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ABSTRACT: Leucorrhoea is a common gynecological disorder found in frequently in productive age women. Commonly it associated with mental conditions such as stress and anxiety because it is a disease which involves both mind and body. Ayurveda theories are suggesting the different name and treatment for abnormal veginal discharge according its conditions, stage, and causes etc. Yonivyapad is a broad term for the different gynecological disorder in the ayurveda text and also use term Pradar with prefix Swet(white) for abnormal veginal discharge. Present article is a review and clinical assessment article for Leucorrhoea.

INTRODUCTION

Abnormal veginal discharge is quite a frequently complaint of women found in day to day gynecological problems. The discharge may range from what is called excess of normal to one which is a part of wide spectrum of complaint. According to modern the leucorrhoea is strictly defined as excessive normal discharge the symptoms of excessive is a subjective one with individual variation while to declare it to be normal and met an infective one requires clinical and laboratory between a normal excess and an infective discharge it is in-approtiate to include veginitis as a cause of leucorrhea .

This is catarrhal discharge from the mucus membrane of the female genital tract. It is commonly known as white discharge. It may be due to any specific pathology or due to poor health & unhygienic condition of the female genital organ. This discharge may be very from white to radish or thick and viscid with or without foul smells due type of infection persists. In normal cases it may be appear just before or after menstrual bleeding. Ayurveda, this known as Shwet Pradar believed to be caused by the aggravation or vitiation of Kapha dosha.

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Four types of Pradar described by Acharya Charak1. According to Acharya Charak symptoms of Kaphaja Yoni vyapd is yellowish (Pandu) and cold (Sheet) discharge from vagina associated with Kandu (Itching) and low grade pain (Alp Vedana).[2] and symptoms of Uppluta Yoni vyapd is white or yellowish discharge from vagina with pricking pain. In the Uppluta Yoni Vyapd, mainly involved Doshas are Vat & Kaph

3. The term leucorrhea should fulfill the following criteria.

- The excessive secretion is evident from persistent vulvae moistness or staining of the undergarments (brownish) yellow on drying a need to wear a vulvae pad.
- It is non purulent and non offensive .it is non irritants and never cause purities.
- This is commonly occur in female who are weak emaciated & anemic, organism, some metabolic & hormonal disturbances

Cause

- Awake late at night
- Metabolic & hormonal disturbances
- Weakness, emaciated & anemic.
- Fungal infection
- Chronic amoebiasis
- Chronic constipation
- Poor hygienic condition Symptoms Digestive disturbance
- Black circular patch around eyes
- Itching or local Irritation in genital path (Kandu)
- Spot on undergarments (Sraava)
- Foul smells (Gandha)

Patho- physiology

The secretions though Valva are divided in two main types according to their origin location –

1. Veginal secretion-The physiological basis involved in normal veginal secretion is dependent on the endogenous estrogen level. There is abundant secretary activity of the endocervical glands and the superficial veginal epithelium become rich in glycogen. The glycogen lode epithelium sheds the glycogen being converted in lactic acid by the Doderian bacilli as a results the pH becomes acidic.
2. Cervical secretion -The mucoid secretion from the cervical glands is normally small in amounts the carbohydrate radical of the glycoprotein mucine is splits and

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fermented into lactic acid if however the mucosa secreted in excess it pours out at the vulva.

Composition of Vulval secretion

The slight discharges normally seen at the vulva & in the vegina is a mixture of the following, all of which vary in amount and character with overian function.

Vulval secretion from bartholine, sebaceous, sweat and apocrine glands.

- The veginal discharge
- Cervical secretion
- Uterine secretion
- Fallopian tube secretion

This may also contribution from peritoneal fluid.

Physiological Excess:

The normal secretion is expected to increase in condition when the estrogen level becomes high .such condition are.

1. At birth

Newborn babies may have a mucoid veginal discharges for 10 days this is due to stimulation of the uterus and vegina by placental oestrogens.

