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CLASSICAL AYURVEDIC PEDAGOGICAL STRATEGIES IN STRI ROGA VIGNANA AND PRASUTI TANTRA: A NARRATIVE REVIEW AND CONCEPTUAL MAPPING TO CONTEMPORARY MEDICAL EDUCATION

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Abstract

Background: Clinical education in *Stri Roga Vignana & Prasuti Tantra* requires integration of classical textual interpretation, diagnostic reasoning, procedural learning, and patient communication. Ayurvedic literature describes pedagogical approaches including *Drishtanta*, *Upama*, *Adhyayana*, *Adhyapana*, *Tadvidya Sambhasha*, *Vada Marga*, and *Yogya*, but their relevance to contemporary medical education remains insufficiently conceptualized. **Objective:** This narrative review examines Ayurvedic teaching methodologies and conceptually maps them to contemporary educational approaches, including Case-Based Learning, Simulation-Based Medical Education, collaborative learning, cognitive scaffolding, and patient-centered communication. **Data Sources:** Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, *Sharangadhara Samhita*, and *Madhava Nidana*, were considered alongside literature retrieved from PubMed, Scopus, Embase, and Google Scholar up to 2026. **Review Methods:** A qualitative narrative synthesis and conceptual mapping were undertaken to compare pedagogical concepts and selected gynecological examples with contemporary educational frameworks. The review was structured with reference to SANRA principles for narrative reviews. **Key Findings:** *Vada Marga* and *Tadvidya Sambhasha* demonstrate conceptual parallels with collaborative and dialogic learning. *Yogya* may be interpreted as an experiential or simulation-oriented approach, while *Drishtanta* and *Upama* provide cognitive scaffolding through familiar analogies. The principles of *Lajja* and *Aashwasana* also offer potentially relevant perspectives for respectful and psychologically sensitive

gynecological communication. **Conclusion:** Classical Ayurvedic pedagogical methods provide a valuable conceptual resource for contemporary *Stri Roga Vignana & Prasuti Tantra* education. Their possible integration with educational strategies warrants further empirical evaluation to determine effects on learning, clinical competence, communication, and patient-related outcomes.

Keywords: *Stri Roga; Prasuti Tantra; Ayurvedic Pedagogy; Medical Education; Teaching Methodology; Case-Based Learning.*

1. Introduction

1.1 Background and Definition

Education in reproductive healthcare—encompassing *Stri Roga* (Ayurvedic gynecology) and *Prasuti Tantra* (Ayurvedic obstetrics)—demands the harmonious integration of theoretical knowledge, clinical reasoning, procedural dexterity, and effective interpersonal communication during sensitive clinical encounters [1,2]. Contemporary medical education increasingly emphasizes Competency-Based Medical Education (CBME), clinical reasoning, simulation-based training, and patient-centered communication as indispensable pillars of safe clinical practice [3–5]. Within Ayurveda, these competencies are rooted in a classical textual tradition (*Charaka Samhita, Sushruta Samhita, Kashyapa Samhita, and Ashtanga Hridaya*) that establishes explicit principles for medicine, surgery, obstetrics, and maternal-child health [6–10].

1.2 Historical Perspective and Contemporary Educational Context

The historical transmission of Ayurvedic knowledge was grounded in intensive master-apprentice interaction, systematic textual study (*Adhyayana*), teacher-guided interpretation (*Adhyapana*), bedside observation, critical questioning, and supervised practical training [6,7,11]. Epistemological methodologies such as *Tadvidya Sambhasha* (scholarly debate and professional peer dialogue) reflected an educational paradigm in which knowledge acquisition was validated through critical discourse and active inquiry [6,12]. In modern times, Ayurvedic medical education is delivered through structured institutional curricula governed by the National Commission for Indian System of Medicine (NCISM) [13].

