Ayurvedic Management of Shweta Pradar (Leucorrhoea) Using Nagakeshar Choorna with Takra and Yoni Dhoopan with Yava and Guggul Choorna: A Case Report

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Abstract

Background: Shweta Pradar is an Ayurvedic clinical entity commonly correlated with excessive per vaginal discharge. It is frequently associated with vulval itching and increased local moisture, and is interpreted as a Kapha-predominant disorder with Vata involvement and increased Kleda. Case presentation: A 38-year-old married woman presented with white, curdy per-vaginal discharge for approximately 4–5 months and intermittent vulval itching. Speculum examination showed a healthy cervix without erosion, with visible white curdy discharge. Baseline vaginal Gram stain showed few epithelial cells and budding yeast; vaginal pH was 4.2. Hemoglobin was 10.8 g/dL, random blood glucose was 100 mg/dL, and HIV, HBsAg and VDRL tests were non-reactive. Intervention: Nagakeshar Choorna 1 g orally three times daily after meals with Takra was administered for seven days. Local Yoni Dhoopan was performed once daily using Yava Choorna 2.5 g and Guggul Choorna 2.5 g, as per the institutional protocol. Outcome: On day 7, repeat Gram stain showed moderate epithelial cells with no organism seen, and vaginal pH was 4.0. No treatment-related adverse event was documented. Conclusion: The combined internal and local Ayurvedic regimen was associated with symptomatic relief and objective microbiological improvement in this single patient.

Keywords: Shweta Pradar; leucorrhoea; Nagakeshar; Takra; Yoni Dhoopan; Yava; Guggul; case report

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Introduction

Leucorrhoea refers to a vaginal discharge that becomes clinically relevant when it is excessive, persistent or accompanied by symptoms such as itching, irritation, odour or discomfort. In Ayurveda, excessive white vaginal discharge is correlated with *Shweta Pradar*. The condition is commonly explained through *Kapha* and *Vata* vitiation, involvement of *Rasa*, *Mamsa* and *Meda Dhatu*, and an increase in *Kleda* in the genital tract.[3–5]

Nagakeshar (*Mesua ferrea*) is described as having *Kashaya Rasa*, *Laghu–Ruksha Guna* and *Ushna Virya*, with traditional *Kapha*-pacifying and *Kandughna* actions. *Takra* is Ruksha, *Kashaya–Amla* and Ushna, and is used as an *Anupana* to support *Kapha-Kleda* reduction. *Yava* (*Hordeum vulgare*) and *Guggul* (*Commiphora mukul*) are employed locally through *Yoni Dhoopan*, a medicated fumigation procedure described in Ayurvedic gynecological practice.[4–9]

This report describes the clinical course and short-term laboratory outcome of a patient managed with Nagakeshar Choorna with Takra and Yava–Guggul Yoni Dhoopan. The report follows the general structure recommended by the CARE reporting guideline.[1]

Case Presentation

Patient information

A 38-year-old married woman attended the gynecology outpatient department on 14 November 2025 with complaints of white, curdy per-vaginal discharge for approximately 4–5 months and intermittent vulval itching. She reported menarche at 14 years of age. Her menstrual cycles were regular, occurring every 30–32 days, with a duration of 2–3 days and scanty flow. The last menstrual period was 3 November 2025. She had been married for approximately 20 years in a non-consanguineous marriage. A Pap smear had reportedly been performed about three months earlier; however, the report was not available for review.

A history of tibial fracture approximately six months earlier, treated surgically, was noted. No pain was recorded at presentation.

Table 1. Baseline clinical and laboratory profile

Parameter	Finding
Age/sex	38 years/female
Pulse	84/min
Blood pressure	120/80 mmHg
Temperature	97 °F
Respiratory system	Clear

Parameter	Finding
Cardiovascular system	No abnormality detected
Weight	93.6 kg
Height	157 cm
Body mass index	38.0 kg/m²
Hemoglobin	10.8 g/dL
Random blood glucose	100 mg/dL
HIV, HBsAg, VDRL	Non-reactive

Clinical findings

Per-abdominal examination revealed a soft abdomen. Per-vaginal examination showed an anteverted uterus and clear fornices. On speculum examination, the cervix appeared healthy and no erosion was seen; white curdy discharge was present. These findings, together with the chief complaints, supported a clinical diagnosis of Shweta Pradar.

Diagnostic assessment

A baseline vaginal swab collected on 14 November 2025 demonstrated few epithelial cells and budding yeast on Gram stain. Vaginal pH was 4.2 (acidic). In a symptomatic patient, the presence of budding yeast supports a yeast-associated vaginitis; Candida vaginitis is usually associated with a vaginal pH below 4.5.[2] The patient's findings were therefore consistent with Shweta Pradar associated with a yeast-positive vaginal swab.

