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Review Article

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"SHWETA PRADARA (LEUCORRHOEA): AYURVEDIC UNDERSTANDING AND LOCAL THERAPIES (YONI PRAKSHALANA, YONI VARTI, YONI PICHU) — A NARRATIVE REVIEW"

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ABSTRACT:

Background: Abnormal vaginal discharge is one of the commonest gynaecological complaints of women of reproductive age. In Ayurveda, white or pale vaginal discharge is known as Shweta pradara and is managed with internal medicines and with local therapies applied to the vagina and cervix, notably vaginal douching (Yoni prakshalana), medicated pessaries (Yoni varti) and medicated tampons (Yoni pichu). **Objective:** To review the classical understanding of Shweta pradara, to correlate it with the modern causes of vaginal discharge, and to summarise the evidence for Ayurvedic local therapies. **Methods:** Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and Bhavaprakasha were reviewed for descriptions of vaginal discharge and local therapies. PubMed was searched up to October 2026 for clinical, experimental and review literature on vaginal discharge, vaginitis, Ayurvedic and other traditional local therapies, and the safety of intravaginal practices. Findings were synthesised narratively. **Results:** Classically, white discharge is a feature of Kapha-dominant Yonivyapad, Upapluta and Acharana, and is attributed mainly to Kapha with Vata. These descriptions correspond to vulvovaginal candidiasis, bacterial vaginosis, trichomoniasis, cervicitis and physiological discharge, which cannot be distinguished reliably on symptoms alone. Clinical evidence for local therapies consists of a controlled trial of Dhatakyadi varti in vulvovaginitis of pregnancy, an exploratory randomised trial of Triphala decoction douche in candidiasis, standardisation studies of pessaries, case reports and case series. Evidence on intravaginal practices from other settings shows that douching and herbal pessaries can be harmful. **Conclusion:** Ayurvedic local therapies for Shweta pradara are rational and show preliminary benefit, but must follow aetiological diagnosis, use standardised products and be evaluated in adequately powered randomised trials with microbiological and safety outcomes.

KEYWORDS: Shweta pradara, leucorrhoea, vaginal discharge, Yoni prakshalana, Yoni varti, Yoni pichu

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INTRODUCTION

Vaginal discharge is among the most frequent reasons women consult a gynaecologist or primary care physician. Vaginitis, meaning inflammation of the vagina with itching, burning, irritation, dyspareunia, odour or abnormal discharge, is responsible for millions of clinic visits each year, and its leading infectious causes are bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis[1]. Non-infectious causes include atrophic, irritant and inflammatory vaginitis, and abnormal discharge may also arise from cervicitis caused by sexually transmitted organisms[1,2].

In resource-limited settings, vaginal discharge is often managed by the syndromic approach, in which treatment is given for the likely causes without laboratory confirmation. A systematic review of studies from sub-Saharan Africa estimated that candidiasis, bacterial vaginosis, chlamydia and trichomoniasis were the principal aetiologies of vaginal discharge, and stressed that aetiological distributions must be reassessed regularly if syndromic management is to remain effective[3]. Symptom-based diagnosis is unreliable; in one recent clinic-based study, documented symptom status did not correspond consistently with organism-specific test results[4].

In India, many women with vaginal discharge seek Ayurvedic treatment, where the condition is commonly called Shweta pradara (white discharge). Ayurvedic management combines oral medicines with local therapies (Sthanika chikitsa), including vaginal douching (Yoni prakshalana or Yoni dhavana), medicated pessaries (Yoni varti) and tampons soaked in medicated oils or decoctions (Yoni pichu)[5–7]. The aim of this review is to present the classical understanding of Shweta pradara, to correlate it with the modern differential diagnosis of vaginal discharge, and to summarise the published evidence for Ayurvedic local therapies, with particular attention to safety.

