



VEDANA DECODED: PAIN PERSPECTIVES IN PRASUTI TANTRA AND STREE ROGA

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ABSTRACT

INTRODUCTION: *Vedana* (pain) is a multifaceted concept encompassing physiological and psychological dimensions, with its origins deeply rooted in imbalances of the body and mind, as described in *Ayurvedic* literature. This study explores the intricate mechanisms of pain, its perception, and its classification of various conditions, mainly focusing on disorders mentioned in *Stree Roga* (Gynaecology) and *Prasuti Tantra* (Obstetrics)

METHODS: Through a critical review of *Ayurvedic* texts, pain in conditions such as *Yoni Vyapad*, *Asrugdhara*, *Artavadhusti*, and *Garbha Garbhini* and *Prasava Vyapad* and other related disorders is analysed, providing a better understanding on their physiopathology of *Vedana*. The study also discusses the physiology of Uterine pain, integrating modern pain pathways with *Ayurvedic* understanding, particularly the involvement of nociceptors, spinal pathways, and central pain processing centers.

RESULTS: The role of *Vata Dosha* in pain is emphasised, as it governs the manifestation and characteristics of different pain types. Specific forms of pain are attributed to the interplay of *Doshas*, such as *Thoda*, *Daha* or *Manda Ruja*, which are linked to *Vata*, *Pitta*, and *Kapha Varna Vedana*, respectively. This review examines the nervous system of the uterus, highlighting its sensory and autonomic components and their role in pain transmission during menstruation, labour, puerperium and pathological conditions.

DISCUSSION & CONCLUSION: This comprehensive review underscores the relevance of *Ayurvedic* principles in understanding pain, especially in *Stree Roga* (Gynaecology) and *Prasuti Tantra* (Obstetrics), and bridges traditional knowledge with contemporary insights into pain physiology.

Keywords: *Vedana*, Pain Pathway, *Vedana* in *Prasuti Tantra*, *Stree Roga*.

INTRODUCTION

Vedana (pain) is a central concept in *Ayurveda*, embodying physiological and psychological aspects of discomfort or suffering. It is not merely a symptom but a multidimensional experience that reflects an imbalance within the body or mind.

The International Association for the Study of Pain has proposed the following definition: Pain is the unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of damage.¹

Globally, it has been estimated that 1 in 5 adults suffer from pain and that another 1 in 10 adults are diagnosed with chronic pain each year.²

Pain is a physiological phenomenon and a complex interplay of sensory, emotional, and cognitive factors. Psychological components influence how pain is ex-

perienced, its intensity, and its impact on an individual's life.

MATERIALS AND METHODS:

AIMS AND OBJECTIVES

1. To do a literary review about *Vedana*.
2. To understand the concept of *Vedana* at the level of *Sharira* and *Manas*.
3. To understand Pain and its Pathway.
4. Critical review of *Vedana* in *Stree Roga* and *Prasuti Tantra*.

HISTORICAL BACKGROUND ON VEDANA³

Vedana (pain) plays a significant role across various philosophical and medical traditions, attributing to cognitive and higher mental functions in terms of *Manas*.

Table No.1: Historical background on *Vedana*

<i>Vedana</i> in <i>Agni Purana</i>	A goddess who caused pain to living things- <i>Adharma</i> married <i>Himsa</i> . From them <i>Bhaya</i> , <i>Naraka</i> , <i>Maya</i> and <i>Vedana</i> were born
<i>Pasu Ayurveda</i> in <i>Garuda Purana</i>	<i>Vedana</i> refers to "mild pain."
<i>Jainism</i>	In <i>Jain</i> philosophy, <i>Vedana</i> refers to the feelings or sensations experienced by the soul, especially during meditation or deep contemplation.
<i>Mahayana Buddhism</i>	<i>Vedana</i> is one of the five aggregates (<i>Skandhas</i>) that make up human existence.
<i>Theravada Buddhism</i>	<i>Vedana</i> is understood as one of the core components in the chain of dependent origination, which explains suffering.

ACCORDING TO AYURVEDA

CONCEPT OF VEDANA:

Vedana is derived from 'vid dhatu', which means knowledge, perception, feeling, sensation, and pain. *Chakrapani* opines that the one which produces *Anukula Vedana* (pleasant sensation) is *Sukha*, and the one which produces *Pratikula Vedana* (Unpleasant sensation) is *Dhukha*.

