

**SHWETA PRADARA: AN AYURVEDIC PERSPECTIVE ON ETIOLOGY,  
PATHOGENESIS AND THERAPEUTIC MANAGEMENT**

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**ABSTRACT**

*Shweta Pradara* is one of the most frequently encountered gynecological and upsetting conditions affecting women worldwide. Almost every woman will have at least one instance of experiencing vaginal discharge throughout her lifetime. Vaginal discharge can be physiological under specific conditions; however excessive, foul smelling or associated with other symptoms, it can become pathological and therefore create disturbance to a woman's physical, social and/or psychological health and well being. *Shweta Pradara* possesses symptoms such as; weakness, back pain, itching around vaginal region. The management of *Shweta Pradara* in Ayurveda depends on how *Kapha Dosha* predominates along with its associated *Vata* involvement, and as a result the starting line of treatment is *Agnideepana* and *Amapachana* so as to treat *Mandagni* and thereby prevent *Ama* formation. Then a therapeutic approach should follow that will consist of treating *Kapha* and *Kleda* so as to reduce the excessive discharge, using *Kashaya* and *Tikta* type of drugs. The local treatment using a decoction for cleaning, healing and continuing to maintain the health of the vagina will be *Yoniprakshalana* using decoctions either *Triphala* or *Panchavalkala*. *Pathya-Apathya* must be practiced to effectively manage *Shweta Pradara* by following a light, non-residue producing diet; avoiding heavy and *Abhishyandi* types of food; managing stress and maintaining personal hygiene.

**KEYWORDS:** Ayurveda, Prasuti- Streerog, Shweta Pradara, Yoniprakshalana, Gynecological.

**INTRODUCTION**

Ayurveda gives detailed descriptions on gynecological disorders and vaginal discharge is one of them having a blood-stained, purulent, white, thick and curdy appearance. The term *Shweta Pradara* is given to that vaginal discharge, which being most frequently identified as a symptom than as an independent disease. In India, the majority of women report having abnormal/discomforting types of vaginal discharge that have little or no odour. The type of discharge may change with normal physiological variations during their menstrual cycles and can be altered by other factors i.e., emotions, pregnancy, nutrition, sexual arousal and oral contraceptives, etc.<sup>[1-3]</sup>

*Shweta Pradara* is often thought to be an painful symptom that can become so distressing that it

overshadows any primary disease process. *Shweta Pradara* can primarily be classified as a *Kaphaja dosha* disorder as it occurs in the area ruled by *Apana Vayu*. All forms of discharge are predominately associated with *Kapha Dosha* which disturbed by several causative factors. In most instances, *Rasa* is also disturbed along with *Kapha* in relation to the excessive white discharge; however, *Vata* will also be disturbed in the majority of cases of excessive white discharge. The common cause of *Shweta Pradara* is depicted in **Figure 1**.<sup>[4-6]</sup>

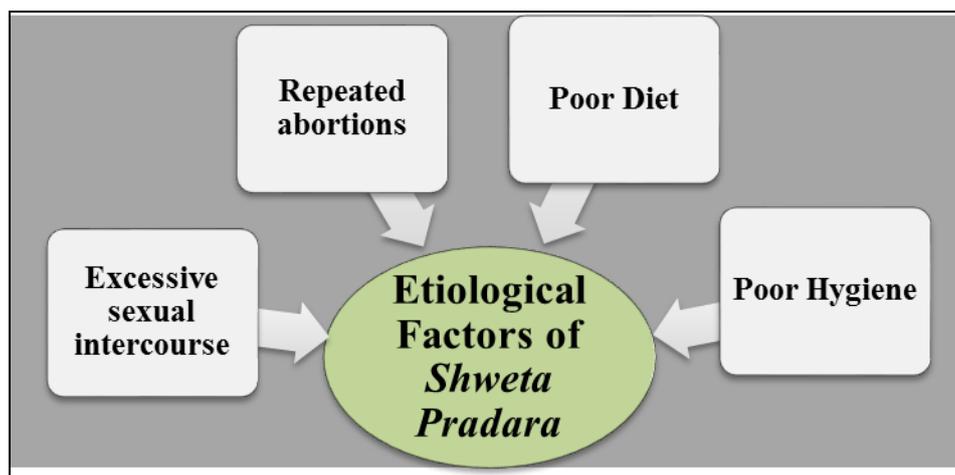


Figure 1: Various causative factors of *Shweta Pradara*.

Psychological stress is an important factor that may cause or make worse the illness of *Dosha Prakopa* and is a major player in manifesting *Shweta Pradara*. A mental imbalance can also injure the *Vata* and *Kapha Doshas*, which then affects *Agni*, thus worsen the disease. Consequently, mental calmness and emotional balance are critical for maintaining reproductive health.