METHODOLOGY

This narrative review was prepared in two parts. First, the classical texts of Ayurveda, namely Charaka Samhita (Chikitsa sthana, chapter 30), Sushruta Samhita (Uttara tantra, chapter 38), Ashtanga Hridaya (Uttara sthana, chapters 33 and 34) and Bhavaprakasha (Madhyama khanda, Striroga adhikara), were studied with their standard commentaries for descriptions of vaginal discharge and the local therapies used to treat it[5–8]. Second, PubMed was searched for literature published up to October 2026 using combinations of the terms leucorrhoea, leukorrhea, Shweta pradara, vaginal discharge, vaginitis, bacterial vaginosis, candidiasis, Yoni pichu, Yoni varti, Yoni prakshalana, vaginal douche, vaginal pessary, herbal and Ayurveda. Reviews, systematic reviews, randomised controlled trials, case series, case reports and experimental and pharmaceutical studies were considered. Every reference cited in this article was checked against its PubMed record for authors, title, journal, year, volume, pages and digital object identifier. Retracted publications identified during the search were excluded. The findings are synthesised narratively rather than statistically.

CLASSICAL AYURVEDIC UNDERSTANDING

1. Terminology

The term Pradara means "discharge" or "tearing out" and is used in Ayurveda principally for abnormal uterine bleeding (Asrigdara or Raktapradara). Shweta pradara, literally white discharge, is a term used in later compilations and in contemporary Ayurvedic practice for non-bloody vaginal discharge[8]. The three major classical texts do not describe Shweta pradara as a separate disease. Instead, white or pale discharge appears as a symptom of several Yonivyapad, the twenty gynaecological disorders described by Charaka, Sushruta and Vagbhata[5–7]. Shweta pradara is therefore best regarded as a symptom-based heading, analogous to the modern term leucorrhoea, rather than as a single disease.

2. Yonivyapad presenting with white discharge

Several Yonivyapad include white discharge among their features. Shlaishmiki or Shleshmala yonivyapad, caused by Kapha, presents with a slimy, cold, pale discharge, itching and mild pain[5,6]. Upapluta yonivyapad, described by Charaka as a Kapha–Vata disorder occurring in pregnancy, presents with pain, pallor and white mucoid discharge[5]. Acharana yonivyapad, attributed to lack of hygiene, presents with itching and discharge, and Aticharana and Prakcharana describe inflammation and discharge associated with sexual activity[5]. Karnini yonivyapad, a fleshy growth produced by Kapha and blood, is commonly correlated with cervical erosion or ectropion, which may also present with discharge[5]. Pittaja disorders present with burning and a yellowish, foul-

smelling discharge and are therefore relevant to the differential diagnosis[5,6].

3. Nidana and samprapti

The classical causes of Kapha-dominant gynaecological disorders include excessive intake of heavy, oily, sweet, cold and Kapha-increasing foods, daytime sleep, lack of exercise, poor genital hygiene and improper sexual conduct[5,6]. In the pathogenesis, aggravated Kapha, often accompanied by Vata, reaches the reproductive tract, where it produces excessive, unctuous discharge (Srava), itching (Kandu), heaviness and local discomfort. Systemic symptoms such as weakness, backache and lassitude are commonly reported by women with Shweta pradara and are attributed to depletion of Rasa dhatu through prolonged discharge.

4. Principles of treatment

The treatment of Kapha-dominant Yonivyapad aims to dry excess secretion (Kapha shoshana), relieve itching, purify and heal the mucosa (Shodhana and Ropana), and restore normal tissue tone[5,7]. Charaka recommends that Kapha disorders of the Yoni be treated with drying and heating measures, including douches, pessaries, fumigation and tampons prepared from astringent, bitter and pungent drugs[5]. Oral medicines are given simultaneously to correct digestion and systemic Kapha. Astringent drugs such as Lodhra, the Panchavalkala group (the barks of five *Ficus* and related species), Triphala, Dhataki and Haridra are prominent in classical and contemporary formulations[5,8,9].