Ayurveda focuses on *Dhukha Vedana*, caused by an imbalance in body and mind levels.

The term "*Vedana*" has various synonyms found in ancient texts⁴:

1. *Manyu*: Described as grief or sorrow (*Amarakosha*).

Soka: Represents that which produces sorrow (*Soka*) (*Amarakosha*).

2. *Sucha*: Denotes pain, sorrow, grief, or regret; also symbolises purity of a substance (*Shabdataravali*).
3. *Nisham*: Refers to a feeling that is perceived or known (*Shabdataravali*).

Relations between VEDANA AND SATTVA

Satwam Hitakaraka Iti Bahava: (*Shabdakalpadruma*)⁵. Perception of *Vedana* can be understood by understanding each individual's *Satwa Bala*. Based on *Bala*, *Acharya Charaka* classified *Satwa* into three types (*Pravara, Madyama, Avara*)⁶. If the *Satwa Bala* of the patient is good and has severe illness, he looks like *Laghu Vyadhita* and one with a good physique and less *Satwa Bala* looks like *Guru Vyadhita*.

Understanding the physiology of *Vedana* is an essential part. Perception of *Sukha-Dhukha Jnana* happens with *Manoindriya-Indriyarthartha Sannikarsha*⁷. *Satwa* and *Sareera* are the substrata for these perceptions.

Relations of VEDANA AND DOSHA, DHATU, MALA, SROTAS:

Vedana arises from an imbalance of *Doshas*, with *Vata* playing a dominant role. Pain's specific nature and intensity depend on the interplay of *Doshas* and their site of manifestation within the body.

Acharya Sushruta emphasises the pivotal role of *Vata Dosh* in the occurrence of pain, declaring "*Vatadrute Nasti Ruja*" - "pain cannot exist without the involvement of *Vata*."⁸ and *Vata*, due to *Yogavahi's* nature, when combined with other *doshas*, exhibit their qualities.

- *Vata*: *Vata Varna Vedana - Toda, Beda, Vyada*.
- *Pitta*: *Pitta Varna Vedana- Daha, Sada*.
- *Kapha*: *Kapha Varna Vedana- Manda, Supti*.

Vedana Visheshana at Dosha level⁹

Vedana at Dhatu level¹⁰

Table no :2

<i>Mamsa Kshaya</i>	<i>Sandhi Vedana</i>
<i>Asthi Kshaya</i>	<i>Asthi, Danta, Kesha Toda</i>

Due to Vata:

1. *Vyadha*: Pain as if pricked by a needle (*Thaadanamiva Mudgaradina; Suchi Vidhasyeva Vyadha*).
2. *Swapa*: Inability to sense any sensation (*Supti; Sparsha Ajnanam*).
3. *Saada*: Inability to perform normal functions (*Sadanam; Swakaaryakshamatwam*).
4. *Ruk*: Persistent pain (*Satataam Soolam; Soolam*).
5. *Toda*: Intermittent pricking pain (*Vichinam Soolam; Totreneva Vyadha*).
6. *Bhedana*: Tearing pain (*Bhedo; Bhidyamanasyeva Vyadha*).
7. *Anga Bhanga*: Piercing pain in the thigh and calf region (*Jangha-Uruprabhruteenam Choornanamiva; Unmargagamanam Angergatyardhatwaat*).
8. *Samkocha*: Pain as if the *Sira* (veins) are squeezed (*Siradeenam Sankochanam; Aprasaryatwam*).
9. *Kampa*: Abnormal or unusual movement (*Ati Vepanam; Chalanam*).
10. *Veshtana*: Pain as if the body parts are tightly fastened (*Gradhanamivangasya; Valanam*).
11. *Sthambha*: Pain causing immobility in the arms, thighs, or calves (*Bahu-Uru-Janghadenam; Nishkriyatwam*).

Due to Pitta:

1. *Daha*: Burning sensation throughout the body (*Sarvangeenam Santapa Daha; Santapa*).
2. *Sadanam*: Inability to perform routine functions (*Sada*).

