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"AYURVEDIC MANAGEMENT OF *SHWETA PRADARA* (LEUCORRHEA): AN EVIDENCE-BASED REVIEW"

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ABSTRACT:
Introduction: *Shweta Pradara*, commonly referred to as leucorrhea, is a prevalent gynecological condition characterized by abnormal vaginal discharge, often associated with weakness, burning sensation, and pelvic discomfort. In Ayurveda, it is described under *Pradara* or *Stri Roga* and attributed primarily to vitiation of *Kapha* and *Pitta doshas* along with *Shukra dhatu* imbalance. Traditional management emphasizes dietary regulation, herbal therapies, *Panchakarma* procedures, and *Rasayana* interventions to restore *dosha* balance and reproductive health. Modern medicine recognizes leucorrhea as a symptom of infections, hormonal imbalance, or systemic illness, and typically prescribes antibiotics or hormonal therapy. **Methods:** A comprehensive literature search was conducted using PubMed, Scopus, Web of Science, AYUSH Research Portal, and Google Scholar (2000–2025), using keywords such as "*Shweta Pradara*," "Leucorrhea," "Ayurveda," "*Panchakarma*," and "herbal therapy." Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* were reviewed. Inclusion criteria comprised clinical trials, case studies, systematic reviews, and experimental research evaluating Ayurvedic interventions for leucorrhea. Exclusion criteria included anecdotal reports and non-peer-reviewed literature. **Results:** Classical Ayurvedic references describe *Shweta Pradara* management using *Shodhana* (bio-purification), *Shamana* (palliative therapy), herbal formulations like *Chandraprabha vati*, *Triphala churna*, and topical decoctions, and lifestyle modifications. Modern studies indicate efficacy of these herbal interventions in reducing discharge, inflammation, and associated symptoms, with minimal adverse effects. *Panchakarma* therapies such as *Virechana* (therapeutic purgation) and *Basti* (medicated enema) have also shown benefit in managing *dosha* imbalance contributing to leucorrhea. **Discussion:** Integrating traditional Ayurvedic approaches with modern pharmacological understanding highlights the potential of holistic management strategies. While preclinical and clinical evidence supports safety and efficacy, large-scale randomized trials are limited. Further research is needed to standardize formulations, optimize dosing, and validate outcomes. **Conclusion:** Ayurvedic management of *Shweta Pradara* offers a safe, holistic, and potentially effective approach, emphasizing *dosha* balance, reproductive health, and symptomatic relief. Integration with contemporary gynecological care may improve patient outcomes and reduce recurrence rates.
KEYWORDS: Ayurveda, herbal therapy, leucorrhea, *Shweta Pradara*, *Panchakarma*

INTRODUCTION

Shweta Pradara, known as leucorrhea in modern gynecology, is one of the most common complaints among women of reproductive age. [1] Clinically, it is characterized by abnormal vaginal discharge, ranging in color, consistency, and odor, often accompanied by pelvic discomfort, fatigue, and urinary disturbances. [2] Ayurveda recognizes this condition under *Pradara*, caused primarily due to vitiation of *Kapha* and *Pitta doshas*, impaired *Shukra dhatu*, and systemic imbalance of *Rasa* and *Rakta*. [3-4]

The condition, if untreated, can lead to chronic gynecological issues, menstrual irregularities, and reduced quality of life. [5] Ayurvedic principles focus on not only symptomatic relief but also restoring the balance of *doshas* and *dhatus* through a combination of internal medications, external therapies, *Panchakarma*, and lifestyle modifications. This holistic approach contrasts with modern treatments that often focus on antimicrobial therapy or hormonal intervention, which may not address underlying systemic imbalances and may result in recurrence. [6-8]

The aim of this review is to critically analyze Ayurvedic management strategies for *Shweta Pradara*, integrating classical textual knowledge with contemporary research findings. [9] The objectives include: (1) compiling classical references and traditional formulations used for *Shweta Pradara*; (2) reviewing modern experimental and clinical evidence supporting Ayurvedic interventions; and (3) identifying gaps in research and potential avenues for integrating Ayurveda with modern gynecological care. [10]

MATERIALS AND METHODS

A systematic literature review was conducted from January to June 2025. Databases searched included PubMed, Scopus, Web of Science, Google Scholar, and AYUSH Research Portal. Keywords used were: *Shweta Pradara, leucorrhea, Ayurveda, Panchakarma, herbal therapy, Stri Roga, Shodhana, Shamana.* [11]

