EFFECT OF AYURVEDA MANAGEMENT IN SHWETA PRADARA – A CASE STUDY.

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ABSTRACT

Woman has to pass through different stages and phases of life in which physical and psychological changes occur. Also, she has to fulfill the dual responsibility at home as well at job. Hence, she needs perfect physical and psychological health. Safe, healthy and confident life is very much necessary, for that every woman needs a healthy yoni. Yoni is the factor of paramount importance in life of woman as it being the copulatory organ & delivery channel, if gets vitiated, there is a fear of vitiation of entire kshetra, which is the need of growing embryo and to produce a healthy progeny. Female genital system starting from Vulva to Uterus is described as Trayavarta yoni. Shweta pradara is an annoying symptom which is present in many diseases or present a a complication. White vaginal discharge is known as Swetapradara in Ayurvedic classics. Since Sweta Pradara is a symptom, not a disease, hence etiopathogenesis of principal disease would be etiopathogenesis of Sweta Pradara also. It can be said that it is a Kaphaja disorder in the region of Apana vayu. Infections due to certain organisms in vagina and uterus also lead to white discharge due to injury caused by infections. A female patient suffering from Shweta pradara was treated by Shamana chikitsa (Devadaru, Amalaki, Lodhra, Nyagrodha, Chakramard, churna, Pravala pishthi along with Tandulodaka anupana) and Yoni prakshalana (Lodhra-Vata decoction). She got excellent relief in symptoms by above treatment.

Keywords: Sweta pradara, Somaroga, Leucorrhoea, Shamana chikitsa, Yoni prakshalana.

1. INTRODUCTION

Woman surpassing through different stages and phases of life in such a competitive and mechanical world prospers the household and society and as a professional & responsible citizen, she has to fulfill the dual responsibility for which she needs perfect physical and psychological health, which in real disturbs her quality of life & causes discomfort, and also affects the general condition of health leading to stress & malnutrition. Safe, healthy and confident life is very much necessary, for that every woman needs a healthy yoni & in a virgin nature, by itself, it preserves the healthy status of yoni. Yoni is the factor of paramount importance in life of woman as it being the copulatory organ & delivery channel, if gets vitiated, there is a fear of vitiation of entire kshetra, which is the need of growing embryo and to produce a healthy progeny. Female genital system starting from Vulva to Uterus is described as Trayavarta yoni which resembles with the mouth of Rohu fish.1 Garbhashaya and Artavavahini dhamani are moola sthana of Rajovaha strotas (Artavavaha strotas), which is the Bahirmukha strotas.2 Due to this, it is ex-

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posed to the exogenous condition like Shweta pradara. Shweta pradara is an annoying symptom, however sometimes due to its severity, it overshadows symptoms of actual disease & female patients prefer Gynecologists for the treatment of white discharge through vagina or sometimes due to severity, even prefer to undergo Hysterectomy. Hence it is need of time to find out perfect solution. Vaginal discharge the very much commonest symptom in women in India.3

Any changes in color, consistency, amount, smell of discharge may be a sign of a vaginal infection. Vaginal infections are very common during reproductive period of women. Ayurveda, an ancient science of life is enriched with the knowledge of gynecological disorders related to vaginal discharges which may be blood stained or pinkish, mucoid, purulent, white-thin, thick, curdy or watery. White vaginal discharge is known as Swetapradara in Ayurvedic classics. The “word” Sweta pradara has not described in Brihatrayee i.e. Charaka Samhita, Sushruta Samhita, Astanga Hridaya and Astanga Sangraha. For white vaginal discharge, the word Sweta Pradara has described in Sharangadhara Samhita, Bhava Prakash, Yoga Ratnakara and in commentary on Charaka Samhita by Chakrapani.4 Sweta Pradara (Leucorrhoea) is observed as a symptom of so many diseases. Shweta pradara may be present as an upadrava of other vyadhi.5 Since Sweta Pradara is a symptom, not a disease, hence etiopathogenesis of principal disease would be etiopathogenesis of Sweta Pradara also. Considering clinical features of Shweta pradara, we can say that it is a Kaphaja disorder in the region of Apana vayu as any type of strava (discharge) is resulted from Kapha dosha. So, it may be said that vitiated Kapha due to its various factors, results in white discharge through vagina, because of Drava guna and Rasadushthi caused by Kapha. Along with Kaphadushhti and Rasadushhti, Vatadushhti is also present in Shweta pradara. Coitus in excessive amount, frequent abortions (MTP), improper lifestyle and improper dietary habits during menstruation and ovulatory period; along with unhygienic vaginal conditions are commonly observed causes for Shweta pradara (Leucorrhoea). Infections due to certain organisms in vagina and uterus also lead to white discharge due to injury caused by infections.6,7