Due to Kapha:

Manda Ruja, Supti is *Vedana* and is seen in *Kaphaja* conditions.

Vedana at Mala level¹¹

Table no :3

Purisha Kshaya	Hridparswa Peedanam
Mutra Kshaya	Krichra Mutram

Vedana Vishesha in Adhishtana Dhatu Dhusti¹²

Table no :4

Rakta	Theevra Vedana seen in Vataja Asrugdhara
Asthi	Asthi Bheda & Soola
Majja	Parva Ruk.

Vedana Vishesha in Srotas¹³

Table no:5

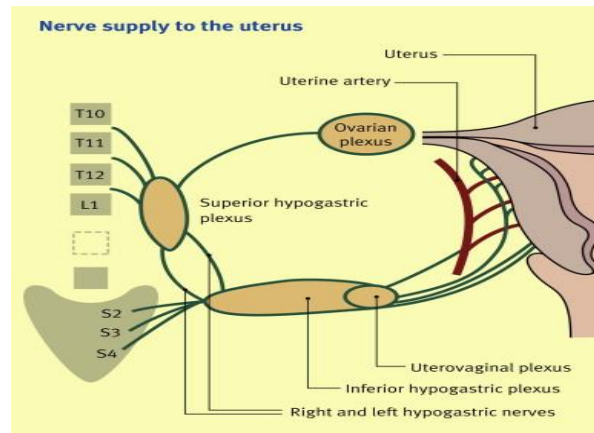
SROTAS	VIDDHA LAKSHANA
Anna Vaha Srotas	Shoola
Rasa Vaha Srotas	Angamarda
Artava Vaha Srotas	Maithuna Asahishnutha

ARTAVA VAHA SROTAS¹⁴

2 in number- Garbhashaya and Artava Vaha Dhamanis.

NERVOUS SYSTEM:

Fig no:1¹⁵



The **nervous system** consists of sensory and autonomic nerves, which regulate uterine function and communicate with the brain.

- **Autonomic Nervous System (ANS):**
 - **Sympathetic nerves** (T10–L2) stimulate contractions and blood vessel constriction.
 - **Parasympathetic nerves** (S2–S4) promote relaxation of the uterus.
- **Sensory Nerves:(Pelvic, Hypogastric, Pudental, Vagus Nerve)**
 - Transmit pain and sensation, especially during menstruation, labour, or specific conditions.

PATHOPHYSIOLOGY OF PAIN:

- Pain is a complex physiological and psychological phenomenon. Understanding its pathways and mechanisms is crucial to distinguish normal (physiological) pain from abnormal (pathological) pain.

Table no:6

Aspect	Physiological Pain	Pathological Pain
Cause	Noxious stimulus or injury.	Dysfunction in pain pathways or nerve damage.
Duration	Short-term, resolves with healing.	Long-term persists beyond healing.
Mechanism	Normal nociceptive process.	Peripheral or central sensitization.
Examples	Post-surgical pain, burns.	Neuropathy, chronic pain.

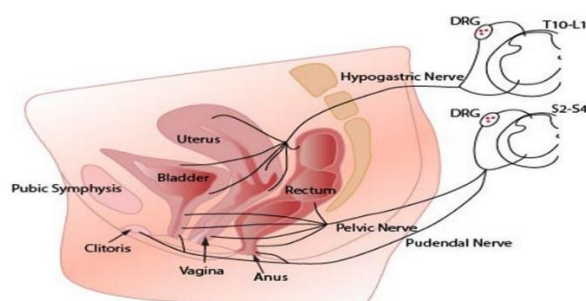
PAIN AND ITS PATHWAY IN UTERUS

Pain in the uterus is mediated by specialized sensory receptors called **nociceptors** that respond to:

- Stretch or distension (e.g., during labour or menstruation).
- Ischemia (e.g., reduced blood flow during uterine contractions).
- Inflammation or tissue damage (e.g., endometriosis or pelvic inflammatory disease).

Pathway of Pain Transmission

Fig no:2¹⁶



1. Peripheral Nervous System:

- **A fibre:** Carry sharp, localised pain.
- **C fibres:** Carry dull, throbbing pain.

The pain signals are transmitted to the dorsal horn of the spinal cord via the pelvic, hypogastric, or Vagus nerves.