Inclusion criteria: [12]

- Articles published between 2000–2025
- Peer-reviewed clinical trials, case studies, observational studies, systematic reviews, and experimental research
- Classical Ayurvedic texts and authentic commentaries
- Studies evaluating efficacy, safety, and clinical outcomes of Ayurvedic interventions

Exclusion criteria: [13]

- Non-scientific anecdotal reports
- Duplicated studies
- Studies lacking methodology or measurable outcomes

A total of 157 articles were initially identified. After screening titles, abstracts, and full texts, 65 articles along with six classical Ayurvedic texts were included. Data were thematically categorized into: (1) pathophysiology and etiological concepts in Ayurveda; (2) herbal and formulation-based management; (3) *Panchakarma* and lifestyle interventions; and (4) modern clinical evidence supporting efficacy. [14-15]

OBSERVATION AND RESULTS

1. Ayurvedic Pathophysiology of *Shweta Pradara*

Classical texts describe *Shweta Pradara* as a *Kapha*-predominant disorder with secondary Pitta involvement, leading to excessive vaginal discharge. *Charaka Samhita* attributes it to vitiated *Rasa* and *Shukra dhatu*, weakened *Agni*, and chronic *dosha* imbalance. *Sushruta Samhita* emphasizes the role of systemic toxins (*Ama*) and digestive dysfunction as predisposing factors. *Ashtanga Hridaya* details the symptomatology, including excessive white discharge, pruritus, burning sensation, weakness, and recurrent nature.

2. *Shodhana* (Bio-Purification) Therapies

Ayurveda recommends *Shodhana* therapies to expel *dosha* imbalance:

- ***Virechana* (therapeutic purgation):** Clears *Pitta* and *Kapha* from the system, reducing discharge and associated inflammation.
- ***Basti* (medicated enema):** Particularly *Anuvasana* and *Niruha Basti* with decoctions of *Dashamoola* or *Chandraprabha vati*, targeting *Kapha* and *Shukra dhatu*.
- ***Nasya* (nasal administration):** Limited evidence for systemic *dosha* balancing in chronic cases.

3. *Shamana* (Palliative) Therapies

Herbal formulations commonly used include:

- ***Chandraprabha Vati:*** Reduces white discharge and associated pain.

- ***Triphala Churna:*** Balances doshas and strengthens digestive fire (*Agni*).
- ***Yashtimadhu* (Glycyrrhiza glabra) decoction:** Anti-inflammatory and mucosal protective effects.
- ***Gokshura* (Tribulus terrestris):** Supports urinary tract health and reproductive function.

4. Dietary and Lifestyle Interventions

- Avoidance of *Kapha* and *Pitta* aggravating foods (sweet, oily, fermented)
- Emphasis on light, digestible diet with warm preparations
- Daily hygiene and regular exercise to maintain *dosha* equilibrium

5. Modern Evidence

Recent clinical and experimental studies suggest:

- Herbal interventions like *Chandraprabha Vati* and *Triphala* reduce leucorrhea frequency and discharge volume.
- *Panchakarma* therapies demonstrate improvement in chronic and recurrent cases, with minimal adverse events.
- Limited randomized controlled trials indicate efficacy of Ayurvedic regimens in comparison with standard antibiotic therapy, particularly for non-infectious leucorrhea.
- Antioxidant, anti-inflammatory, and immunomodulatory activities of herbs used in *Shweta Pradara* may contribute to symptom relief and prevention of recurrence.

6. Safety and Adverse Effects

- Ayurvedic therapies are generally well-tolerated.
- Minor gastrointestinal disturbances reported with high-dose herbal formulations.
- *Panchakarma* requires professional supervision to avoid dehydration or electrolyte imbalance.

7. Thematic Synthesis

- ***Dosha*-targeted therapy:** *Shodhana* and *Shamana* address *Kapha-Pitta* imbalance.
- **Rejuvenation:** *Rasayan*a herbs restore *Shukra dhatu* and strengthen immunity.
- **Symptomatic relief:** Herbs reduce discharge, pruritus, and burning sensation.
- **Preventive approach:** Lifestyle and dietary modifications reduce recurrence.

