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Ayurvedic Management of Recurrent Shweta Pradara Associated with Cervical Erosion: A Case Report

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Abstract:

Background: Shweta Pradara, clinically comparable to excessive or pathological vaginal discharge, is a commonly encountered gynaecological complaint. Recurrent vaginal discharge may be associated with cervicitis, cervical erosion, vaginal infections and other gynaecological conditions. Ayurveda considers excessive vaginal discharge in the context of disorders involving Kapha Dosha, Kleda and Apana Vata. **Case Report:** A female patient presented with recurrent whitish vaginal discharge associated with lower abdominal discomfort,backache,itching, for 6-7 Months. The patient had received previous treatment with temporary relief followed by recurrence. Per-speculum examination revealed cervical erosion involving approximately 80–90% of the ectocervix. Appropriate investigations were performed to exclude infective and other cervical pathology. Based on clinical assessment, the patient was managed with an individualized Ayurvedic treatment protocol comprising systemic Shamana Chikitsa, appropriate local therapy and dietary and lifestyle modifications.

Outcome: Following completion of treatment, the patient showed a clinically significant reduction in the amount and frequency of vaginal discharge along with improvement in associated symptoms. On subsequent per-speculum examination, regression of cervical erosion was observed. The patient remained symptomatically improved during the documented follow-up period. **Conclusion:** This case highlights the potential role of an individualized Ayurvedic approach in the management of recurrent Shweta Pradara associated with cervical erosion. However, the findings of a single case cannot establish efficacy, and controlled clinical studies are required to validate the therapeutic approach.

Keywords: Shweta Pradara, leucorrhoea, cervical erosion, cervical ectropion, Ayurveda, Yonivyapada, Yoni Prakshalana, case report.

INTRODUCTION:

Shweta Pradara (leucorrhoea) is one of the most frequently encountered Gynecological disorders in women of reproductive age. It is characterized by excessive white vaginal discharge that may be physiological or pathological. Pathological vaginal discharge is commonly associated with symptoms such as vulval itching, burning sensation, foul smell, backache, lower abdominal pain, dyspareunia, and general weakness. Persistent vaginal discharge not only affects a woman's reproductive health but also causes psychological distress, social embarrassment, and reduced quality of life[1].

According to WHO, reproductive tract infections remain one of the leading causes of abnormal vaginal discharge among women in developing countries. Chronic cervicitis and cervical erosion are important causes of recurrent leucorrhoea. Conventional management mainly includes antimicrobial therapy, vaginal pessaries, and cauterization. However, recurrence is common because treatment often addresses infection rather than restoring cervical tissue integrity[2, 3].

In Ayurveda, excessive white vaginal discharge is described under Shweta Pradara. Although Shweta Pradara is not described as an independent disease in all classical texts, it is considered a symptom of several Yonivyapadas caused predominantly by vitiated Kapha Dosha associated with Apana Vata. Kapha produces excessive Picchila, Snigdha, and Drava secretions resulting in abnormal vaginal discharge[4].

Classical Ayurvedic texts recommend both Shodhana and Sthanik Chikitsa (local therapy) for diseases of the female genital tract[5]. Among these, Yoni Prakshalana (therapeutic vaginal irrigation), Yoni Avachurnana (local application of medicinal powder), and Agnikarma are considered highly effective. Triphala possesses antimicrobial, anti-inflammatory, antioxidant, wound-healing, and cleansing properties[6,7,8]. Agnikarma facilitates epithelial regeneration, controls chronic inflammation, and reduces recurrence of cervical erosion[9,10].

MATERIALS AND METHODS:

Study Design:

Single case Report.

Patient Information:

A 24-year-old married Women attended the OPD of the Department of Prasuti Tantra and Stree Roga with recurrent excessive white vaginal discharge for 6-7 months. She complained of continuous thick white discharge associated with vulval itching and burning sensation. The symptoms were aggravated following menstruation and affected her daily activities and personal hygiene. She had received repeated courses of antibiotic therapy previously with only temporary relief. The symptoms recurred repeatedly after discontinuation of medication.There was no history of diabetes mellitus, hypertension, tuberculosis, sexually transmitted infection, or major surgical illness. Menstrual history revealed regular menstrual cycles with normal flow.