2. Spinal Cord:

- Pain signals enter the spinal cord at **T10–L2** (sympathetic innervation) and **S2–S4** (parasympathetic innervation).
- The signals are processed in the **dorsal horn** of the spinal cord, where inhibitory or excitatory interneurons may modulate them.

3. Ascending Pathways:

- Pain signals are transmitted to the brain via the **spinothalamic** and **spinoreticular tract**.
- The spinothalamic tract carries signals to the **thalamus**, which acts as a relay centre, forwarding the signals to higher brain regions.
- The spinoreticular tract is involved in pain's emotional and arousal components.

4. Brain Processing:

- **Thalamus:** Relays signals to the **somatosensory cortex** for localisation and intensity assessment.
- **Limbic system:** Processes the emotional and affective dimensions of pain.
- **Prefrontal cortex:** Contributes to the cognitive evaluation of pain.

Modulation of Uterine Pain

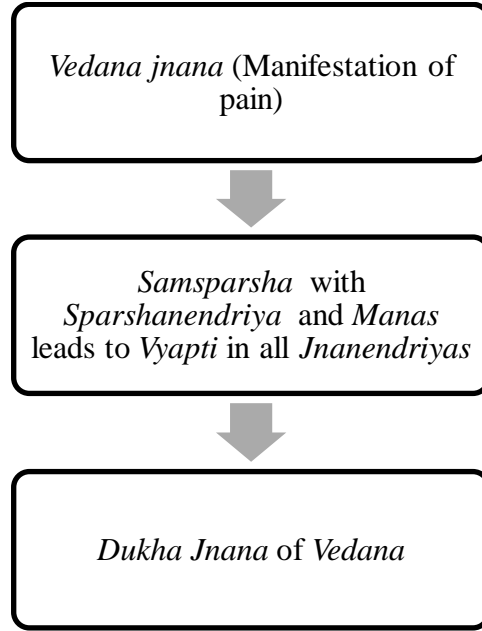
- **Descending Pathways:** The brain modulates pain through descending pathways involving the **periaqueductal gray (PAG)** and the **rostral ventromedial medulla (RVM)**, which release neurotransmitters like serotonin and norepinephrine to inhibit pain signals at the spinal level.

DISCUSSION

- I. Our *Acharyas* in *Vatakalakaliya Adhyaya* have detailed the importance of *Vata*, highlighting its importance in pain manifestation. Also, without the involvement of *Vata*, *Yoni* cannot be afflicted, indicating its pivotal role in causing various dis-

orders of *Stree Roga* (Gynaecology) and *Prasuti Tantra* (Obstetrics). *Pittam Pangu Kapham*

Pangu – Vata takes along and causes various *Vedana* and disorders.



II. *Acharya Caraka*, while explaining *Shuddha Artava Lakshana*, mentioned *Masaatnishpichitha Dahartha* (devoid of *Picchila*, burning sensation, pain) is considered *Shuddha Artava Lakshana*; thus, pain in any condition is considered pathology.

III. VEDANA VISHESHANA IN STREE ROGA ¹⁷

CONDITIONS EXHIBITING PAIN IN YONI VYAPAD

Table no:7

YONI VYAPAD	CARAKA	SUSHRUTA	VAGBHATA
<i>Vataja Yonivyapad</i>	<i>Yoni Thoda Sa Vedana</i>	<i>Shola, Nisthoda</i>	<i>Ruk, Thoda, Supti</i>
<i>Kapahaja Yonivyapad</i>	<i>Alpa Vedana</i>	-	-
<i>Aticarana</i>	<i>Supti, Ruja</i>		
<i>Prakcharana</i>	<i>Prushta Kati Uru Vakshana Rujam</i>	-	<i>Prushta Janga Uru Vankshana Rujam</i>
<i>Paripluta</i>	<i>Sarathi Neelam Peetamsruk, Sroni Vankshana Prushtarathi</i>	<i>Gramya Dharmena Ruja Brusham, Anila Vedana</i>	<i>Sarathi Neelam Peetamasruk, Sroni Vankshana Ruk Thodam</i>
<i>Udavartini</i>	<i>Sa Rugartha Raja Krichrena</i>	<i>Anilavedana</i>	-
<i>Antharmukhi</i>	<i>Vakrathyananam Yoni, Saarathi Mamsa Anilarthi, Brusharathi Maithuna Ashaktha</i>	-	<i>Sa Asthi Mamsa Muka Theevra Ruja</i>
<i>Shushka Yoni</i>	<i>Kuryath Vinmutra Sangarathi</i>	-	<i>Athivedana</i>
<i>Vamini</i>	<i>Sa Ruja Niruja Sravam</i>	-	-
<i>Mahayoni</i>	<i>Asamvrutha Muki Sa Arthi Parva Vankshana Shoolini</i>	-	<i>Vatikimiva Dukitham Maharujam</i>
<i>Vandhya</i>		<i>Anilavedana</i>	
<i>Vipluta</i>		<i>Nityavedana</i>	