DISCUSSION

Shweta Pradara, or leucorrhea, is a multifactorial condition with significant implications for female reproductive health and quality of life. In Ayurveda, it is primarily viewed as a manifestation of Kapha-Pitta imbalance, vitiation of *Shukra dhatu*, and impaired digestive fire (*Agni*), which aligns conceptually with modern understandings of hormonal imbalance, mucosal inflammation, and microbial dysbiosis. The traditional Ayurvedic approach emphasizes not only symptomatic relief but also correction of underlying *dosha* imbalance through holistic interventions. [16]

Shodhana therapies such as *Virechana* and *Basti* have been documented to effectively reduce *dosha* vitiation and systemic toxins (*Ama*), addressing root causes rather than only the manifestation of discharge. Clinical studies indicate that these procedures, when administered under professional supervision, reduce recurrence rates and improve general health parameters, highlighting the importance of individualized, patient-centered care. [17]

Herbal formulations such as *Chandraprabha Vati*, *Triphala*, *Yashtimadhu*, and *Gokshura* demonstrate anti-inflammatory, antimicrobial, antioxidant, and immunomodulatory properties, supporting their use in both acute and chronic presentations. Preclinical and clinical evidence suggests these agents not only reduce leucorrhea but also strengthen reproductive tissues, enhance immunity, and improve digestive and hormonal balance. Such effects mirror the *Rasayana* concept in Ayurveda, emphasizing systemic rejuvenation alongside local symptom control. [18]

Dietary and lifestyle interventions are crucial adjuncts. Avoidance of *Kapha*- and *Pitta*-aggravating foods, maintenance of hygiene, and engagement in moderate exercise help sustain therapeutic outcomes and prevent recurrence. Integration of these measures aligns with contemporary lifestyle medicine approaches that recognize the role of nutrition, physical activity, and hygiene in gynecological health. [19]

However, despite promising findings, current evidence is limited by small sample sizes, lack of standardized dosing, and heterogeneity in interventions. There is a paucity of high-quality randomized controlled trials comparing Ayurvedic regimens with conventional pharmacotherapy.

Safety data are encouraging, yet systematic evaluation of long-term outcomes, potential herb-drug interactions, and effects in special populations (e.g., pregnant or immunocompromised women) remains insufficient. [20]

Future research should aim at: (1) multicentric clinical trials with standardized herbal preparations, (2) mechanistic studies to elucidate pharmacological pathways, (3) integration of Ayurvedic diagnostics with modern laboratory markers, and (4) development of evidence-based protocols combining *Shodhana*, *Shamana*, and lifestyle interventions. Such an approach can bridge traditional knowledge with modern scientific validation, offering a holistic, effective, and safe strategy for managing *Shweta Pradara*.

CONCLUSION

Shweta Pradara, or leucorrhea, is a common gynecological disorder with multifactorial etiology, affecting physical, reproductive, and psychological health. Ayurvedic management offers a comprehensive framework addressing both symptoms and underlying causes through a combination of *Shodhana* (bio-purification), *Shamana* (palliative therapy), *Rasayana* (rejuvenative herbs), and lifestyle interventions. Classical texts emphasize the importance of *dosha* balance, digestive strength, and reproductive tissue health, which modern pharmacological research increasingly corroborates.

Herbal formulations such as *Chandraprabha Vati*, *Triphala churna*, *Yashtimadhu*, and *Gokshura* demonstrate anti-inflammatory, antimicrobial, antioxidant, and immunomodulatory properties, supporting their efficacy in reducing discharge and preventing recurrence. *Panchakarma* therapies, particularly *Virechana* and *Basti*, are effective in addressing systemic *dosha* imbalance, while dietary and lifestyle modifications reinforce therapeutic outcomes.

Although preliminary clinical studies and preclinical evidence suggest safety and efficacy, significant gaps exist. Large-scale, multicentric randomized controlled trials are needed to standardize herbal formulations, determine optimal dosing, evaluate long-term safety, and compare outcomes with conventional therapies. Integration of Ayurvedic principles with modern gynecological care may enhance therapeutic effectiveness, reduce recurrence, and improve overall quality of life.

In conclusion, Ayurvedic management of *Shweta Pradara* offers a holistic, patient-centered approach targeting both root causes and symptoms. With systematic research and evidence-based protocols, these interventions have the potential to complement modern medicine, providing safe, effective, and sustainable solutions for women's reproductive health.

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