MODERN CORRELATION

1. The differential diagnosis of vaginal discharge

The classical descriptions of white discharge with itching, slimy discharge with coldness, and discharge associated with poor hygiene or sexual activity correspond to the principal modern causes of vaginal discharge. Vulvovaginal candidiasis typically presents with a white, thick, curd-like discharge, pruritus and vulval erythema, which resembles Shlaishmiki yonivyapad. Bacterial vaginosis usually presents with a thin, homogeneous discharge and a fishy odour. Trichomoniasis usually presents with a green or yellow frothy discharge and may produce cervical erythema with petechiae, overlapping with the Pittaja descriptions[1]. Cervicitis caused by *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, atrophic vaginitis, retained foreign bodies and cervical neoplasia must also be considered, and physiological discharge, which varies with the menstrual cycle, pregnancy and hormonal contraception, must be distinguished from pathological discharge.

2. Why aetiological diagnosis matters

The clinical features of these conditions overlap, and symptom-based diagnosis is inaccurate[1,4]. Molecular tests are now considered superior to office microscopy for most cases[2]. Correct diagnosis matters because the conditions differ in their causes, transmission and consequences. Bacterial vaginosis during pregnancy has been associated with premature rupture of membranes, preterm birth and low birth weight[10]; trichomoniasis is sexually transmitted and requires treatment of partners and testing for other sexually transmitted infections[1]; and recurrent bacterial vaginosis and candidiasis require specific long-term strategies[2]. A diagnosis of Shweta pradara should therefore be the start, not the end, of clinical assessment, and Ayurvedic treatment should be planned in the light of an aetiological diagnosis wherever possible.

LOCAL THERAPIES (STHANIKA CHIKITSA)

1. Yoni prakshalana (vaginal douching)

Yoni prakshalana is the irrigation of the vagina with a lukewarm medicated decoction, most commonly of Triphala or Panchavalkala, and sometimes with medicated oils or milk. It is intended to cleanse the vagina of discharge, reduce itching and deliver astringent and antimicrobial drugs to the mucosa[5,9].

The best current evidence comes from an exploratory, single-centre, open-label randomised trial in women with vaginal candidiasis, registered with the Clinical Trials Registry of India. Thirty-six women were randomised to Triphala decoction douche alone or combined with cow urine distillate (Gomutra arka) for seven consecutive days, and 32 completed the study. Both groups showed improvement in clinical symptoms and microbiological parameters; exploratory analyses suggested earlier improvement in vaginal discharge, pruritus and Candida spore count in the combination group from day five onwards, but the authors explicitly described these findings as hypothesis-generating rather than confirmatory[11]. A structured review of topical Triphala in gynaecological disorders found experimental support for antimicrobial, anti-inflammatory, antioxidant and wound-

healing actions on the vulvovaginal and cervical epithelium, but concluded that clinical evidence was limited and heterogeneous[9]. A single case report described the successful management of a 32-year-old woman with chronic leucorrhoea using an oral therapeutic combination with vaginal douching[12].

Comparable evidence from the related Unani tradition is similarly preliminary. In a prospective case series, three women with antibiotic-refractory chronic cervicitis improved after a herbal vaginal douche given once daily for 21 days; the authors called for larger controlled studies[13].

These encouraging findings must be weighed against biomedical evidence on douching. A systematic review of bacterial vaginosis in pregnancy identified vaginal douching, along with unhygienic practices and other factors, as associated with a higher prevalence of bacterial vaginosis[10]. A Cochrane review of antimicrobial therapy for bacterial vaginosis found that a hydrogen peroxide douche had a higher rate of clinical failure and adverse events than a single dose of metronidazole[14]. These data concern non-Ayurvedic douches and agents, and cannot be applied directly to brief, medically supervised courses of herbal decoctions, but they show that repeated or unsupervised douching may disturb the vaginal ecosystem. Yoni prakshalana should therefore be given for defined short courses, with sterile preparation and gentle technique, and should not be recommended as routine hygiene.

