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## ***Shwetpadara: A Historical Review***

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### **ABSTRACT**

Leucorrhoea (*Shwetpadara*), a white vaginal discharge has emerged out one of the commonest reproductive health problem of women due to today's food habits, changing life style and especially due to continuously nagged and accepted as an essential feature of womanhood. About 10% to 41% of women have leucorrhoea at least once in their life. *Ayurveda* is ancient science and mother of all medicinal sciences, it had all the answers to the all modern era ailments. *Acharya Charaka* has explained that symptoms of disease themselves also constitute disease. Times being due to change in food habits and lifestyle, numbers of disease are emerged as syndrome which can't be nominated as a specific disease but they exists. Same in the case of *Shwetpadara*, it is described as a symptom in different ways at various places in the *Ayurveda* texts. Present study is an attempt to compile that data regarding the topic and present it in a systematic way for ease of researchers, and *Ayurveda* scholars.

### **KEYWORDS**

*Shwetpadara, Leucorrhoea, Reproductive Health Problem*



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## INTRODUCTION

History is the root of knowledge in any scientific research. For the complete comprehension of the subject, it is necessary to trace out its historical background, which gives a concrete firm base regarding the disease. While searching for historical background of *Shwetapradara* (leucorrhoea), one has to look into different periods of history in both *Ayurvedic* classics and modern science.

The history of *Ayurveda* can be described, categorized into different periods and the *Vedic* period is the earliest among it.

### **Vedic Kala (5000 BC to 2000 B.C.):**

No scriptural evidence is available in *Prevedic* and *Vedic* periods specifically as “*Shwetapradara*”. It is mentioned only that there are certain *Krimis*<sup>1</sup>, which can cause injury to the uterus through vagina. For instance “*Durnama*<sup>2</sup>” is produced in the vaginal area and causes injury to the uterus. While describing about “*Sunama*” it is said that it cures the vaginal disease created by *Durnama*. There are also references that *Krimis* may reach the *Garbhashaya*, the *Yoni* and the *Garbha* (foetus)<sup>3</sup>.

### **Samhita Kala (2000 BC to 800 AD):**

The next period after the *Vedic Kala*, this is known as *Samhita Kala*. Three great authors *Acharya Charaka*, *Sushruta* and

*Vagbhatta* assembled their classical book, which is known as “*Brihatrayee*”.

### **Charaka Samhita (200BC):**

*Acharya Charaka* has not mentioned *Shwetapradara* as a particular disease. However *Pandura Asrigdara Chikitsa* is mentioned particularly<sup>4</sup>.

### **Sushruta Samhita (200AD):**

In *Sushruta Samhita*, *Yoni Vyapada* and its *Chikitsa* are described but definite *Shwetapradara* and its *Chikitsa* is not described<sup>5</sup>. *Acharya Sushruta* has described physiological discharge of women secreted during the sexual act, which is known as “S& k| Fit&” in women<sup>6</sup>.

### **Ashtanga Hridaya and Ashtanga Samgraha:**

In *Yonivyapad Chikitsa*, *Acharya Vagbhatta* has described 20 types of *Yonivyapad* with their particular type of treatment<sup>7,8</sup>. *Acharya Vagbhatta* has also described about *Pandura Asrigdara*<sup>9</sup> and “S&k|Fit&” which is incapable for reproduction<sup>10</sup>.

So in *Brihatrayee*, there is no description of *Shwetapradara* as a separate entity.

### **Bhela Samhita and Harita Samhita:**

In *Bhela Samhita* and *Harita Samhita*, there is no description about *Shwetapradara*.

*Maharshi Harita* has not given a separate chapter for *Yoni Rogas* but has mentioned the same under the heading of *Stree Roga*<sup>11</sup>. But the treatment of *Yoni Pravaha* which is



described in *Harita Samhita* can also be correlated with the treatment of some types of *Shwetapradara*<sup>12</sup>.

#### ***Kashyapa Samhita (Before 1000BC):***

In *Kashyapa Samhita, Kalpa Sthana – Revatikalpadhyaya*, Acharya Kashyapa has mentioned “***Parishruta Jataharini***”, which is a type of vaginal discharge and can be considered under *Shwetapradara*<sup>13</sup>.