This institutional evolution presents a dual pedagogical challenge. Learners must master traditional diagnostic and therapeutic frameworks (*Dosha, Dushya, Srotas, Samprapti*) while simultaneously acquiring competence in modern biomedical diagnostics, surgical-obstetric skills, evidence appraisal, and multidisciplinary decision-making [13,14]. Although integrating traditional wisdom with competency-based education is widely recognized as essential, the pedagogical relationship between classical teaching methods and modern educational theories remains insufficiently characterized [14,15].

1.3 Disease Burden and Clinical Relevance

Reproductive and maternal health conditions represent a major proportion of the global burden of disease. Common gynecological disorders—such as endometriosis, polycystic ovary syndrome (PCOS), pelvic inflammatory disease (PID), abnormal uterine bleeding (AUB), and infertility—profoundly affect physical, reproductive, and psychosocial health [16,17]. Concurrently, maternal disorders—including hypertensive disorders of pregnancy, gestational

diabetes, antepartum/postpartum hemorrhage, and obstructed labor—remain primary contributors to maternal morbidity and mortality globally, particularly in low- and middle-income countries [18,19].

In India's pluralistic healthcare system, where Ayurveda plays a significant role in primary care, chronic disease management, and maternal-child health, undergraduate and postgraduate trainees in *Stri Roga* and *Prasuti Tantra* must be trained to high standards of clinical acumen, diagnostic precision, procedural safety, and ethical communication [13,20]. Furthermore, gynecological consultations involve intimate physical examinations and discussions that can elicit patient anxiety, embarrassment, stigma, or fear [21,22]. Modern trauma-informed and patient-centered care models prioritize dignity, psychological safety, and clear communication—values that parallel classical Ayurvedic clinical principles such as *Aashwasana* (therapeutic reassurance) and sensitivity to *Lajja* (modesty/hesitation) [6,21–23].

1.4 Aim and Objectives

This narrative review aims to evaluate classical Ayurvedic pedagogical strategies and diagnostic analogies in *Stri Roga Vignana* and *Prasuti Tantra* and map them conceptually to contemporary medical education frameworks.

The specific objectives are:

1. To map classical methodologies (*Adhyayana*, *Adhyapana*, *Tadvidya Sambhasha*, *Yogya*, *Drishtanta*, *Upama*) to modern educational constructs (CBME, CBL, SBME, cognitive scaffolding).
2. To evaluate *Tantra Yukti* and *Vada Marga* as classical foundations for analytical thinking and clinical reasoning.
3. To analyze diagnostic and procedural analogies (*Upama/Drishtanta*) in *Yoni Vyapad* and *Mudha Garbha* as cognitive scaffolds.
4. To examine *Aashwasana*, *Lajja*, and *Prashna Pariksha* within the context of structured clinical interviewing and patient-centered communication.