Ayurvedic assessment

The case was interpreted as *Kapha-pradhana Shweta Pradar* with *Vata* association. The white, curdy discharge and itching were considered expressions of increased *Kapha* and *Kleda* in the *Yoni*, with involvement of *Rasa*, *Mamsa* and *Meda Dhatu*. The therapeutic approach was therefore directed toward *Kapha-Kleda* Shamana, *Kandughna* action and local cleansing.

Therapeutic Intervention

The patient received a seven-day combined regimen consisting of an internal medicine and a local procedure. The medicines and procedure were used according to the institutional study protocol.

Table 2. Therapeutic regimen

Intervention	Dose	Route	Timing	Duration
Nagakeshar Choorna with Takra	1 g, three times daily	Oral	After breakfast, lunch and dinner	7 days
Yava Choorna + Guggul Choorna Yoni Dhoopan	2.5 g + 2.5 g	Local fumigation	Once daily in the morning; approximately 5 minutes	7 days

For *Yoni Dhoopan*, the powders of *Yava* and *Guggul* were used in equal quantities and administered as medicated fumes toward the vulval and vaginal region. The protocol specifies that the powders may be mixed with *Ghrita* and delivered using the institutional *Dhoopan* chair, with monitoring for dizziness, local dryness, redness or irritation.

Timeline

Table 3. Clinical timeline

Date/period	Event
14 November 2025	Initial OPD assessment; white curdy discharge and vulval itching documented. Baseline vaginal Gram stain: budding yeast present. Vaginal pH: 4.2.
14–20 November 2025	Nagakeshar Choorna 1 g three times daily with Takra and once-daily Yava–Guggul Yoni Dhoopan administered for seven days.
20 November 2025	Repeat vaginal Gram stain: moderate epithelial cells, no organism seen. Vaginal pH: 4.0.

Follow-up and Outcomes

At the completion of seven days, repeat vaginal Gram stain showed moderate epithelial cells and no organism. The vaginal pH was 4.0. Thus, the post-treatment report showed disappearance of the budding yeast seen at baseline, while the vaginal environment remained acidic.

Table 4. Before- and after-treatment findings

Outcome parameter	Before treatment	After treatment	Interpretation
Vaginal Gram stain	Few epithelial cells; budding yeast present	Moderate epithelial cells; no organism seen	Objective microbiological improvement; no organism detected on the repeat smear
Vaginal pH	4.2 (acidic)	4.0 (acidic)	Remained within the acidic range; pH alone is not a measure of resolution of candidal vaginitis
Adverse events	None recorded at baseline	No treatment-related adverse event documented	Regimen was tolerated in the available record
Clinical symptom score	White curdy discharge and intermittent vulval itching documented	Formal day-7 symptom grades not available in the supplied record	Subjective response cannot be quantified from the available documents

No treatment-related rash, redness, excessive dryness or other adverse event was documented. However, the available records did not document long-term follow-up.

Source Data Reviewed

The manuscript was drafted from: (1) the OPD case paper dated 14 November 2025; (2) vaginal Gram stain and pH reports dated 14 November 2025 and 20 November 2025; and (3) the approved synopsis describing the dose, duration, assessment schedule and standard operating procedure for Nagakeshar Choorna with Takra and Yava–Guggul Yoni Dhoopan.

The patient name, machine-readable QR/barcode identifiers, and laboratory-identifying details have been concealed. Clinical test results and relevant report dates are retained.

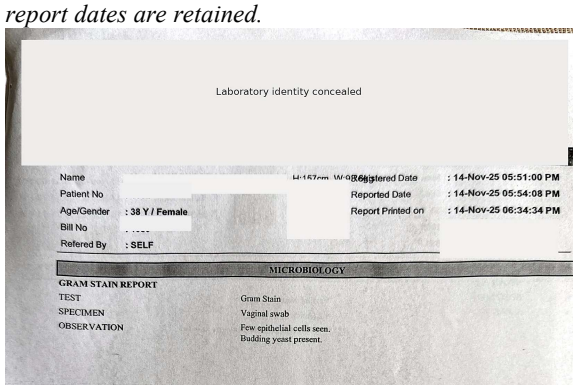


Figure A1. Pre-treatment vaginal Gram stain report dated 14 November 2025.

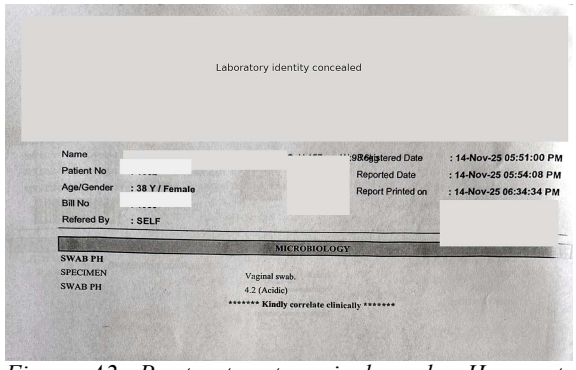


Figure A2. Pre-treatment vaginal swab pH report dated 14 November 2025.