#### ***Samgraha Kala (800 AD - 1600 AD):***

The *Ayurvedic* literature, which is compiled in the form of *Grantha*, is known as *Laghutrayee* which includes *Sharangadhara Samhita, Bhavaprakasha* and *Madhava Nidana*.

#### ***Sharangadhara Samhita (1300AD):***

When we put our finger to the *Laghutrayee* regarding *Shwetapradara*, it is seen that Acharya *Sharangadhara* has totally omitted the topic in his *Grantha* as a description of disease<sup>14</sup>. But, its treatment is given.

#### ***Bhavaprakasha (1600AD):***

20 *Yoni Vyapadas* are enumerated in *Chikitsasthana – 70<sup>th</sup> chapter* by Acharya *Bhavamishra*<sup>15</sup>.

Both *Acharyas Bhavamishra* and *Sharangadhara* have used the word “*Shwetapradara*” for white vaginal discharge during description of treatment of *Pandur Asrigdara*<sup>16,17</sup>.

#### ***Madhava Nidana (700AD):***

*Acharya Madhavakar* has only compiled the description of 20 types of *Yoni Vyapadas* or *Shwetapradara* from earlier *Samhitas*<sup>18</sup>.

#### ***Chakrapani Datta (11<sup>th</sup> century):***

*Ayurveda Dipika*, the most popularly known commentary of *Charaka Samhita* written by *Chakrapani Datta*. Commentator *Chakrapani* has well narrated to *Shwetapradara* term<sup>19</sup> -  
pi-D&r[ p\dr[ e(t V[tp\dr[ .. ...  
*Cha.Chi.* 30/116 – *Chakra*.

#### ***Vrinda Madhava (9<sup>th</sup> century):***

*Shwetapradara* word has been firstly quoted in *Vrinda Madhava*. It is mentioned in the context of the description of recipes to mitigate the *Shwetapradara*<sup>20</sup>.

#### ***Gadanigraha (12<sup>th</sup> century):***

Acharya *Shodhala* has mentioned entity of the disease *Shwetapradara*<sup>21</sup>.

#### ***Yogaratanakara:***

Author of *Yogaratanakara* has also mentioned about 20 types of *Yoni Rogas* including *Shwetapradara* and its management incerta in *Rogadhikara*<sup>22</sup>.

#### ***Vangasen:***

In *Vangasen Shwetapradara* and its management are described under title of *Yoni Roga*<sup>23</sup>.

#### ***Rasaratnasammuchchaya:***

In *Rasaratnasammuchchaya*, *Yoni Rogas* including *Shwetapradara* and its management are described<sup>24</sup>.



### **Brihat Yoga Tarangini:**

In *Brihat Yoga Tarangini Yoni Rogas* including *Shwetapradara* and its *Chikitsa* are mentioned<sup>25</sup>.

### **Vasava Rajiyam:**

There is a new entity *Asthisrava* which can be explained under this heading. In *Vasava Rajiyam Pradara, Yonivyapda, Somaroga* and their treatment also mentioned<sup>26</sup>.

### **Adhunika Kala (16<sup>th</sup> A.D. onwards):**

Almost all authors of modern era have described *Shleshmala Yonivyapad* or *Sannipaitiki Yoni Vyapad, Shleshmika Asrigdara* etc. as a *Shwetapradara* on the basis of different symptomatology found in different diseases. Modern authors have correlated *Shwetapradara* with leucorrhea including certain physio-pathological vaginal discharge.

### **SHWETAPRADARA IN AYURVEDA:**

The word *Shwetapradara* has not appeared in great *Trios*, but all *Acharyas* of *Brihatrayee* had described *Shwetapradara* in term of *Yoni Srava* as a symptom in many *Yoni Rogas*. Commentator *Chakrapani, Sharangadhara Samhita, Bhavaprakasha* and *Yogaratanakara* have used the word *Shwetapradara* for white vaginal discharge. *Acharya Shodhala* has described the disease entity *Shwetapradara* in *Gada Nigraha*<sup>27</sup>(*Ga. Ni. Pradara Chikitsa 2*).

