested in cases of sexually transmitted infections to prevents further infection. If any Recurrent or persistent cases need further investigations, appropriate therapy, and follow-up.

Leucorrhoea: Ayurvedic perspective

The term “*shwetapradara*” is not directly mentioned in the *Brihatrayee*, the three main classical textbooks of Ayurveda, still, *Chakrapanidatta*, the commentator of the *Charaka Samhita*, described *Shwetapradra* as *Pandura Pradara*, and *Indu*, the commentator of the *Ashtanga Sangraha*, explained it as *Shukla Asrigdara*. It is mentioned in after Ayurvedic textbooks similar as the *Sharangadhara Samhita*, *Bhava Prakasha*, and *Yoga Ratnakata* in relation to *Yoni sarava* (vaginal

discharge).in these references, *shwetaparada* is not described as a separate disease but as a symptom of an underlying condition.

Nirukti of term shweta pradara

The word *Shweta Pradara* is derived from two Sanskrit words “*Shweta*” meaning *white* and “*Pradara*” meaning excessive discharge or flow⁴. hence the combined term *shwetapradara* means excessive white discharge per vagina.

Samprapti ghataka

- *Dosha: Kapha, Vata.*
- *Dhatu: Rasa, Rakta*
- *Srotas: Artavavha srotas*
- *Rogamarga: Abhyantra*
- *Adhistana: Yoni, Garbhashaya.*
- *Srotodusti: Atipravriti*
- *Vyakthasthana: Yoni*

Disease where shwetapradara is a main symptoms:

| | |
|---|---|
| <i>Yoni vyapat</i> | <i>lakshanas</i> |
| <i>Kaphaja yonivyapat</i> | <i>Picchila, kanduyukta, atisheetala, alpavedana</i> |
| <i>Sannipatika yonivyapat or tridoshaja or sarvaja yonivyapat</i> | When the condition involves all the <i>doshas</i> , it presents with <i>shweta</i> and <i>picchila</i> discharge along with <i>dha</i> and <i>shola</i> . |
| <i>Upapluta yonivyapat</i> | <i>Shweta, sakapha, pandu</i> with poking pain. |
| <i>Aticharana, Acharana, Atyananda, Karnini yonivyapat</i> | <i>Kandu</i> and <i>paicchhilya</i> are common as all these are due to the ascendance of <i>kapha</i> . |
| <i>Prasramsini yonivyapat</i> | Syandate – meaning -sravati |
| <i>Pittala yonivyapat</i> | May be associated with purulent vaginal discharge. |

Treatment

The treatment of *Shweta Pradara* in Ayurveda aims at *Kapha-shamana*,⁹ strengthening of the reproductive system, uses of drugs having *Katu* and *Kashaya Rasa* also uses of *Rasayana* drugs and elimination of causative factors (*nidana parivarjana*).

Nidana parivarjana: Avoid *guru, madhu, snigha, abhishyandi ahara*.

- Avoid excessive intake of sweets, milk, curd and oily foods.
- Maintain proper genital hygiene.
- Yoga and meditation for Stress management and proper rest.

Shamana Chikitsa (Internal medication)

Drugs having *Kashaya, Tikta, Katu rasa, Laghu* and *Ruksha guna* are preferred:

Pushyanug churna, Pippalyadi churna^[6], *Rohitakmoola churna, Amalaki kalka* and *churna* with sugar and *madhu, Nagkesh churna, Darvyadi decoction Nyagrodh*

gana decoction, Chakramardmool churna, Bhumyamalaki churna.

Combination of *praval bhasma, Kukkutand twak bhasma, trivang bhasma* with rice water, *Pradarantak lauha, Pradararai lauha, Pradarantak rasa, Pradararipu rasa, Pradarari rasa.*

Ashokarishta, Patrangasava, Lodhrasava and *Nyagrodhadi ghrita.*

Sthanik Chikitsa (Local treatment)

Yoni Prakshalana (Vaginal douche/wash):

*Triphala Kwatha*¹¹

Pancavalkala Kwatha

Lodhra Kwatha

Nimba Kwatha

Action: *Kapha-hara, stambhana, anti-infective.*

Yoni picchu

A sterile cotton swan soaked in medicated oil or decoction is inserted into the vaginal canal.

Lodhra taila

Udumbarai taila

Dhatkyadi taila

Jatyadi taila

Triphala taila

Action: Reduces excessive discharge, strengthens vaginal tissues.

Yoni Varti

Medicated vaginal suppositories made from powder of *Kashaya* and *Kapha-shamaka* drugs.

Pippalyadi varti

Arkadi varti

Lodhra

Yashtimadhu

Triphala

Pancavalkala

Action: *Stambhana*, antimicrobial effect, and toning of vaginal muscles.

Yoni dhupana

Fumigation of the *Yoni* with medicated smoke.

Dhupa of sarala

Guggulu and *yava* with *ghrita*.

Action: reduce *kapha*, antimicrobial effect, control ordis and itching.

Yoni purana: In which the vaginal canal is filled with a medicated bolus (*pinda*).

Use of a bolus of powdered bark of *plaksha* mixed with honey after oleating the vaginal canal.

Action: Reducing excessive white discharge, drying local moisture and strengthening vaginal tissues.

Yoni lepana: application of medicinal ointment over the vaginal area.

DISCUSSION

Leucorrhoea mentioned in modern gynecology is similar to *shwetapradara* in ayurveda literature.

In *brihatrayee*, *shwetapradara* is not described as a single disease although *yonivayad* like *Shleshmala Sannipatik yonivayapad* having the features like *shwetapradara*. Therefore, *yonivyapad* which is caused by *kapha* or *kapha-vata pradhan tridosha* are the main causative factor of *shwetapradara*.

Kapha dosha is the main cause of the *shwetapradara*. Vaginal discharge is a commonly neglected health issue among women especially in India. It can cause some serious problem if ignored like infertility, irregular menses, low immunity, cervical carcinoma etc.

Ayurveda works best in this regard because following ayurveda principles such as *Deepana Pachana*, *Yoni prakshalana*, *Pichu*, *Varti*, *Dupana*, *Shamana chikitsa*, *Rasayana* and *Balya aushadhi*. Management depends upon causative factors, *Prakriti* of the patient, involvement of *Dosha* etc.

CONCLUSION

Shwetapradara correlates with leucorrhoea mainly due to *Kapha dosha*, improper diet, poor hygiene, and

weakness of reproductive tissues. The discharge is typically *shweta*, *snigdha*, *picchila*, and *bahula* in nature. Classical texts emphasize understanding the condition through *dosha-guna* involvement rather than only the symptoms. Management focuses on *nidana parivarjana*, *Kapha-shamana* measures and use of appropriate *Aushadha* and *Sthanik chikitsa*. Thus, Ayurveda provides a holistic and root-cause-based approach for the management of *Shweta Pradara*.

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