2. METHODS
2.1. Objectives
♦ To study and understand the etiopathogenesis of Shweta pradara.
♦ To study the clinical effect of Shamana chikitsa along with Yoni prakshalana in Shweta Pradara.

2.2. Case Report
42 years female patient suffering Yonigata Shweta strava since last 2.5 years was arrived to Strirog-Prasutitantra OPD. She was suffering from Yonigata Shweta strava (vaginal white discharge), Kati shula (low back ache), Yoni Kandu (itching at vulva), Yoni Daha (burning at vulva) and Daurgandhya (odour) since last two and half years. She was interrogated thoroughly and all required physical and clinical examinations were done. She has taken treatment at different places but didn’t get satisfactory relief in complaints. Abdominal sonography was also done for few times but it has revealed no significant abnormality. Her sister was also suffering from same complaints. She decided to take Ayurveda treatment as two-three of her relatives told her so.

History of past illness: No any major illness.
History of surgery: No history of surgery.
Family history: Sister was suffering from Shweta pradara.

Clinical Examination

Menstrual history:
She had regular menses at the interval of 29
days, which last for 3-4 days. No other significant abnormality was observed.

**Obstetrics history:**
- G: 2, P: 2, L: 2, A: 0, D: 0.
- G1: FTND (Episiotomy)
- G2: FTND (Episiotomy)

**Per abdomen:**
Tenderness all over abdomen during white discharge only. Mild *Adhmana* was present continuously.

**Per Vaginal Examination:** White discharge, Foul smelling, Mild cervical erosion.

**Investigations**
- **CBC:** WBC – 13800 per cu. mm., Hb – 11.3 gm%, Rest - within normal limit.
- **Urine:** NAD
- **HIV:** Negative
- **VDRL:** Negative
- **HBsAg:** Negative
- **USG:** Revealed no significant abnormality.

2.3. **Samprapti:**

**Samprapti**

*Kapha* dosha and *Vata* dosha (*Apana vayu*) get vitiated due to *hetu sevana*. Vitiated *Kapha* also causes *Rasadushti* as *Kapha* and *Rasa* have *Ashraya-*ashrayi sambandha. *Kapha* and *Rasa* are *Drava guna pradhana*. *Dushti* of *Kapha* and *Rasa* together cause white discharge through vagina which is in the region of *Apana vayu*.

**Samprapti Ghataka**

**Dosha:** *Kapha*, *Vata Dushya*: *Rasa*, Mamsa; *Strotasa*: *Rasavaha*, *Artavavaha*; *Marga*: *Abhyantatar*; *Mahabhuta*: Pruthwi, Jala; *Udbhavasthana*: Pakvashaya samutthaja; *Samprapti prakar*: Atistrava, Vimarga gamana.

2.4. **Assessment criteria**

**Shweta Strava (Vaginal White Discharge)**
- 0 - No vaginal discharge
- 1 - Mild - Occasionally wetting undergarments /slight discharge, vulva moistness
- 2 - Moderate discharge, wetting of under-
- 3 - Severe - Heavy discharge which needs Vulva pads

2.5. **Plan of treatment**

**Sthanika chikitsa**

*Yoni prakshalana* with decoction of *Lodhra*¹⁸ (*Symplocos racemosa* Roxb) and *Vata*¹⁸ (*Ficus bengalensis* L.)

**Abhyantara chikitsa**


**Method of Yoni prakshalana**

Decoction of *Lodhra* (*Symplocos racemosa* Roxb)
Decoction was prepared as Yoni prakashalana. Decoction was prepared as Kwatha Kalpana. Lodhra Bharada and Vata Bharada each were taken in quantity of 25 gm. 1000 ml water were added and boiled till it remains one fourth i.e. 250 ml. Patient was asked to wash the Vaginal area with the help of Lodhra churna twice a day. Patient was taught to prepare the decoction and asked to do Yoni Prakashalana at home.