### **CLASSIFICATION OF SHWETAPRADARA:**

*Shwetapradara* has been described as a symptom in many ancient classics. Almost all the *Acharyas* have mentioned *Yoni Srava*, but the references are scattered in description of different disease entities. All such references where *Shwetapradara* has been told as a symptom are collected and classified as follows:

Physiological *Shwetasrava*

Pathological *Shwetasrava*

#### **Physiological Shwetasrava:**

In *Sushrut Samhita, Ashtanga Samgraha & Bhavaprakasha:*

#### **Stree Shukra :**

GZtlp·Di[ yY]vil<sup>3</sup>nmil~t: p\ lvi)yt[ .  
lvsp< Ryit< v> niyi< AtYi p&>si>  
smigm[ .. ... .. Su. Sha. 2/39  
ydi niyi<v&p[yiti> vZPAy<sup>0</sup>Ryi][ kY> c n  
.  
m&øt: S&k|m<sup>0</sup>yi[<sup>0</sup>ymnIAYAt#i jiyt[ .. ...  
... .. Su. Sha. 2/50; Bha. Pra. Pu. 3/57  
yi[(Pti[¥(p A#iv<sup>0</sup>Ry[ v S&k\ > p&>s:  
smigm[ .  
gB<AY t<sup>0</sup>n (k(øt& kri[t)(t n (c<sup>0</sup>Ryt[ .. ...  
... .. A. S. Sha. 1/72; Bha. Pra. Pu. 3/187  
*Ghritha* melts when it come in contact with fire, like wise women secrete *Artava* during coitus<sup>28</sup>. *Acharya* had also described that when two hypersexual women indulge in sexual act; they secrete *Shukra* in each other, which results in fetus devoid of bones<sup>29,30</sup>.



*Acharya Vagbhatta* has clarified it and said that a physiological discharge of women which is secreted during the sexual act is incapable of conception<sup>31,32</sup>.

Practically, in human being coitus does not initiate ovulation, thus it is not advisable to accept *Artava (Stree Shukra)* excreted during coitus as ovum, this may be considered only as local discharges of female reproductive system coming out during coitus.

#### ***Vandhya Kalpadruma :***

Different types of *Vandhya* have been described in *Vandhya Kalpadruma*. *Trimukhi Vandhya*, it is said that the women of *Trimukhi Vandhya* has a profuse watery discharge during sexual act. By nature she possesses excessive desire for sex and has voracious appetite, the other is *Kamalini Vandhya*, in which women has continuous watery vaginal discharge<sup>33</sup>.

#### ***Kaamsutra:***

A *Grantha* of *Kamasutra – Vatsayana* has described 5 varieties of the discharges per vagina according to the character of women, which can be considered as physiological *Shweta Srava*<sup>34</sup>.

#### ***Padmini Stree:***

The smell of the vaginal discharge resembles to that of lotus.

#### ***Chitrini Stree:***

The smell of the vaginal discharge resembles to that of honey.

#### ***Shankhini Stree:***

The vaginal discharge is *Kshariya* in nature and less in amount.

#### ***Hastini Stree:***

A vaginal discharge has a typical smell mentioned in an *ichor* like (*Vranagata Srava*) smell.

#### ***Harini Stree:***

The vaginal discharge has flower like smell. All these conditions are physiological and need assurance if they become troublesome.

#### ***Pathological Shwetavrava:***

While going through the ancient *Ayurvedic* texts; several disease entities, those come with *Yoni Srava* as a clinical feature may correlate with leucorrhoea. Thus various general & local pathological conditions described as a causative factor of leucorrhoea in modern science are mentioned here as *Shwetapradara*. Out of them, in some conditions *Yoni Srava* described directly as a symptom and others conditions which may be cause of *Shwetapradara* indirectly described as Table 1

#### **AIMS AND OBJECTIVES:**

1. To study the detail etiopathogenesis of the disease *Shwetpadara* according to *Ayurvedic* science.
2. To compile literary materials of *Shwetpradara*.