Clinical Findings

History of past illness: No any major illness.

History of surgery: No history of surgery.

Family history: No any history of HTN,DM,Asthama,TB,STD's.

Married Life - 3 years

Menarche- At the age of 14 years.

Menstrual History:

LMP: 11/01/2026**, Cycle:** Regular, **Interval:** 28–30 days, **No. of days of bleeding: 04–05 days**, **Clots:** Absent**, Colour:** Reddish

Obstetric History: $G_1P_1L_1A_0D_0$

L_1: ♂ /2 years / FTND/ 2.9 kg

Co/H -Nil

C/H- 3–4 times/week without dyspareunia

Clinical Examination:

On physical examination, there is no evidence of pallor, icterus, clubbing, cyanosis, and lymphadenopathy.

Height: 156 cm
Weight: 57 kg
BMI: 23.4 kg/m²

Systemic Examination

Respiratory System: Bilateral chest clear, airway entry and breathing entry clear.
Cardiovascular System: S1 S2 heard.
CNS: All superficial reflexes were intact. Patient is conscious and well oriented.
GIT: Soft abdomen, bowel sounds heard, no pain or any other symptoms.

ASHTAVIDHA PARIKSHA
Nadi (Pulse): *Vata Pradhana*
Mutra (Urine): 4–5 times/day
Mala (Stool): 1 time/day, satisfactory
Jihva (Tongue): *Sama* (whitish-coated)
Shabda (Speech): *Prakruta*
Sparsha (Touch): *Anushna Sheeta*
Drik (Eyes): *Samanya*
Akriti (Build): *Madhyama* (general body built)

DASHVIDHA PARIKSHA
Prakruti: Vata-Kapha
Vikruti: Kapha Pradhana
Sara: Madhyama
Samhanana: Madhyama
Satmya: Madhyama
Satva: Madhyama
Ahara Shakti: Madhyama
Vyayama Shakti: Alpa
Vaya: Yuva

Gynecological Examination:

Local Examination:
External genitalia appeared healthy without ulceration or edema.

Per Speculum Examination
Thick white vaginal discharge present.
Vaginal walls appeared unhealthy and congested.
Cervix appeared unhealthy.
Cervical erosion involving approximately 80–90% of ectocervix.
Contact bleeding absent.

Per Vaginal Examination
Uterus anteverted.
Size normal.
Cervical motion tenderness absent.
Bilateral fornices free.
No adnexal tenderness.

Investigations:

Date	Investigation	Report
14/01/2026	Complete Blood Count (CBC) & Serology (HIV, HBsAg & VDRL)	CBC: Hb - 11.8 g/dL TLC - 7,500/mm³

		DLC - N 60%, L 35%, E 3%, M 2% Platelets - 2.8 lakh/mm³ Serology: HIV I & II - Non-reactive HBsAg - non-reactive VDRL - non-reactive
14/01/2026	Urine Routine & Microscopic	Colour - Pale yellow Albumin - Nil Sugar -Nil Pus cells -1–2/HPF RBC -Nil
16/01/2026	Pap Smear	Negative for Intraepithelial Lesion or Malignancy (NILM) with inflammatory changes.
16/01/2026	Ultrasonography (Pelvis)	Uterus anteverted, normal in size and echotexture. Endometrial thickness - 6 mm Bilateral ovaries normal. No adnexal mass or free fluid.

Samprapti:

Kapha dosha and Vata dosha (Apana vayu) get vitiated due to kapha and vata vridhikara ahara and Vihara. Vitiated Kapha also causes Rasadushti as Kapha and Rasa have Ashrayaashrayi Sambandha. Kapha and Rasa are Drava Guna Pradhana. Dushti of Kapha and Rasa together cause white discharge per vagina which is in the region of Apana vayu.