2. Yoni varti (medicated pessary)

Yoni varti are pessaries prepared from finely powdered drugs bound with a suitable base and inserted into the vagina, usually at bedtime. They allow a prolonged contact time between the drug and the mucosa. The most informative clinical study of a Yoni varti is a standard controlled randomised trial of Dhatakyadi varti in 80 pregnant women aged 19 to 40 years with vulvovaginitis diagnosed as Upapluta yonivyapad. Forty-six women received Dhatakyadi varti and 34 received a conventional vaginal suppository (Clingen) intravaginally at bedtime for 14 days. Relief in subjective features was better in the Dhatakyadi varti group, with highly significant relief in fungal infection and significant relief in Gram-negative bacterial infection and pus cells on vaginal smear. Complete remission occurred in 34.88% of patients in the Dhatakyadi group and 33.33% in the control group, with marked improvement in 34.88% and 10% respectively[15]. The trial supports the safety and acceptability of a herbal pessary in pregnancy, but it was not blinded, the groups were unequal, and the results require confirmation.

Pharmaceutical standardisation is an essential prerequisite for such trials. Darvyadi yoni varti, containing Sphatika (alum), Daruharidra, Haridra and Lodhra and indicated for cervical erosion, has been characterised for pH (5.0), extractive values, ash value, loss on drying and chromatographic fingerprint, and its raw materials have been authenticated pharmacognostically[16]. Lodhra (*Symplocos racemosa*), a frequent ingredient of pessaries and douches for vaginal discharge, is traditionally used for uterine disorders and leucorrhoea and contains phenolic glycosides, triterpenoids and flavonoids[17].

In the Unani tradition, a single-blind, double-dummy randomised trial in 66 women with uncomplicated pelvic inflammatory disease compared a vaginal cotton pessary of linseed and psyllium powder with honey against oral doxycycline and metronidazole for 14 days. The pessary group showed a slightly higher percentage reduction in abnormal vaginal discharge, pain and pelvic tenderness, and in leucocytes in vaginal discharge[18]. Although this trial concerns a different system and condition, it shows that herbal intravaginal preparations can be evaluated against standard antimicrobial therapy with blinding.

3. Yoni pichu (medicated tampon)

Yoni pichu is a sterile cotton tampon soaked in medicated oil, ghee or decoction and retained in the vagina for a prescribed period. It is used for its local nourishing, healing and soothing effects. Oils such as Dhatakyadi taila and Jatyadi taila are used for discharge and cervical lesions, while unctuous preparations such as Bala taila are used for dryness and atrophy[5,7].

Published evidence for Yoni pichu in Shweta pradara is lacking. The closest evidence comes from a case series of three postmenopausal women with vulvovaginal atrophy, in which Yoni pichu combined with internal medicines targeting Vata predominance and tissue depletion relieved vaginal burning, itching and dyspareunia[19]. Because atrophic vaginitis is one of the non-infectious causes of vaginal discharge and

irritation [1], this report is relevant to the differential diagnosis of Shweta pradara in older women, although it cannot be generalised to infective causes.

4. Other local procedures

Yoni dhupana (fumigation of the vulva and vagina with medicated smoke), Yoni purana (filling the vagina with medicated paste or oil) and Yoni lepa (local application) are also described for Kapha-dominant discharge[5,7], but no clinical studies of these procedures for vaginal discharge were identified in PubMed.

ORAL THERAPY

Local treatment is usually combined with oral medicines. Kukkutanda twak bhasma, a calcium-rich preparation of incinerated hen's egg shell, is traditionally regarded as Kapha- and Vata-pacifying and specific for Shweta pradara. In an uncontrolled clinical study, it produced statistically significant improvement in white discharge, backache, itching, anaemia, weakness and urinary symptoms[20]. Pushyanuga churna, Lodhra-based formulations and Triphala are also widely used[5,8,17]. As with local therapies, controlled trials of oral formulations for aetiologically defined vaginal discharge are needed.