**Table 1** Description of *Yoni Srava* in classics

<b>General pathological condition</b>		
	<b>Direct</b>	<b>Indirect</b>
<i>Parisruta Jataharini</i>	*	--
<i>Asthisrava</i>	*	--
<i>Soma Roga</i>	*	--
<b>Local pathological conditions</b>		
	<b>Direct</b>	<b>Indirect</b>
<i>Yonivyapad</i>		
<i>Vatala</i>	*	--
<i>Pittala</i>	*	--
<i>Shleshmala</i>	*	--
<i>Sannipatiki</i>	*	--
<i>Lohitakshara</i>	--	*
<i>Achrana</i>	*	--
<i>Atyananda</i>	*	--
<i>Aticharna</i>	*	--
<i>Upapluta</i>	*	--
<i>Paripluta</i>	*	--
<i>Karninee</i>	--	*
<i>Shushka</i>	--	*
<i>Prasramsinee</i>	*	--
<i>MahaYoni</i>	--	*
<i>Phalinee</i>	*	--
<i>Vipluta</i>	--	*
<b>Artava Dushti</b>		
	<b>Direct</b>	<b>Indirect</b>
<i>Pittaja</i>	--	*
<i>Kaphaja</i>	--	*
<i>Kunapagandhi</i>	--	*
<i>Granthibhuti</i>	--	*
<i>Putipuyanibha</i>	--	*
<i>Mutrapurishagandhi</i>	--	*
<b>Asrigdara</b>		
	<b>Direct</b>	<b>Indirect</b>
<i>Pittaja</i>	--	*
<i>Kaphaja</i>	*	--
<i>Sannipataja</i>	--	*
<b>Jarayu Roga</b>		
	<b>Direct</b>	<b>Indirect</b>
<i>Rati Roga</i>		
<i>Upadamsha</i>	--	*

## MATERIALS AND METHODS

1. Literary information about the study will be compiled from *Ayurveda* texts- *Charaka Samhita*, *Sushruta Samhita* etc.
2. Various publications, clinical studies, research papers, proceedings of seminars will also be considered to collect the literary material.

3. All the compiled literary materials will be critically analyzed and rearranged of present study.

## DISCUSSION

In *Ayurvedic* literatures like *Brihatrayee*, there is no separate entity of *Shwetapradara* as a disease but there are many *Stree Rogas* in which *Shwetapradara* is considered and described as a symptom.





However, sometimes this symptom is so severe that, it over shadow symptoms of actual diseases and women seek for the treatment of only this symptom. *Acharya Charaka* has also explained that symptoms of disease themselves also constitute disease<sup>35</sup>. While commenter *Chakrapani* has said that any symptom may manifest as a separate disease<sup>35</sup>. Keeping this scene in mind and looking at the high prevalence of the ailment, an attempt has been made to study the *Shwetapradara* as a separate disease entity.

Leucorrhoea is the most common complaint for which reproductive aged women consult the gynecologist. About 10% to 41% of women have leucorrhoea at least once in their life<sup>36</sup>. Due to today's food habits, changing life style and especially due to continuously nagged and accepted as an essential feature of womanhood vaginal discharge has emerged out as one of the commonest reproductive health problem of women. Regarding the gravity of the disease, it neither causes mortality nor morbidity but it is accountable to the problem of sexual anxiety and even sometimes fear of carcinoma or failure to conceive. Apart from this, it also causes mental stress, local inconvenience to the patient which deteriorates the day to day work and the quality of life. Thus it does not cut the years of life but the life of the years.

Being health science, *Ayurveda* has mentioned many types of disorders and their line of treatment. Some of the disorders described in classics are found precisely in present time but some disorders of present time need to be interpret with classics on the basis of *Dosha*, *Dushya*, *Samprapti* (etiopathogenesis) etc. and *Shwetapradara* is one among them.

*Shwetapradara* is not mentioned as a separate clinical entity in classics, but it can be considered as a symptom in many *Stree Roga*. Mostly all *Acharyas* described white vaginal discharge as *Shwetapradara*. However, the word “*Shwetapradara*” was firstly mentioned by *Acharya Vrinda Madhava* on 9<sup>th</sup> century A.D. Later on Commentator *Chakrapani* has explained the word “*pi·D& r[ p\dr[ e(t V[tp\dr[ ...*” (*Cha. Chi. 30/116, Chakra - Commentary*)<sup>37</sup>, but he had described in very brief.

The term leucorrhoea means a running of flow of white substances. It should be restricted to those conditions where the normal vaginal secretion is increased in amount and the discharge is macroscopically and microscopically non-purulent. But in generic term leucorrhoea is used to describe any white or yellowish – white discharge from the vagina<sup>38</sup>.