2. Search Strategy and Methodology

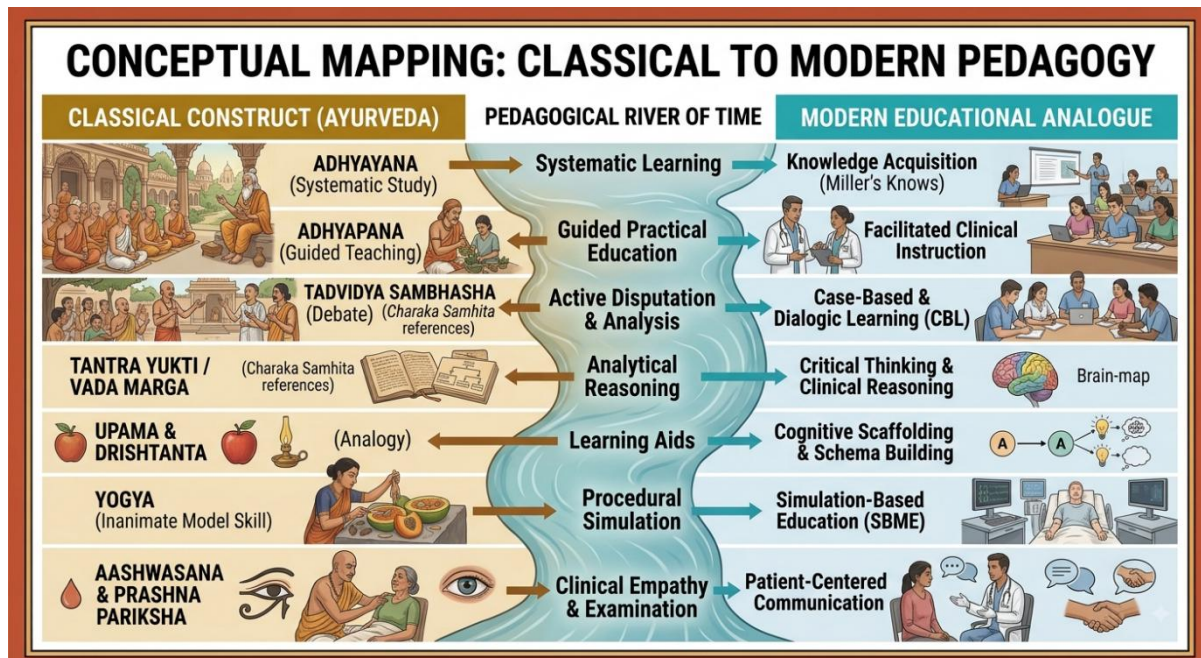
A literature search was conducted across classical and modern biomedical databases up to mid-2026.

- **Classical Sources:** Primary Sanskrit treatises including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and *Madhava Nidana*, along with standard commentaries (*Ayurveda Dipika* by Chakrapanidatta, *Nibandha Samgraha* by Dalhana, and *Sarvangasundara* by Arunadatta).
- **Modern Databases:** PubMed, Scopus, Embase, Cochrane Library, Google Scholar, and the AYUSH Research Portal / DHARA.
- **Keywords:** ("Stri Roga" OR "Prasuti Tantra" OR "Ayurvedic Gynecology" OR "Obstetrics") AND ("Medical Education" OR "Pedagogy" OR "Tadvidya Sambhasha" OR "Tantra Yukti")

OR "Upama" OR "Drishtanta" OR "Case-Based Learning" OR "Simulation" OR "Yogya" OR "Calgary-Cambridge").

- **Selection Criteria:** Included were classical chapters dealing with epistemology (*Vimana Sthana*), procedural training (*Sutra Sthana*), gynecological pathology (*Chikitsa Sthana / Uttara Tantra*), and obstetric management (*Sharira Sthana / Chikitsa Sthana*), alongside peer-reviewed contemporary medical education literature.

3. Classical Pedagogical Strategies & Modern Educational Interpretation



3.1 Adhyayana and Adhyapana (Structured Knowledge Acquisition and Guided Facilitation)

- **Classical Evidence:** In *Charaka Samhita* (*Vimana Sthana* 8/3–8), education begins with *Adhyayana Vidhi* (structured rules of learning) and *Adhyapana Vidhi* (pedagogical methods of teaching) [6]. The preceptor guides the student through rigorous textual recitation, semantic dissection (*Pada*, *Vakya* analysis), and contextual application (*Arthavabodha*) [6].
- **Contemporary Interpretation:** *Adhyayana* aligns with the foundational layers of cognitive taxonomies (Bloom's revised taxonomy: *Remembering* and *Understanding*) and corresponds to the "Knows" level of Miller's Pyramid of Clinical Competence [24,25]. *Adhyapana* reflects guided instruction and faculty-facilitated cognitive coaching, bridging the gap between basic retention and clinical comprehension.

3.2 Tadvidya Sambhasha (Collaborative Dialogue and Case-Based Learning)

- **Classical Evidence:** *Charaka Samhita* (*Vimana Sthana* 8/15–20) defines *Tadvidya Sambhasha* as professional scholarly assembly and structured peer dialogue [6]. The text states:

तद्विद्यसंभाषा संहर्षजननी भवति, ज्ञानाभिवृद्धिकरी, वचनशक्तिं करोति, वैशारद्यमापादयति...