Drug administration

Patient was treated with Devadaru + Amalaki + Lodhra + Nyagrodha + Chakramard churna (total 3 gm) + Pravala pishthi (300 mg) with Tandulodaka (50 ml) as an Anupana. Patient asked to take this churna twice a day before meal (Apana kala). This treatment was given to her up to 30 days. Follow ups were taken at the interval of one week.

Pathya-apathyā

She was advised to follow ahara-vihara pathya as follows.

- **Pathya**: Garlic, meat soup, all dairy products and rice water.
- **Apathyā**: Sweet and sour fruits, nuts, and excess of salt.

3. RESULTS AND DISCUSSION

Patient was treated till the symptoms get completely reduced. She has followed schedule of Yoni prakashalana, medicines and pathya-apathyā properly. It was observed that, symptoms were started to reduce gradually. At every follow up we observed reduction in symptoms as compared to previous follow up. At the end of day 30 all symptoms were vanished. Follow up wise decrease in symptoms is shown in Table no 1. After six months patient came to OPD for another complaints, she reported that she didn’t suffered from previous complaints again.

As Shweta pradara is not explained as a separate disease. Its samprapti and samprapti ghataka were determined using Anukta vyadhi Siddhant. Samprapti ghataka were - **Dosha**:

Kapha, Vata Dushya: Rasa, Mamsa; Srotasa: Rasavaha, Artavavaha; Marga: Abhyantatar; Mahabhutā: Pruthwi, Jala; Udbhavasthana: Pavakshaya samutthaja; Samprapti prakar: Atistrava, Vimarga gamana. Plan treatment of this patient was based on etiopathogenesis. Kapha is main samprapti ghataka in Shweta pradara. Along with Kapha, there is Rasa dhatvagnimandya and vitiation of Apana vayyu. Nygrodhadi Gana drugs are of astringent property and hence their use is beneficial. Kapha shamaka, stambhaka, Kashaya rasamaka, astringent, antiseptic and vrana ropana (wound healing) drugs help in increasing local cell immunity and prevent recurrence of symptoms in patients. The drugs having abovesaid properties and which are classically indicated were used for Yoni prakashalana and Shamana chikitsa. Properties of ingredient are -

Devadaru is Katu-Tikta rasatmaka, Laghu, Ushna, Tikshna, and Katu vipaki. It is Varnya, Kushthahara, Kapha-pitta shamaka, Raktashuddhikara, Shothaghna and indicated in Pradara. Amalaki is Pancha rasatmaka, Laghu, Anushna, Snigdha, Madhura vipaki. Its Rasayana, Tridosha shama, Anulomaka, Balya, Raktashuddhikara, Raktastambhaka, Shwasagha, and indicated in Pradara. Lodhra is Kashaya rasatmaka, Laghu, Shita, Snigdha Katu vipaki. It is Kapha-vatagna, Stambhaka, Balay, Raktapittahara, and indicated in Pradara. Nyagrodha, is Kashaya rasatmaka, Laghu, Shita, Snigdha Katu vipaki. Its Kapha-vatagna, Stambhaka, Balya, Raktapittahara, and indicated in Pradara. Pravala pishthi, astringent, antiseptic and vrana ropana (wound healing) drugs help in increasing local cell immunity and prevent recurrence of symptoms in patients. The drugs having abovesaid properties and which are classically indicated were used for Yoni prakashalana and Shamana chikitsa. Properties of ingredient are -

4. CONCLUSION

- Shweta pradara mentioned in Ayurvedic literature and Leucorrhoea mentioned in modern Gynecology closely resemble with each other.
♦ Personal hygiene and following proper dietary regimens are helpful to prevent Sweta-Pradara.

♦ The drugs which are having predominance of Kashaya rasa, Kapha-shamak and Stambhaka property should be used in treatment of Swetapradara.

♦ Devadaru, Amalaki, Lodhra, Nyagrodha, Chakramard, churna, Pravala pishthi along with Tandulodaka anupana and Yoni prakshalana with Lodhra-Vata decoction was found effective in Shweta pradara.

5. REFERENCES
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6. TABLES

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<th>Gradations of parameters at follow up</th>
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Table 1. Follow ups

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