Samprapti Ghataka:

Dosha:Kapha,Vata
Dushya: Rasa, Mamsa
Strotasa: Rasavaha, Artavavaha
Mahabhuta: Pruthwi, Jala
Marga; Abhyantatara
Udbhavasthana: Pakvashaya samutthaja;
Strotodushti Prakara: Atisrava, Vimarga Gamana

Assessment Criteria:

1.Subjective Parameters:

A. Vaginal Discharge

Grade	Criteria
0-Absent	No abnormal vaginal discharge
1- Mild	Slight discharge, does not require frequent change of undergarment

2-Moderate	Noticeable discharge requiring occasional change of undergarment
3-Severe	Profuse discharge requiring frequent change of undergarment

B. Itching

Grade	Criteria
0-Absent	No itching
1- Mild	Occasional itching, does not interfere with daily activities
2-Moderate	Frequent itching causing discomfort
3-Severe	Persistent/intense itching interfering with daily activities or sleep

C. Burning Sensation

Grade	Criteria
0-Absent	No burning
1- Mild	Occasional burning, tolerable
2-Moderate	Frequent burning causing discomfort
3-Severe	Severe/persistent burning affecting daily activities

Objective Parameters

A. Cervical erosion

Grade	Criteria
0-Absent	Healthy cervical epithelium; no visible erosion
1- Mild	Erosion involving <30% of ectocervix
2-Moderate	Erosion involving 30–60% of ectocervix
3-Severe	Erosion involving >60% of ectocervix

In the present case: Baseline erosion was approximately 80–90% of the ectocervix.

B. Cervical Appearance

Grade	Criteria
0	Healthy, pink cervix with normal epithelium
1	Mild congestion/erythema
2	Moderate congestion with visible erosion
3	Extensive erosion with marked congestion/inflammation

Plan of treatment:

Intervention	Medication with Dose	Time	Duration
Oral Medicine (17/01/2026 to 13/04/2026)	1) Rasayan Churna – 1 gm Chopchini Churna – 1 gm Guduchi Churna –500mg Vidanga Churna – 500 mg Nimba Churna – 1 gm Haridra Churna – 500mg Triphala Churna – 500mg	After meal, two times a day with water	17/01/2026 to 13/04/2026

	2) Chandraprabha Vati – 2 tablets		
Yoni Prakshalana	Triphala Kwatha – 500 ml	Once a day	7 days at morning (after cessation of menses)
Yoni Avachurana	Lodhra Churna – 3 gm Haridra Churna – 3 gm Nimba Churna – 3 gm Triphala Churna – 3 gm Yashtimadhu Churna – 3 gm Guduchi Churna – 3 gm	Once a day	7 days at morning (after cessation of menses)
Agnikarma	After completion of two cycles of Yoni Prakshalan and Yoni Avachurana.		Once time

MODE OF ACTION OF YONI PRAKSHALANA:

Yoni Prakshalana with Triphala Kwatha acts through Shodhana (cleansing) and Ropana (healing). Its Kashaya Rasa provides Stambhana, reducing excessive vaginal discharge, while Laghu and Ruksha Guna help absorb excess Kleda. The local irrigation mechanically removes infective discharge and debris, reducing the microbial load. Modern studies have demonstrated antimicrobial, anti-inflammatory, antioxidant, and wound-healing properties of Triphala, which promote epithelial regeneration and accelerate healing of the eroded cervix.

MECHANISM OF ACTION:

Shodhana (Cleansing):

Removes local infective discharge and debris.

Stambhana (Astringent Action):

Kashaya Rasa helps reduce excessive vaginal discharge.

Antimicrobial Action:

Triphala has antimicrobial activity and helps reduce microbial load.

Ropana (Healing):

Promotes epithelial regeneration and healing of eroded cervix.

MODE OF ACTION OF YONI AVACHURANA:

Yoni Avachurana reduces excessive Kapha Dosha and Kleda through its Ruksha, Grahi and Kashaya Rasa properties. These properties help in reducing excessive vaginal discharge and maintaining healthy vaginal mucosa. The astringent action contracts the local tissues and helps control discharge. The drugs used in the formulation provide antimicrobial, anti-inflammatory and wound-healing effects, thereby promoting epithelial regeneration and facilitating healing of cervical erosion.

MECHANISM OF ACTION:

Shodhana

Helps remove excessive vaginal discharge and local debris.

Stambhana / Grahi

Kashaya Rasa helps control excessive vaginal discharge.

Kleda Shoshana

Ruksha and Grahi properties help absorb excess Kleda.

