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Ayurvedic Perspective on Vaginal Discharge (*Yonigata Srava*): Etiopathogenesis, Classification, and Integrated Management of *Shweta Pradara*

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ABSTRACT

Gynecology is the branch of medicine concerned with the health of the female reproductive system and literally translates to “the science of women.” A woman holds a unique and vital place in the universe, as created by God. Her health is not only essential for her own well-being but also serves as the foundation for the health and happiness of her family, society, and the nation as a whole. Almost all women experience some form of vaginal discharge at some point in their lives. When this white discharge is accompanied by symptoms such as general weakness, pain in the back and legs, loss of vital fluids, and itching around the vulva, thighs, and groin region, it is referred to as Leucorrhoea in modern medicine. In Ayurveda, this condition is known as *Sweta Pradara*. In Ayurvedic classics, all gynecological disorders are generally classified under the term *Yonivyapad*. However, the specific term *Sweta Pradara* is not mentioned in the Brihatrayi (the three major classical texts of Ayurveda). Instead, the term *Sweta Pradara* for abnormal white vaginal discharge appears in Ayurvedic texts written during or after the medieval period.

Key Words *Leucorrhoea, Yonivyapada, Shweta Pradara, Kaphaja Yoniroga, Nidana Parivarjana*

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INTRODUCTION

Abnormal vaginal discharge (AVD) persists as a global gynecological challenge despite advances in modern therapeutics, attributable to multifactorial etiologies, diagnostic inaccuracies (underdiagnosis/overdiagnosis), inadequate treatments, frequent recurrences, polypharmacy, adverse effects, and escalating antimicrobial resistance. Physiological vaginal discharge - typically clear, white, or cloudy without odor - varies with menstrual cycle phase,

emotional stress, nutritional status, pregnancy, hormonal contraceptives, and sexual arousal. Mid-cycle estrogen surge elevates glycogen, fostering *Lactobacillus* dominance and acidic pH (3.8 - 4.5) via lactic acid production; perimenstrual hypoestrogenism renders pH least acidic (pH > 4.5), predisposing to infections. Pathological alterations in color, consistency, volume, or odor signal dysbiosis or infection, prevalent during reproductive years affecting 20 - 50% of women globally.

REVIEW ARTICLE

Ayurveda conceptualizes such discharges as Yonigata Srava within Yonivyapad framework, with Shweta Pradara (leucorrhoea) signifying Kaphaja disorder arising from mithyachara (excessive coitus, ritukala dietary indiscretions), frequent abortions, poor genital hygiene, and Rasadhatu dushti. Classical texts delineate discharge variants—raktapradara (bloody), shweta (white), picchila (mucoid), puya-like, ghana (curdy), or tanu (watery)—correlating with doshic predominance. This paper systematically reviews Shweta Pradara's etiopathogenesis, Ayurvedic classification, integrated diagnostics, and multimodal management bridging classical sthanika chikitsa with modern microbiology.

ETIOPATHOGENESIS

Abnormal diet and mode of life, abnormalities of Artava and Beeja (either ovum or sperms and both) and Daivakop (anger of God), are the general Nidan of Yonivyapat. Since Shweta Pradara is a symptom rather than an independent disease, its etiopathogenesis corresponds to that of the underlying

causative condition. Based on clinical manifestations, it appears to be a Kaphaja disorder affecting the female reproductive system, as Kapha is primarily responsible for secretions and discharges. This is attributed to the dominance of Kapha's liquid property, which, upon vitiating the Rasadhatu of the reproductive system, manifests as Shweta Pradara.

Clinical Features

The condition presents with both local and systemic manifestations: Lower backache and thigh pain exacerbated during exertion, dull aching pain in the lower abdomen, generalized fatigue, digestive disturbances (constipation, indigestion), local irritation/itching in the vulva, and psychological distress including anxiety and impaired concentration.

CLASSIFICATION OF VAGINAL DISCHARGE

Ayurveda classifies vaginal discharge (Yonistrava) based on doshic predominance and clinical features as shown in Table 1.

Table 1 Ayurvedic Classification of Vaginal Discharge (Yonistrava) Based on Dosha, Guna, and Clinical Features

Watery (Tanu)	Mucoid (Picchila)	Thick, (Sthana)	Curdy	Muco-purulent (Avilla – Tantula)	Purulent – Yellow & Foul-smelling (Peeta Durgandhi)
Soma Roga	Kaphaja Yonivyapat	Atyananda Yonivyapat	Karnini Yonivyapat	Raktagulma	
Acharana Yonivyapat	Upapluta Yonivyapat	Kaphaja Yonivyapat	Yoni Arsha	Phiranga	
Kaphaja Pandu	Atticharana Yonivyapat				Upadansha
Rajyakshma	Kaphaja Shotha				
Kaphaja Prameha Krimi					

TREATMENT

Ayurvedic management of Shweta Pradara targets Kapha prakopa, Rasadhatu shodhana, and

Artavavaha srotas shamana through Agni deepana, Ama pachana, and sthanika chikitsa.

Table 2 Shamana Aushadhi for Shweta Pradara Management

Medicine	Composition	Reference
Rohitaka Mula Churna	Tecomella undulata root powder + jala	च.स.चि.३०; अ.स.] .ref i,ii]
Darvyadi Kwatha	Barleria prionitis etc. decoction	शा.स.प्र.१/१४९] ref iii]
Nyagrodhadi Gana Kwatha	Ficus spp. astringent decoction	शा.स.प्र.१/१४९] ref iv]
Nagakeshara Takra Yoga	Mesua ferrea + buttermilk (3-day cure)	भा.प्र.उत्तर/योगरत्नाकर] ref v,vi]
Pravala-Trivanga Bhasma	Coral + Zinc calx + Rice water	योगरत्नाकर] ref vii]

REVIEW ARTICLE

Pushyanuga Churna	Tandulodaka + madhu	च.स.चि.३०] ref viii]
Utpaladi Churna	Nymphaea spp. + rice water	भै.र.प्रदर] ref ix]
Rasaushadhi	Pradarantaka Lauha/Rasa, Shita Kalyanaka Ghrita	भै.र.प्रदर ७९-९०] ref x]
Asava-Arishta	Lakshmana/Ashoka/Patrangasava, Lodhrasava	भै.र.१०३८] ref xi]
Ghrita-Taila	Ashoka/Nyagrodhadi Ghrita, Priyangvadi Taila	भै.र.१०३६] ref xii]
Kukkutanda Twak Bhasma	250 mg BD with madhu	आयु.र.शा] .ref xiii]

Sthanika Chikitsa (Local Therapies)

Local interventions include Yoni Prakshalana (irrigation with Lodhra or Vata kwatha), Yoni Purana (pessary), Yoni Varti (suppository), and Yoni Dhupana (fumigation).

CONCLUSION

Ayurveda offers comprehensive remedies for Shweta Pradara. Once etiology is ruled out via integrated diagnostics, Ayurvedic formulations provide satisfying results with minimal recurrence, improving both physical and mental well-being of women.

REVIEW ARTICLE

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