In modern medical texts, many clinical conditions are described that causes





leucorrhoea. 1/3 cases of leucorrhoea are due to general health factor, out of them 25.4% are due to ill health and others are due to under nutrition, dysfunctional and psychological. While 2/3 cases are due to pelvic factor & 19% due to vaginitis<sup>39</sup> - Trichomonas vaginitis, Monilial vaginitis, Bacterial vaginitis, senile vaginitis etc. and other pelvic factors are secondary vaginitis due to foreign body, malignancy of genital tract, genital prolapse, chemical vaginitis, allergic seminal vulvovaginitis and vaginitis caused by excretions; acute & chronic cervicitis; cervical erosion, neoplasms like cervical polyp, cervical carcinoma, uterine tumour (polyp, fibroid,

adenomyosis), genital prolapse, contraceptives (loop, conventional, oral), pelvic inflammation and Pregnancy. These factors alter the vaginal environment and facilitate the overgrowth of non-resident pathogens which ultimately lead to leucorrhoea.

In our classics *Shwetapradara* is described directly or indirectly in many *Stree Rogas* as a symptom. However collecting scattered direct or indirect references of *Shwetapradara* and observing keenly, it can be compared with following modern conditions by similarities of signs & symptoms in Table 2

**Table 2** Consequent conditions of *Shwetapradara* where it is described directly or indirectly and its parallel disease in the books of gynaecology

<b>General pathological condition</b>	
<i>Parisruta Jataharini</i>	Chronic infection, most probably tuberculosis.
<i>AsthiSrava</i>	Vaginal discharge due to deficiency disorders like vitamins or calcium deficiency or due to some systemic disorder
<i>Soma Roga</i>	Watery vaginal discharge
<b>Local pathological condition</b>	
<b>Yoni Vyapad</b>	
<i>Vatala</i>	Senile/Atrophy of vagina due to old age factor.
<i>Pittala</i>	Inflammation or infection of reproductive organs.
<i>Shleshamala</i>	Trichomonas or Monilial infections causing more secretions like vulvovaginitis.
<i>Sannipatiki</i>	Mixed type of severe genital tract infection.
<i>Lohitakshara</i>	Cervical polyp or erosion.
<i>Acharana</i>	Genital tract infection.
<i>Aticharana</i>	Vaginitis due to chronic genital tract infection.
<i>Upapluta</i>	Monilial vulvovaginitis especially in pregnant woman/ Pathological Monilial
<i>Paripluta</i>	Acute genital tract infection.
<i>Karninee</i>	Erosion of Cervix / polyp at the Cervix
<i>Shushka</i>	Vaginal atrophy due to estrogen deficiency.
<i>Prasramsinee</i>	Second degree uterine prolapse.
<i>MahaYoni</i>	Third grade prolapse of uterus and procidentia.
<i>Phalinee</i>	Vaginal Prolapse
<i>Vipluta</i>	Genital tract infection.
<b>Aartava Dushhti</b>	
<i>Pittaja</i>	Urogenital infection.
<i>Kaphaja</i>	Chronic endometritis and/or endocervicitis.



<i>Kunapagandhi</i>	Endometrial carcinoma.
<i>Putipuyanibha</i>	Severe endometritis with pyometra(pus formation).
<i>Mutrapurishagandhi</i>	Grave genital tract infection having unbearable odour of secretions like urine and feaces , malignancy.
<b><i>Asrigdara</i></b>	
<i>Pittaja</i>	Menometrorrhagia due to an acute inflammatory disorder.
<i>Kaphaja</i>	Tubercular endometritis or chronic endometritis due to other infection.
<i>Sannipataja</i>	Malignancy and severe complex multiple infections
<b><i>Jarayu Roga</i></b>	Genital tract infection.
<b><i>Ratija Roga (Guhya Roga)</i></b>	
<b><i>Upadansha</i></b>	Sexually transmitted Disease.

All these conditions which are mentioned in our classics where *Yoni Sava* is present or may be present as a symptom are one of the causes of leucorrhoea. Thus, *Shwetapradara* can be effectively compared with leucorrhoea on the ground of cardinal feature “white or yellowish-white discharge per vagina” as well as on the grounds of similar causative factor, signs and symptoms.

The description of *Nidana* of *Shwetapradara* is not given in *Ayurvedic* classics. Probable reason could be that it is mentioned as a *Lakshna* (sign and symptoms) in various *Stree Rogas*. *Samanya Nidanas* of *Yoni Vyapad* and *Asrigdara* can be considered as *Samanya Nidana* of *Shwetapradara*, while *Nidana* of those diseases, in which *Shwetapradara* is directly or indirectly described as a symptom, can be supposed as *Vishesha* (specific) *Nidana* of *Shwetapradara*.