Antimicrobial Action

Helps reduce microbial load and local infection.

Ropana (Healing)

Promotes epithelial regeneration and supports healing of cervical erosion.

MODE OF ACTION OF AGNIKARMA

Agnikarma is a para-surgical procedure in Ayurveda that uses controlled thermal cauterization to remove pathological cervical tissue and promote healing.

MODE OF ACTION OF AGNIKARMA

Kapha-Pitta Shamana: Ushna, Tikshna and Ruksha properties reduce excessive cervical discharge and facilitate proliferation.

Vrana Shodhana: Controlled cauterization removes unhealthy/eroded cervical tissue and creates a clean wound bed.

Vrana Ropana: Stimulates the process of tissue repair and promotes regeneration of the epithelium.

Krimighna & Antimicrobial Action: High temperature causes direct destruction of microbial load, reducing infection.

Increased Local Circulation: Thermal stimulation increases blood flow, promoting epithelial repair.

Reduction in Cervical Secretion: Cauterization of the eroded area helps reduce excessive mucus secretion.

Prevention of Recurrence: Promotes complete healing of the erosion and helps prevent recurrent discharge.

Diagnosis

Ayurvedic Diagnosis

Shweta Pradara

Modern Diagnosis

Chronic recurrent leucorrhoea associated with cervical erosion.

Outcome Measures:

Parameter	Before treatment	After 2 cycles	After Agnikarma
Vaginal discharge	Severe	Mild	Absent
Itching	Severe	Mild	Absent
Burning sensation	Moderate	Absent	Absent
Cervical erosion	80-90%	20-30%	Nearly healed

Before treatment **After 2 cycles** **After Agnikarma**

Results:

Progressive improvement was observed throughout treatment.After the first treatment cycle, vaginal discharge reduced considerably, and itching and burning sensation decreased.Following completion of the second treatment cycle, vaginal discharge became minimal. The patient reported complete relief from itching and burning sensation. Local examination demonstrated improvement in cervical appearance with healthy granulation tissue.Following Agnikarma, cervical healing improved further with marked reduction in erosion. During follow-up, no recurrence of symptoms was observed.No adverse drug reactions or complications occurred throughout treatment.

Discussion:

Shweta Pradara is predominantly a Kapha-dominant disorder involving vitiation of Kapha and Apana Vata. Excessive Kapha leads to increased vaginal secretions, while impaired Apana Vata contributes to chronicity and recurrence.Triphala Kwatha possesses Kashaya Rasa, Laghu and Ruksha Guna, Ushna Virya (according to therapeutic action), and Tridosha Shamaka properties. Modern studies have demonstrated antimicrobial, antioxidant, anti-inflammatory, immunomodulatory, and wound-healing activities. Local irrigation removes infective discharge, decreases microbial load, and accelerates tissue repair.Yoni Avachurnana provides prolonged contact of medicinal powder with unhealthy cervical tissue, producing local Stambhana, Shodhana, and Ropana effects. It absorbs excessive moisture, reduces inflammation, and promotes healing.The oral Ayurvedic medicines improve Agni, digest Ama, pacify Kapha, enhance immunity, and prevent recurrence by correcting the internal pathology. Agnikarma acts through controlled thermal cauterization. It destroys unhealthy epithelium and stimulates regeneration of healthy squamous epithelium. Heat-induced coagulation seals small vessels, reduces chronic inflammation, improves local circulation, and accelerates tissue repair. In recurrent cervical erosion, Agnikarma provides sustained relief by addressing the diseased tissue directly.The combined action of local cleansing, local healing, systemic correction of Dosha imbalance, and definitive Agnikarma resulted in complete symptomatic improvement without adverse effects.

Conclusion

The present case demonstrates that the combination of Yoni Prakshalana with Triphala Kwatha, Yoni Avachurnana, oral Ayurvedic medications, and Agnikarma can effectively manage recurrent Shweta Pradara associated with cervical erosion. This comprehensive treatment protocol reduced vaginal discharge, itching, and burning sensation, promoted cervical healing, and prevented recurrence during follow-up. Although encouraging, evidence from larger observational studies and randomized controlled trials is required to establish its efficacy and safety.

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