PAIN IN ASRUGDHARA

Asrugdhara, according to Charaka, is caused due to Pittavruta Apana Vata and Upadrava of Yoni Vyapad. Acharya Sushruta has Asrugdhara Samanya Lakshana as Sarva Sa Angamarda Sa Vedanam and Garbhashaya Arthi.

Table no :8

Asrugdhara	Caraka	Other Samhitas
Vataja	Kati Vankshana Hrud Parshva Prusht Sroni-Vedana Theevram	Vatarthi (Ma. Ni)
Pittaja	-	Pittarthi- Chimachimarthi (Ma. Ni)
Kaphaja	Mandaruja	Vedana Rujartham (Ma. Ti)

PAIN IN ARTAVADHUSTI

Table no :9

Artavadhusti	Sushruta	Dalhana Tika	Harita	Basavarajeeyam
Vataja	Vata Varna Vedanam	Thoda, Bheda	Rujam	Katishoola, Yonishoola
Pittaja	Pitta Varna Vedanam	Osha Chosham	-	Katishoola
Kaphaja	Shleshma Varna Vedanam	Kandvadhyha		Naabhischoola
Kunapa Gandhi	Shonita Varna Vedanam	Pitta Vedana	-	-

PAIN IN AUPASARGIKA ROGA

Table no :10

Aupasargika Meha	Peedayukta Vangakosha
Vataja Upadamsa	Vata Vedana
Pittaja Upadamsa	Pitta Vedana
Kaphaja Upadamsa	Sleshma Vedana
Bagya Phiranga	Alpa Ruk

PAIN IN STHANA ROGA

Kashyapa has explained Sthana Vidradhi Samanya Lakshana – Parva Bheda, Anga Mardha, Shiroruk, Stana Shoola, Ruja.

Table no 11

Sthana Vidradhi	Sushruta – Lakshanas
Vataja	Brusham Athyartha Vedana
Kaphaja	Alpa Vedana
Sannipathika	Nana Ruja Thodam
Raktaja	Daha Ruja Jwara

In Madhukosha, Tika explained that in other Vidradhi, Vedana is present only during Paka, but Sarva Vedana is present in Sannipatika Vidradhi.

VEDANA IN RAJONIVRITI

Parva Ruk (joint pain) is mainly seen in Rajonivriti Kala due to insufficiency of estrogen and Vriddha Avasta.

IV. VEDANA VISHESHANA IN PRASUTI TANTRA¹⁸

PAIN IN GARBHA VYAPAD

Table no:12

<i>Garbha Vyapad</i>	<i>Lakshanas</i>
<i>Garbha Srava/Pata</i>	<i>Kati Vankshana Vasti Shoola</i>
<i>Prasamsana Garbha</i>	<i>Sa Daha Parsva Prista Shoola</i>
<i>Sthananthara Gamita Garbha</i>	<i>Shoola</i>
<i>Mrutha Garbha</i>	<i>Shoolamathikam</i>

PAIN IN GARBHA MAKKALLA

Table no :13

<i>Garbha Makkalla</i>	<i>Prapeddayathe Garbha kuksho Vedana</i>
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PAIN IN PRASAVA AVASTHA