(“Mutual discussion with peers in the same discipline generates scholarly enthusiasm, enhances cognitive clarity, refines argumentative speech, builds clinical confidence, resolves diagnostic ambiguities, and reinforces established principles.”) [6]

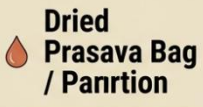
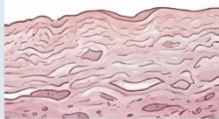
- **Contemporary Interpretation:** *Tadvidya Sambhasha* shares core pedagogical principles with modern collaborative learning, peer-assisted learning (PAL), and Case-Based Learning (CBL) [4,26]. In *Stri Roga*, applying this method involves small-group analyses of complex conditions (e.g., *Vandhyatva*, *Asrigdara*) where trainees debate differential diagnoses (*Dosha-Dushya Sammurchana*) and justify treatment protocols.

3.3 Tantra Yukti and Vada Marga (Analytical Reasoning and Epistemological Frameworks)

- **Classical Evidence:** *Charaka Samhita* (*Siddhi Sthana* 12/41–45) and *Sushruta Samhita* (*Uttara Tantra* 65) outline the formal *Tantra Yuktis* (structural and methodological devices for textual exegesis and clinical problem-solving), while *Vimana Sthana* Chapter 8 details the 44 elements of *Vada Marga* (rules of formal debate, logical proposition, inference, and refutation) [6,7]. Clinical reasoning incorporates the tripartite epistemic triad (*Trividha Pramana*): *Pratyaksha* (direct observation/examination), *Anumana* (logical inference from clinical cues), and *Aptopadesha* (authoritative clinical guidance) [6].
- **Contemporary Interpretation:** These classical epistemological tools serve as a framework for analytical critical thinking and diagnostic reasoning [27]. *Tantra Yukti* trains the learner to deconstruct ambiguous clinical presentations, avoid cognitive anchoring, and synthesize multifactorial clinical data—a process central to modern evidence-informed clinical decision-making [27,28].

4. Analogical Learning (*Upama* and *Drishtanta*) as Cognitive Scaffolding

Ayurvedic authors made extensive use of *Upama* (analogies) and *Drishtanta* (illustrative examples) to explain physiological and pathological phenomena. In contemporary educational theory, analogical reasoning serves as **cognitive scaffolding**, anchoring unfamiliar biomedical or clinical concepts onto well-understood mental models [29].

ANALOGICAL SCAFFOLDING IN STRI ROGA & PRASUTI		
	CLASSICAL METAPHOR	PATHOPHYSIOLOGICAL / PROCEDURAL MEANING
① Vatiki Yoni Vyapad	Dried Leather Bag / Parched Leaf	Loss of elasticity, severe mucosal atrophy, local hypoestrogenism / dryness
 Dried Prasava Bag / Panrtion		
② Akala Prasava detachment from Vine	 Unripe Fruit detachment from Vine	 Dynamic biomechanical separation of placental-decidual interface
③ Mudha Garbha Obstetric Maneuvers	 Extraction of Garbhashalya	 Controlled vector traction, tactile spatial orientation, avoiding trauma