2. During puberty:

Increased level of endogenous estrogen leads to marked over growth of the end cervical epithelium which may encroach onto the ectocervix producing congenital erosion increased secretion.

3. During Menstrual Cycle

Around ovulation peak rise to estrogen increased in secretary activity of the cervical glands. Premenstrual pelvic congestion and increased mucus secretion from the hypertrophied endometrial glands.

4. During Pregnancy

There is hyperoestrinism with increased veginal transuded and cervical gland

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secretion.

5. During Sexual Excitements

When there is abundant secretion from the bertholin gland.

6. Regular douching

Washing away of natural secretion encourages the cervix to secrete more, particularly if irritant antiseptic solutions are used.

Pathological Excess:

Ill health is one of the important causes of excessive discharge. It produces excessive exfoliation of the superficial cells

1. **Cervical Cause**

Non infective cervical lesion may produce excessive secretion which pours out at the vulva. Such lesions are cervical erosion. Chronic cervictis mucous polyp and ectrofrion (cervical glands are exposed to the vagina) are also cervical causes for abnormal discharge.

2. **Veginal Cause**

Increased veginal transudation occurs in condition associated with increased pelvic congestion. The lesion is uterine prolapsed acquired retoverted utrus chronic pelvic inflammation pills use and veginal adenosis.

DIAGNOSIS

- The excessive discharges has got relevancy with the condition mentioned earlier \r\n• The discharges is non offensive and non irritant
- General examination may relieved ill health the patients often states the discharge as the case of ill health but in really the reverse is true the ill health producing leucorrhoea.
- Vulval inspection

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- The discharge looks white as creamy color
- There is no evidence of pruritis
- Bi-manuals including a speculum examination reveals either negative pathology
- Associated pelvic lesion mentioned
- Earlier causing cervical as veginal leucorrhoea
- To exclude the infective nature the discharges is subjected to microscopic examination for detection of pus cells. If the pus cell is not detected it is considered as a case of true leucorrhoea
- If however pus cells are detected further investigation are to be carried out to identify the organism from the discharge provided neoplasm and foreign body are excluded these examination included

1. Life table of abnormal veginal discharge

Period of Life	**Associated Symptoms**	**Probable Diagnosis**
Early neonatal	Nil	Leucorrhoea
Period up to pre-menarche	Nil	*(Physiological/None)*
	Offensive discharge (vulva)	Foreign body
	Itching, ill health	Threadworm
Puberty	Nil	Leucorrhoea
Reproductive period (Non-pregnant)		
• *Related to menstrual cycle / Pill user*	Nil	Leucorrhoea
• *Any time*	Pruritus	Infective vaginitis
	Offensive, ill health	Neoplasm, foreign body
• *During antibiotics*	Pruritus	Moniliasis
• *Diabetes*	Pruritus	Moniliasis
Pregnancy	Nil	Leucorrhoea
	Pruritus	Vaginitis (Moniliasis)
Post-menopausal	Nil	Senile vaginitis
	Pruritus (Diabetic)	Moniliasis
	Offensive	Neoplasm

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2. Common cause of veginitis and abnormal veginal discharges

Type	Cause	Nature of Discharge / Symptoms
1. Infective	• Trichomonas vaginitis	• Frothy yellow discharge
	• Monilial vaginitis	• Curdy white in flakes
	• Bacterial vaginosis	• Brown, rotten meat odor and non-pruritic
2. Atrophic	• Cervicitis	• Mucoid discharge
	• Post-menopausal	• Discharge is not prominent; irritation is prominent
3. Foreign Body	Forgotten pessary or tampon (Mechanical irritation)	Offensive, copious, purulent, often blood-stained
4. Chemical	Douches, latex condoms, deodorants (Chemical irritation)	Soreness is more pronounced than the discharge
5. Excretions	Contamination with urine or feces producing secondary vaginitis	Offensive discharge with pruritus
6. Neoplasm	Fibroid polyp or genital malignancy	Serosanguinous, often offensive

TREATMENT

The following guidance\'s are prescribed to treat a case of leucorrhoea

- General health & and anxiety state should be corrected as far as possible
- Pill uses may have to stop pill temporally if symptoms is very much annoying above all local hygiene has to be maintained
- Foreign bodies must be removed
- Proper bath & by change of under clothing
- Line of treatment[4] of all Yoni Vyapda according Acharya Charak is below

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Vataj Yoni Yvapad : in the vataj yonivyapad use Snehan, Sweden, basti etc.