Due to *Nidana Seven Doshas* vitiate and lead to *Agni Mandya* which causes the *Ama Utapatti*. *Rasa Dhatu* is vitiated by the

accumulated *Ama* that leads to *Dushti of Rasavaha Srotas* and later *Artavaha Srotas* and ultimately vitiates the *Yoni*. *Yoni Dushti* gives rise to *Yonitah Sava* which is known as *Shwetapradara*.

Modern science believes micro-organisms as the prime thing for manifestation of diseases. In today’s era, increased knowledge along with facilities, specific causative organism of leucorrhoea can be easily diagnosed by many laboratory investigations like wet vaginal smear, gram stain, culture etc.

In clinical practice, *Trichomonas Vaginitis* (T.V.), *Vulvo Vaginal Candidiasis* (VVC) and *Bacterial Vaginosis* (B.V.) are commonly found and out of them T.V. is the most common. Nearly half of the patients who complain of pruritus vulvae harbor this organism<sup>40</sup>. The Worldwide prevalence of *Trichomoniasis* accounts for 10-25% of vaginal infections which is 174 million in numbers<sup>41</sup>. While 75% women suffered by vaginal yeast infection at least one time during life and almost 45%



of women suffered two or more than two times by vaginal yeast infection per year<sup>42</sup>. Although 30 - 50% cases of leucorrhoea is responsible due to Bacterial Vaginosis (BV)<sup>43</sup>. Other causative organisms of leucorrhoea are anaerobic bacteria like Mobiluncus, Bacteroides, Peptococcus etc., Chlamydia trachomatis, Amoeba histolytica etc. According to *Ayurveda*, the root or ultimate reason for occurrence of any disease is vitiation of any *Tridoshas* by any of its *Gunas*.

While studying the various conditions in which *Shwetapradara* is described, *Kapha* can be considered as main causative *Dosha* by its vitiated *Snigdha* and *Pichchhila* properties<sup>44</sup>. *Acharya Sushruta* has stated that *Pooya* or suppuration is not possible without *Kapha*<sup>45</sup>. *Acharya Vagbhata* had described *Kapha* is the main responsible *Dosha* for *Shophya* (inflammation)<sup>46</sup>. While any type of *Yonirogas* does not occurred without the involvement of *Vata Dosh* was tagged by *Acharya Charaka*<sup>47</sup>. Though *Kapha & Vata* seem to be leading *Doshas* responsible for *Shwetapradara* but the role of *Pitta* can not totally be neglected here, as it is said to be responsible for *Paka*<sup>48</sup>. Leucorrhoea is the consequence of urogenital infections, so vitiation of *Pitta* is also involved in the manifestation of the disease. Hence, ***Shwetapradara* should be**

**explained as a *Vata Kapha Pradhana Tridoshaja Vyadhi*.**

The management of leucorrhoea should be conducted according to the causative factors. physiological leucorrhoea needs no treatment but only proper counselling<sup>49</sup>. Malnutritional leucorrhoea needs only oral medicine while vaginitis, cervicitis require antibiotics, antimicrobial or antifungal drugs and vaginal suppository, vaginal creams with *Nidan Parivarjana* (avoidance of causative factors). Cervical erosion needs both oral treatment as well as local treatment like cauterization etc<sup>50</sup>. In the classical texts, many systemic and local preparations like *Yoni Pichu*, *Yoni Prakshalana*, *Yoni Varti*, *Yoni Avachuranana* etc. have been mentioned for the treatment of *Shwetapradara* with avoidance of causative factors (*Nidana Parivarjana*)<sup>51</sup>.

## CONCLUSION

Being health science, *Ayurveda* has mentioned many types of disorders and their line of treatment. Some of the disorders described in classics are found precisely in present time but some disorders of present time need to be interpret with classics on the grounds of basic principles of *Dosha*, *Dushya*, *constitution*, *Samprapti* (etiopathogenesis) etc. and *Shwetapradara*



is one among them. In our classics *Shwetapradara* is described directly or indirectly in many *Stree Rogas* as a symptom. During the study of various conditions in which *Shwetapradara* is described, it is observed that *Shwetapradara* is a *Vata - Kapha Pradhana Tridoshaja Vyadhi*.



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