Women most often do not consider this condition until their daily lives have become severely disrupted. Although *Shweta Pradara* is not always considered a separate disorder, it is listed as a common symptom of many different gynecological disorders found in the Ayurvedic classics. **Table 1** depicted different types of *Shweta Pradara* based on their characteristic features.<sup>[5-7]</sup>

Table 1: Types of Vaginal Discharge and Their Features.

S. No.	Types	Property of discharge
1	<i>Tanu</i>	Thin discharge
2	<i>Shweta / Sakapha</i>	White & Mucoid discharge
3	<i>Snigdha</i>	Unctuous discharge
4	<i>Vidagdha / Peeta</i>	Yellowish & Muco-purulent discharge
5	<i>Picchhila</i>	Slimy

#### Samprapti of *Shweta Pradara*

*Shweta Pradara* results from the overconsumption of *Abhishyandi Ahara* and faulty lifestyle behaviours, which cause an increase in vitiation of *Kapha* and *Vata dosha*, especially *Apana Vata*. The increased *Kapha* leads to *Rasa Dushti*, which also vitiates *Rakta* and *Rasa Dhatu* through the *Ashraya–Ashrayi* relationship between *Kapha* and *Rakta*; therefore, the vitiation of *Kapha* affects both *Rakta* and *Rasa Dhatu*. This vitiated *Kapha* and associated *Rasa* localizes in the *Yoni* and *Garbhashaya*; the use of *Apana Vata* to move these vitiated *Doshas* downwards causes the excessive white vaginal discharge associated with this condition.

Therefore, *Kapha* predominates with *Vata* involvement that vitiates *Rasa* and *Mamsa Dhatu* and provides involvements of *Rasavaha* and *Artavavaha Srotasa* in their pathologies. *Pakvashaya* is the *Udbhava Sthana*, *Yoni* or *Garbhashaya* is the *Adhithana* and *Atistrava* and *Vimarga Gamana* characterize the nature of the *Samprapti Prakara*. Within these pathological processes, the predominance of *Mahabhuta* is *Prithvi* and *Jala*, which explains the thickness, mucosity and slimy nature of the abnormal discharge.<sup>[6-8]</sup>

#### Management of *Shweta Pradara*

The management of *Shweta Pradara* follows three principles. The first principle is *Nidana Parivarjana*. This means that the individual must eliminate all possible causes of the *Shweta Pradara* prior to commencing treatment, such as inappropriate diet, activity level, excessive sexual intercourse and personal hygiene, etc. The second principle is the management of the underlying disorder causing the *Shweta Pradara*. Since most cases of *Shweta Pradara* are usually secondary symptoms of other gynecological disorders, it is imperative that the underlying disorder is managed before managing the *Shweta Pradara*. Lastly, the final principle is direct management of *Shweta Pradara* itself. The direct management of *Shweta Pradara* will depend on the individual's *Prakriti*, the *Doshas* involved and the characteristics of the discharge; if white, slimy vaginal secretions are present and accompanied with an itching sensation, a predominance of *Kapha dosha* is attributed as well as if other symptoms related to it are present. Therefore, the practitioner selects drugs with *Ruksha & Ushna* qualities that contain *Katu, Tikta & Kashaya* tastes. The practitioner also chooses available drugs that are *Tridosha Shamaka* or especially *Kapha Shamaka, Krimighna, Kledaghna, Kandughna & Putihara*.<sup>[7-9]</sup>

*Shweta Pradara* or abnormal vaginal discharge of a whitish color; is typically treated using both *Abhyantara* and *Bahya* therapies. The internal therapies used in the treatment of *Shweta Pradara* include the use of certain herbs and their combinations such as *Amalaki Churna* mixed with honey; *Rohitaka Mula Kalka*; *Amalaki Beeja Kalka*; *Nagakeshara* with *Takra*; *Lodhra Kalka* with *Nyagrodha Kashaya* and *Chakramarda Moola* with *Tandulodaka*. Various well-established classical formulations are also used in the internal management of *Shweta Pradara*, including *Darvyadi Kwatha*, *Nyagrodhadi Kashaya*, *Pushyanuga Churna*, *Ashokarishta*, *Lakshmanarishta*, *Patrangasava*, *Lodhrasava*, *Ashoka Ghrita*, *Kalyanaka Ghrita*, *Sukumara Ghrita*, and *Kadali Kanda Ghrita*.

The external treatments for *Shweta Pradara* include following approaches.