Table no :14

<i>Prajayani</i>	<i>Sashoola jagana naari</i>
<i>Asanna prasava Avasta</i>	<i>Vankshana vasti kati Kukshi parshwa prista nisthotha</i>
<i>Upasthita</i>	<i>Katiprishtha prathi samanthath Vedana</i>
<i>Parivarthika Garbha</i>	<i>Yonyuthpeedana bedanam</i>

PAIN IN MOODA GARBHA

Table no:15

<i>Samanya lakshana</i>	<i>Shoola cha yoni</i>
<i>Vataja</i>	<i>Basti shoolam, Thodam cha angabanga</i>
<i>Pittaja</i>	<i>Shoola, Shiro arti</i>

PAIN IN SUTIKA ROGA

Table no :16

<i>Sutika upakramaniya adhyaya</i>	<i>Yoni shoola, prishtha shoola, Kati shoola, hridshoola, visuchika, Anga Bheda</i>
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PAIN IN SUTIKA MAKKALLA

Table no:17

<i>Sutika Makkalla</i>	<i>Vasti Shiro prabruthishu shoola</i>
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V. DIFFERENT TYPES OF PAIN IN GYNAECOLOGICAL CONDITIONS¹⁹

Table no:18

ORGANS	SITE OF REFERRED PAIN
Body of uterus	Hypogastrium, anterior and medial aspect of thighs
Fallopian tubes and ovaries	Above the mid-inguinal point
Cervix	Upper sacral region
Uterosacral ligament	Lower sacral region

CAUSES OF ACUTE PELVIC PAIN:

Table no:19

MECHANISM	CLINICAL CONDITIONS
Hemoperitoneum— peritoneal irritation	Disturbed tubal pregnancy • Ruptured chocolate cyst • Ruptured corpus luteum or follicular cyst
Infection—peritoneal irritation	Acute PID
Chemical irritation	Following HSG
Uterine cramp	Abortion
Vascular complication with neurologic involvement	Axial rotation of ovarian tumour pedicle
Visceral distension	Intracystic haemorrhage • Hyperstimulation syndrome • Hematometra or pyometra
Non-gynaecological	Appendicitis • UTI, Renal calculus • Intestinal obstruction • Rectus sheath hematoma • Mesenteric lymph adenitis • Pancreatitis

COMMON CAUSES OF CHRONIC PELVIC PAIN

Table no: 20

CYCLIC	ACYCLIC
<ul style="list-style-type: none"> • Intermenstrual pain (Mittelschmerz) Dysmenorrhea <ul style="list-style-type: none"> – Spasmodic – Congestive • Premenstrual syndrome • Pelvic congestion syndrome Endometriosis • Adenomyosis • Ovarian remnant syndrome 	<ul style="list-style-type: none"> • Endometriosis, adenomyosis • PID • Uterine displacement <ul style="list-style-type: none"> – Retroversion – Prolapse • Uterine fibroid • Ovarian cyst <ul style="list-style-type: none"> – Functional – Neoplastic • Pelvic adhesions disease is secondary to PID, endometriosis or postsurgical. • IUD • Trapped or residual ovarian syndrome Idiopathic <ul style="list-style-type: none"> – Pelvic varicosities – Psychosomatic

VI. PAIN IN OBSTETRIC CONDITIONS:

Table no: 21

PAIN DURING PREGNANCY
<ul style="list-style-type: none"> • Round Ligament Pain: Sharp pain in the lower abdomen or groin due to stretching of the round ligaments. • Symphysis Pubis Dysfunction: Pain in the pelvic region due to misalignment or relaxation of the pubic symphysis. • Preterm Labor Pain: Contraction-related pain before 37 weeks of gestation. • Placental Abruption: Severe abdominal pain due to