4.1 Analogies in Yoni Vyapad (Gynecological Pathology)

1. **Vatiki Yoni Vyapad:** Classical descriptions emphasize extreme dryness (*Rukshata*), severe local pain (*Toda/Bheda*), stiffness (*Stambha*), and loss of tissue elasticity, employing analogies of dried, parched parchment or desiccated leather membranes (*Charaka Samhita Chikitsa Sthana* 30/15–17; *Sushruta Samhita Uttara Tantra* 38/8–9) [6,7]. Modern clinical educators can use these descriptors as cognitive bridges when teaching tissue changes seen in severe atrophic vaginitis or hypertonic pelvic floor dysfunction [1,29].
2. **Kaphaja Yoni Vyapad:** Textual descriptions emphasize coldness, unctuousness, profuse non-purulent mucoid discharge (*Picchila Srava*), and persistent pruritus (*Kandu*) (*Charaka Chikitsa* 30/20–21) [6]. These qualitative descriptions aid pattern recognition during sensory and speculum-based clinical teaching.
3. **Pittaja Yoni Vyapad:** Characterized by burning sensations (*Daha*), suppuration (*Paka*), tissue inflammation, and foul-smelling yellow-red exudate (*Charaka Chikitsa* 30/18–19) [6]. These analogies facilitate schema acquisition regarding acute inflammatory and infective gynecological conditions.

4.2 Analogies in Prasuti Tantra (Obstetric Mechanics)

- **Garbha Srava / Patana (Spontaneous Abortion):** Classical texts illustrate the detachment of an immature conception (*Akala*) through the metaphor of an unripened fruit forcibly torn from its stalk (*Vrinta-Bhrashta*), compared to the natural, spontaneous detachment of a fully ripened fruit at term (*Kala Prasava*) (*Sushruta Sharira Sthana* 8/36–38; *Ashtanga Hridaya Sharira Sthana* 1/60–62) [7,8]. This analogy clarifies the physiological distinction between spontaneous labor and pathological decidual-chorionic separation.
- **Mudha Garbha (Obstructed Labor):** Sushruta describes manual extraction and operative intervention (*Shastra/Aharana*) for impacted fetal malpresentations (*Chikitsa*

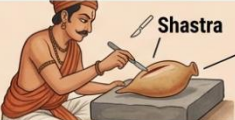
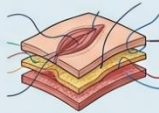
Sthana 15/4–14) [7]. He cautions the obstetrician to maneuver within the birth canal with the deliberate tactile sensitivity of extracting a thorn from delicate tissue, emphasizing vector control and structural preservation [7].

5. Simulation and Practical Training: The *Yogya* Paradigm

5.1 Classical Evidence: *Yogyasutriya Adhyaya*

In *Sushruta Samhita* (*Sutra Sthana* Chapter 9, verses 4–14), Sushruta describes mandatory pre-clinical simulation training using physical and botanical models [7]:

- **Incision (*Bhedana*):** Practiced on water- or slush-filled leather bladders (*Driti, Basti*) or saturated gourds [7].
- **Excision (*Chedana*):** Practiced on fruits (*Alabu, Kalindaka, Trapusha*) [7].
- **Scraping (*Lekhana*):** Practiced on hides with intact hair [7].
- **Extraction (*Aharana*):** Practiced on jackfruit seeds, dry gourds, or animal teeth embedded in fibrous matrices [7].
- **Suturing (*Seevana*):** Practiced on layered cloths, fine linen, and prepared animal hides [7].

YOGYA (ANCIENT SIMULATION) VS. MODERN SBME		
PROCEDURAL SKILL	CLASSICAL YOGYA MODEL	MODERN SBME BENCHMARK
① INCISION / DRAINAGE (<i>Bhedana</i>)	 Shastra Slush-filled Bladder (<i>Driti / Basti</i>)	 Synthetic Abscess Pad / Gelatin Simulator
② TISSUE SCRAPING (<i>Lekhana</i>)	 Hairy Skin / Hide (<i>Romavanta Charma</i>)	① Endometrial Curettage  Bio-model
③ OBSTETRIC EXTRACTION (<i>Aharana</i>)	 Soft Vegetable Pulp / Gourds (Retained products or foreign bodies)	 Obstetric Mannequin / Pelvic Simulator
④ PERINEAL REPAIR (<i>Seevana</i>)	 Fine Cloth / Thin Hides (<i>Pata / Mridu Charma</i>)	Episiotomy Repair  Suture Task Trainer

5.2 Contemporary Interpretation

Yogya represents an early precursor to Simulation-Based Medical Education (SBME) and deliberate practice [5,7,30]. While modern SBME incorporates electronic fidelity, standardized metrics, and validated Objective Structured Clinical Examinations (OSCEs), the core pedagogical principle of *Yogya*—mastering tactile and psychomotor skills on risk-free bench models before patient intervention—directly aligns with modern clinical skill training in *Prasuti Tantra* (e.g., intrauterine procedures, episiotomy repair, cervical cerclage) [5,30].