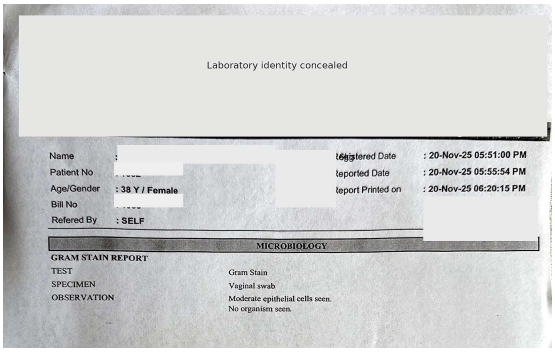
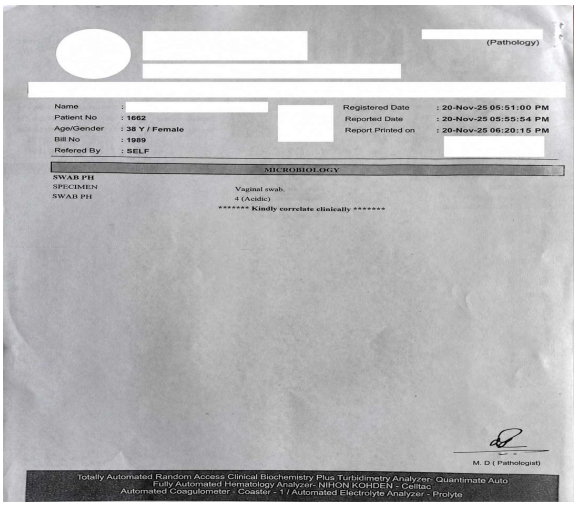


Figure A3. Post-treatment vaginal Gram stain report dated 20 November 2025.

Post-treatment vaginal swab pH: 4.0 (the corresponding report image was not embedded in the attached source file).



Discussion

The present case showed a change from a yeast-positive baseline vaginal Gram stain to a post-treatment smear in which no organism was seen after seven days of combined Ayurvedic management. The result provides an objective short-term signal of improvement. The vaginal pH remained acidic (4.2 to 4.0), which is clinically plausible because vulvovaginal candidiasis generally occurs at a normal acidic pH below 4.5; therefore, the key laboratory change in this case was the disappearance of budding yeast rather than a major pH shift.[2]

From the Ayurvedic perspective, the patient's white curdy discharge and itching were consistent with a *Kapha-Kleda* dominant presentation. *Nagakeshar* and *Takra* were selected for their *Kashaya*, *Ruksha* and *Ushna* attributes, which are traditionally used to reduce *Kapha* and excess *Kleda*. *Nagakeshar* increases digestive power (improves Agnimandya) due to which rasa dhatu Agni mandya also improves which further reduces kapha dosha vitiation as kapha is mala of rasa.

A follow-up study on day 3 showed improvement in discharge from grade 3 to grade 1; discharge was converted from curdy white to watery and by day 7 the discharge was completely absent. Along with this Kandu was improved from Grade 2 to Grade 0 by day 7. *Takra* also served as the *Anupana* and helps in reduction of kapha and kleda. *Yava* and *Guggul* were used locally through *Yoni Dhoopan*, with the therapeutic intention of local *Shodhana*, *Kledahara* and *Kandughna* effects.[3–9]

The interpretation of this case must remain cautious. A single case cannot establish efficacy or causality, and spontaneous fluctuation, hygiene measures, diet and unrecorded co-interventions may affect vaginal symptoms or microscopy. The post-treatment report documented no organism on Gram stain, but culture or species identification was not performed. In addition, formal symptom grades, patient-reported outcome measures and recurrence assessment were not available. Future studies should use predefined *Shweta Pradar* symptom scores, microscopy and culture where indicated, treatment adherence records, adverse-event monitoring and follow-up for recurrence.

Conclusion

In this 38-year-old woman with *Shweta Pradar*, a seven-day regimen of *Nagakeshar Choorna* with *Takra* and *Yava–Guggul Yoni Dhoopan* was associated with disappearance of budding yeast on repeat vaginal Gram stain and maintenance of a normal acidic vaginal pH at the same time symptomatic relief was obtained. No adverse event was documented. The observation is encouraging but should be interpreted as preliminary evidence from a single case; confirmation requires systematic clinical evaluation in a larger sample with standardized symptom assessment and longer follow-up.

Declarations

Patient consent: Written informed consent for publication of de-identified clinical information should be confirmed and retained by the authors before journal submission.

Conflict of interest: The authors should disclose any conflict of interest; none is stated in the supplied records.

Funding: No external funding information was provided.

Ethical statement: The case was managed under an institutional clinical study protocol. Applicable institutional ethics approval and trial registration details should be inserted by the authors before submission.

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