Pittaj Yonivyapad: Do treatments like Raktapitha in pittaj yonivyapad.

Kaphaj Yonivyapad: use procedure of Ruksha & Ushan for Kaphaj Yonivyapad.

Sanshodhan Varti also advised by acharya charak [5].

Use of Uttar basti of Tailam in Kaph Vataj Yoni Vyapad[6].

Nagakesara should be taken with buttermilk for three days keeping on diet of butter milk in order to check leucorrhoea

Root of bhumyamalaki taken with rice-water (10-20 gms)/days checks bleeding.

Myrrh (Commiphora myrrha) oil used for treat leucorrhoea.

Treatment of pradar is given by charak[7] is that

(1) Paste of root of Tecoma undulata (Rohitak mool) with water

(2) Paste of Inner part of seed of Emblika officinalis with honey and misri with water

(3) Juice or powder of Emblika officinalis with honey and Tamra Bhasm.

(4) Kashaya of Nygrodha (Ficus bengalensis) bark and pest of Lodhra and local use with cotton.

(5) powder of Plakha bark or with honey apply locally.

(6) Lodhra, Priyangu or Madhuk also apply locally.

(7) apply the Varti made by Kashaya Rasa drugs with honey.

(8) fuming by drugs like saral, Guggulu with Katu Tailam

1. Local application • Sphatika Bhasma (Alum)

- Aprajita roots Churna
- Lodra Churna
- Madhu yasthi Churna

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2. Single Herbs Powder And Juice

- Durva juice
- Aprajita roots
- Churna
- Shataweri Churna
- Asvaganda Churna
- Vidari kanda Churna
- Lodra Churna
- Madhu yasthi Churna
- Root of Krishna Saraiyaka (Blue-flowered Katasaraiyaa)

3.Compound medicines

- Pushyanug Churna
- Pung Pak (supari pak)
- Patrangashav
- Ashokarishta
- Lodrasava
- Phalasava
- Phal Grit
- Vanga Bhasma
- Trivanga Bhasma
- Nag Bhasma
- Suvarna Bhasma
- Pradarantak Loha
- Pradarantak Ras
- Pradararee Ras
- Bolbadha Ras
- Prawal Bhasma
- Chandra-kala Ras.

4. **Diet**

Apthya :

Fried and spicy food should not be given to the patient. The patient should not be permitted to keep her stomach empty for a long time. She should not take heavy, indigestible food article. Sour thing specially pickles and curd is prohibited.

Pathya: Easily digestible food and intake of Supari (specially Chikani Supari) after

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taking food is very useful both for prevention and cure of this disease.

5. **Lifestyle**

- The patient should be free from worries\r\n• Early to bed & early to rise\r\n• Sexual intercourse during the attack is prohibited
- Daily morning and evening walk \r\n• Sanitary and hygienic measure should be followed carefully.

6. **Yoga**

- Backward bend
- Forward bend
- Knee to chest
- Bow

Example of prescription

Before meal

1 Vang Bhasm 125 mg

Pradarantak Loh 125 mg

Praval bhasm 250 mg

..... 1 X 2 With Drakshavleha 20 gm

2 Pusynug churna 3 gm

..... 1X2 With Simple water

After meal

Ashokarista 20 ml

Patrangasav 20 ml

---------- 1X 2 With Equal water

If patient has constipation then

Before going to bed

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4 Avipattikar churna 3 gm

.....1X 1 With lukewarm water

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