6. Patient-Centered Communication: *Aashwasana, Lajja, and Prashna Pariksha*

6.1 Classical Textual Foundation

- **Aashwasana (Reassurance & Psychological Stabilization):** Classical obstetric texts mandate constant emotional stabilization (*Aashwasana*) during labor and high-risk procedures (*Sushruta Chikitsa* 15/5; *Charaka Sharira* 8/33) [6,7].
- **Sensitivity to Lajja (Modesty and Stigma):** Ayurvedic clinical literature emphasizes gentle questioning and respect for privacy during gynecological evaluations (*Charaka Vimana* 8/120; *Kashyapa Samhita, Kalpa Sthana*) [6,9].
- **Prashna Pariksha (Detailed Clinical Interrogation):** Classical diagnostic assessment requires systematic history-taking regarding menstrual periodicity (*Artava Pravritti*), character of discharge (*Srava Varna-Gandha*), coital discomfort (*Maithuna Asahishnuta*), and obstetric chronology (*Garbhavastha*) [1,6,8].

6.2 Contemporary Educational Mapping

These classical concepts parallel modern patient-centered and trauma-informed communication models, such as the Calgary-Cambridge framework [21,23,31]:

- **Building Rapport and Establishing Safety:** Corresponds to *Aashwasana* and respect for *Lajja* [6,7,21].
- **Structured Information Gathering:** Parallels classical *Prashna Pariksha* [6,31].
- **Psychological Support and Informed Consent:** Mirrors classical principles governing physical comfort, non-judgmental counseling, and emotional safety (*Sattvavajaya Chikitsa*) [6,23].

7. Conceptual Synthesis Table

The following synthesis delineates the relationship between classical Ayurvedic constructs and contemporary educational paradigms:

Classical Ayurvedic Construct	Primary Classical Evidence	Modern Pedagogical Analogue	Educational Domain / Framework	Nature of Relationship
Adhyayana	<i>Charaka Vimana</i> 8/3–5 [6]	Foundational Knowledge Acquisition	Bloom's (Remember/Understand); Miller's <i>Knows</i> [24,25]	Conceptual Mapping
Adhyapana	<i>Charaka Vimana</i> 8/6–8 [6]	Facilitated/Guided Clinical Teaching	Cognitive Apprenticeship / Direct Instruction [26]	Conceptual Mapping
Tadvidya Sambhasha	<i>Charaka Vimana</i> 8/15–20 [6]	Collaborative & Dialogic Learning	Case-Based Learning (CBL); Peer Learning [4,26]	Functional Parallel
Tantra Yukti & Vada Marga	<i>Charaka Siddhi</i> 12/41–45; <i>Charaka</i>	Critical Thinking & Diagnostic Reasoning	Dual-Process Clinical Reasoning; Metacognition [27,28]	Epistemological Parallel

	<i>Vimana</i> 8/27–35 [6]			
Upama & Drishtanta	<i>Charaka Chikitsa</i> 30/15–25; <i>Sushruta Sharira</i> 8/36 [6,7]	Cognitive Scaffolding & Analogical Transfer	Schema Building; Structure-Mapping Theory [29]	Interpretive Mapping
Yogya	<i>Sushruta Sutra</i> 9/4–14 [7]	Inanimate Bench Simulation & Task Training	Simulation-Based Medical Education (SBME); Deliberate Practice [5,30]	Procedural Precursor
Aashwasana & Lajja Management	<i>Sushruta Chikitsa</i> 15/5; <i>Charaka Vimana</i> 8/120 [6,7]	Patient-Centered Communication & Psychological Safety	Trauma-Informed Care (TIC); Empathic Consulting [21,23]	Ethical & Behavioral Parallel
Prashna Pariksha	<i>Charaka Vimana</i> 8/84–94 [6]	Structured Clinical Interviewing	Calgary-Cambridge Communication Framework [31]	Functional Parallel