SAFETY OF INTRAVAGINAL PRACTICES

The safety of intravaginal preparations deserves particular attention. In a retrospective study from Nigeria of 19 women who underwent vaginoplasty for acquired gynatresia (vaginal stenosis), herbal pessaries were the cause in 89.5% of cases[21]. In a community-based study of 416 Haitian women, almost all of whom used intravaginal hygiene agents, the use of pigeon pea was associated with about twice the odds of high-risk human papillomavirus infection after adjustment for other factors[22]. These reports concern traditional practices outside Ayurveda, often involving caustic or unregulated substances, but they show that intravaginal herbal products can cause serious harm when their composition, concentration and duration of use are uncontrolled.

Several safety principles follow for Ayurvedic practice. Local therapies should use authenticated, standardised preparations with known pH and microbial limits[16]; caustic substances such as alum should be used in appropriate concentrations; douches, pessaries and tampons should be given for defined periods under supervision; and treatment should be avoided or modified in pregnancy, with active bleeding, after recent cervical procedures and when malignancy has not been excluded. The reassuring safety profile of Dhatakyadi varti in pregnant women[15] and the absence of serious adverse events in the Triphala douche trial[11] are encouraging, but both studies were small.

DISCUSSION

This review shows that Shweta pradara is a symptom-based heading under which Ayurveda groups the white vaginal discharges described as features of Kapha-dominant Yonivyapad[5–7]. Its classical description corresponds well to the common causes of abnormal vaginal discharge, particularly vulvovaginal candidiasis, and the Ayurvedic emphasis on drying, cleansing and healing local therapies is rational in the light of the antimicrobial, anti-inflammatory and wound-healing actions reported for the drugs commonly used[9,17].

The clinical evidence, however, is limited. The strongest studies are a controlled trial of Dhatakyadi varti in vulvovaginitis of pregnancy[15] and an exploratory randomised trial of Triphala douche in candidiasis[11]. Both suggest benefit, but neither was blinded, both were small, and neither assessed long-term recurrence. Other evidence comes from case reports, case series and uncontrolled studies[12,19,20]. For Yoni pichu, the most widely used of the three procedures, there is almost no clinical evidence specific to vaginal discharge.

Several priorities follow. First, Ayurvedic studies of Shweta pradara should recruit women with an aetiological diagnosis established by microscopy, culture or molecular testing, so that results can be interpreted for bacterial vaginosis, candidiasis and trichomoniasis separately[1,2]. Second, outcomes should include clinical cure, microbiological cure, recurrence over at least three months, and safety, including effects on vaginal pH and, ideally, the vaginal microbiota. Third, local preparations should be standardised and characterised before clinical evaluation[16]. Fourth, trials should compare Ayurvedic local therapies with standard antimicrobial therapy, or test them as adjuncts, using blinded outcome assessment where blinding of participants is impossible. Recurrent vaginitis is a particularly suitable target, since conventional management relies on prolonged suppressive therapy and failure rates are substantial[2].

From a clinical perspective, Ayurvedic practitioners should treat Shweta pradara as a presenting symptom

that requires speculum examination and, wherever possible, laboratory diagnosis. Women with offensive, blood-stained or purulent discharge, post-coital or intermenstrual bleeding, pelvic pain, fever, or a visible cervical lesion should be evaluated for sexually transmitted infection, pelvic inflammatory disease and cervical neoplasia before or alongside Ayurvedic treatment. Pregnant women with abnormal discharge require particular care because of the association of bacterial vaginosis with adverse pregnancy outcomes[10].

CONCLUSION

Shweta pradara, the Ayurvedic term for white vaginal discharge, corresponds to a range of infective and non-infective conditions that require aetiological diagnosis. Classical local therapies, namely Yoni prakshalana, Yoni varti and Yoni pichu, are well grounded in Ayurvedic theory and have shown preliminary benefit and acceptable safety in small studies, especially for candidiasis and vulvovaginitis of pregnancy. Their wider integration into gynaecological care will depend on standardised preparations, attention to the known risks of intravaginal practices and adequately powered randomised trials with microbiological and safety outcomes.

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