- ✓ *Yoni Prakshalana* using *Lodhra* and *Vata Twak*.
- ✓ *Varti Dharana* using *Lodhra*, *Priyangu*, and *Madhuka*.
- ✓ *Avachurnana* made up of herbs such as *Khadira*, *Pathya*, *Nimba* and *Panchavalka*.
- ✓ *Pichu Dharana* with medicated decoctions.
- ✓ *Yoni Dhupana* using a mixture of *Sarala*, *Guggulu* and *Yava* with *Ghrita*.

Ayurvedic treatment always emphasizes the need to correct *Agni*, remove *Ama*, restore the balance of *Kapha dosha* & strengthen the reproductive tissue. To prevent recurrence of disease it is extremely important to develop *Vyadhi Kshamata*. Promoting good *Vyadhi Kshamata* can occur through following *Swastha Vritra*, using *Rasayana* & *Vajikarana* therapies & maintaining mental/emotional balance.<sup>[8-10]</sup>

## CONCLUSION

Ayurveda describes *Shweta Pradara* as an indicator of other disorders. It's mainly a disorder related to *Kapha*, with involvement of other *Doshas*, resulting in imbalances in the *Rasa* and *Mamsa Dhatu* and the *Rasavaha* and *Artavavaha Srotas*. The appearance and nature of the discharge depend on the predominance of the *Doshas* at the time. The *Samprapti* of *Shweta Pradara* illustrates how *Kapha* becomes aggravated through *Abhishyandi Ahara* and improper living habits, which can result in abundant, watery or slimy, and/or mucoid discharges. Treatment is threefold: the elimination of disease-causing factors (*Nidana Parivarjana*), treatment of the root cause of the imbalance, and specific *Dosha*-based treatment. Treatment can be internal or external and can be done with a *Kapha-shamana* approach for *Agni Deepana*, *Ama Pachana*, or by strengthening the reproductive tissues. An Ayurvedic approach to *Shweta Pradara* is not only focused on alleviating the symptoms of the disease; but it also aims to balance the *Dosha*, improve *Vyadhi Kshamata*, prevent future episodes of *Shweta Pradara* through proper diet and lifestyle, and through *Rasayana* therapy.

## REFERENCES

1. Jadavaji Trikamji Acharya. Charaka Samhita of Acharya Agnivesa with Ayurveda Dipika Commentary by Chakrapanidatta. Chikitsa Sthana, 30/90. 1st Edition. Varanasi; Chaukhamba Surbharati prakashan, 2000; 96p.
2. Jadavaji Trikamji Acharya. Siddh yog sangarh shri Baidyanath Ayurved Bhawan Ltd. Edition, 2003; 158: 159p.
3. Lakshmi Shastri. yogratnakar. verse 4, edited with 'vidyotini' Hindi commentary edited by Bhishagratna Brahmashankar Shastri, 5th edition, editor Varanasi: Chaukhambha Sanskrit Sansthana, 401-402p.
4. Raja Radha Kanta Dev. Shabda Kalpa Drum. 3rd Edition. Varanasi; Chowkhamba Sanskrit series office, 1967; 431p.
5. Jadavaji Trikamji Acharya. Charaka Samhita of Acharya Agnivesa with Ayurveda Dipika Commentary by Chakrapanidatta. Chikitsa Sthana, 30/22. 1st Edition. Varanasi; Chaukhamba Surbharati prakashan, 2000; 635p.
6. Shivprasad Sharma. Astanga Samgraha of Vrddha Vagbhata with shashilekha Commentary by Indu. Uttarasthana, 39/96. 1st Edition. Varanasi; Chaukhamba Sanskrit Series Office, 2008; 839p 10.
7. Brahma Sankara Misra. Bhavaprakasha of Sri Bhavamishra with Vidyotini Hindi Commentary. Stri Roga Adhikara. 70/13. 1st Edition. Benares; Chowkhamba Sanskrit Series Office, 1941; 799p.
8. Krishna Sharma. Yoga Ratnakara. Yonivyapad roganaam chikitsa/11. 1st Edition. Bombay; Tukaram Javaji, proprietor of Nirnaya-sagar press, 1907; 451p.
9. Jadavaji Trikamji Acharya. Sushruta Samhita of Acharya Sushruta with Nibandhasangraha Commentary by Dalhana. Uttarantra, 38/13. 1st Edition. Bombay; Tukaram Javaji, proprietor of Nirnaya-sagar press, 1915; 564p.
10. Akanksha Sharma. Management of Shweta Pradara (Leucorrhoea) Through Ayurveda- A Case Series. International Journal of Ayurveda and Pharma Research, 2022; 10(1): 57-64.