8. Discussion

This review evaluated classical Ayurvedic pedagogical methods within the context of contemporary medical education in *Stri Roga Vignana* and *Prasuti Tantra*. While classical treatises preserve sophisticated approaches to epistemology, case discussion, analogical scaffolding, simulation modeling, and clinical communication, these constructs represent historical and philosophical frameworks rather than empirical equivalents of modern educational science.

8.1 Pedagogical Integration without Anachronism

A central challenge in integrating traditional systems with modern education is avoiding historical anachronism. Classical methods should be recognized as **conceptual and functional analogues** rather than direct precursors of modern educational models. For example:

- *Tadvidya Sambhasha* provides an epistemological basis for structured peer debate, but it lacks the formal psychometrics, structured facilitation rubrics, and explicit behavioral objectives of contemporary Case-Based Learning (CBL) [4,6].
- *Yogya* establishes the importance of simulated task training prior to live clinical practice, yet modern SBME incorporates validated fidelity metrics, scenario debriefing, and standardized OSCE evaluations that were not part of classical pedagogy [5,7,30].

Acknowledging these distinctions enables educators to draw on classical concepts to make core texts more accessible, while applying modern pedagogical frameworks to ensure standardized, measurable competence.

8.2 Practical Applications in *Stri Roga & Prasuti Tantra*

1. **Case-Based Classical Discussions:** Faculty can structure clinical case conferences around the *Tadvidya Sambhasha* model, requiring trainees to analyze gynecological presentations (e.g., *Asrigdara*, *Kaphaja Yoni Vyapad*) by debating *Samprapti Ghatakas* alongside ultrasonographic, biochemical, and histopathological findings [1,4,6].
2. **Simulation Task-Stations (Yogya-Informed SBME):** Skill laboratories can integrate *Yogya* concepts into low-cost simulation stations for training in pelvic examination, speculum insertion, *Uttarabasti* administration, and episiotomy suturing prior to clinical rotations [5,7,13].
3. **Communication Skills Workshops:** Training modules based on the Calgary-Cambridge guide can incorporate classical concepts of *Aashwasana* and *Lajja* to reinforce culturally sensitive, trauma-informed gynecological history taking [21,23,31].

8.3 Limitations

This review is a qualitative conceptual narrative synthesis and does not present quantitative effect sizes for specific educational interventions. Additionally, Sanskrit terms (*Upama*, *Drishtanta*, *Tantra Yukti*, *Aashwasana*) carry layered semantic nuances across different classical commentators (*Chakrapani*, *Dalhana*, *Arunadatta*) that cannot always be fully captured by direct English translations.

9. Conclusion

Classical Ayurvedic literature contains a coherent pedagogical framework that aligns well with modern medical education paradigms. The structured epistemological approaches of *Adhyayana*, *Adhyapana*, *Tadvidya Sambhasha*, *Tantra Yukti*, *Upama*, *Yogya*, and *Aashwasana* provide valuable conceptual models for teaching diagnostic reasoning, procedural skills, and patient communication in *Stri Roga Vignana* and *Prasuti Tantra*.

Integrating these classical approaches with validated contemporary instructional and assessment methods—such as Case-Based Learning, Simulation-Based Training, and structured communication assessments (OSCEs)—offers a promising pathway for Ayurvedic medical education. Prospective educational research is recommended to assess the impact of these integrated curricula on diagnostic competence, procedural skills, and patient care outcomes.

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