	<p>premature separation of the placenta.</p> <ul style="list-style-type: none"> • Ectopic Pregnancy: Unilateral lower abdominal pain, often sharp and severe, from implantation outside the uterus.
LABOR PAIN	<ul style="list-style-type: none"> • First Stage: Pain from cervical dilation and uterine contractions; primarily visceral pain (T10–L2). • Second Stage: Pain due to vaginal and perineal stretching; involves both visceral and somatic pain (S2–S4). • Third Stage: Pain from uterine contractions during placental expulsion. <p>Characteristics of Pain in obstructed and prolonged labour:</p> <p>Intense and Prolonged Pain:</p> <ul style="list-style-type: none"> • Severe, unrelenting pain due to continuous uterine contractions. • Pain from Overstretched Tissues: • Prolonged pressure on the cervix, vagina, and pelvic floor tissues can cause intense discomfort. • Swollen and tissue damage exacerbate the pain.
POSTPARTUM PAIN	<p>Afterpains: Cramping pain from uterine involution, common in multiparous women.</p> <ul style="list-style-type: none"> • Episiotomy or Perineal Tear Pain: Localized somatic pain in the perineum. • Caesarean Section Pain: Incisional pain from surgery. • Breast Engorgement or Mastitis: Pain in the breasts due to milk accumulation or infection.
Pain in Preeclampsia and HELLP Syndrome	<p>Pain Characteristics:</p> <p>In preeclampsia: Pain in the upper abdomen, especially the right side, due to liver involvement.</p> <p>In HELLP syndrome: Severe upper abdominal pain, often with nausea and vomiting, fatigue, and general malaise.</p>
Pain in Urinary Tract Infections (UTIs) and Pyelonephritis	<p>Pain Characteristics: Lower abdominal or pelvic pain.</p> <p>Painful urination (dysuria), increased frequency, and urgency.</p>
Pain in Gestational Trophoblastic Disease	<p>Pain Characteristics: Vaginal bleeding, sometimes with cramping and pelvic pain.</p>
Pain from Postpartum Complications Postpartum Haemorrhage (PPH)	<p>Pain Characteristics: Severe abdominal or pelvic pain after delivery, often associated with heavy vaginal bleeding.</p>

VII. ASSESSMENT OF GYNAECOLOGICAL AND OBSTETRIC PAIN:

Pain assessment is a multifaceted condition that can range from acute to chronic. It is assessed using various scales to quantify its intensity, impact, and underlying causes.

Some of the scales are.

Table no: 22

<ul style="list-style-type: none"> • Visual Analog Scale (VAS) 	<ul style="list-style-type: none"> • Female Chronic Pelvic Pain (FCPP) Scale
<ul style="list-style-type: none"> • Numeric Rating Scale (NRS) 	<ul style="list-style-type: none"> • Oswestry Disability Index (ODI)
<ul style="list-style-type: none"> • McGill Pain Questionnaire (MPQ) 	<ul style="list-style-type: none"> • Pain Catastrophizing Scale (PCS)
<ul style="list-style-type: none"> • Brief Pain Inventory (BPI) 	<ul style="list-style-type: none"> • Patient-Reported Outcomes Measurement Information System (PROMIS)
<ul style="list-style-type: none"> • Pelvic Pain and Urgency/Frequency (PUF) Patient Symptom Scale 	<ul style="list-style-type: none"> • Pain scale on MOH standards for labour pain (MOH pain scale)
<ul style="list-style-type: none"> • Endometriosis Health Profile-30 (EHP-30) 	

Choosing the Right Scale

The choice of assessment scale depends on the following:

- **Condition:** Acute vs. chronic pain.
- **Symptoms:** Functional impact, emotional distress, or specific localization (e.g., pelvic organs).
- **Purpose:** Clinical evaluation, severity of pain, monitoring treatment efficacy, and understanding the quality of life affected by pelvic pain.

VIII. PRINCIPLE IN MANAGEMENT OF PAIN:

CONSIDERING THE PATHOGENESIS OF PAIN

Ayurveda explains *Vata* aggravation as the main causative factor of all types of pain. According to *Ayurvedic* theory, pain cannot occur if the *Vata Dosh* is not involved, but the *Pitta* and *Kapha Dosh* are also involved, and the *Avarana* principle can illustrate this.

In *Ayurveda*, the term analgesic drug is coined as *Vedanasthapaka*, which is defined as a drug that relieves pain. *Angamarda Gana*, *Shoola Prashamana Gana*, *Vedana Sthapana Gana* (*Shala*, *Katphala*, *Kadamba*, *Padmaka*, *Tumbaru*, *Mocharasa*, *Shirisha*, *Vetasa*, *Elavaluka*) *Dashamula*, and many other herbs are mentioned along with some therapies (*Vatasya Upakrama*) like *Snehana*, *Swedana* etc. which may be prescribed in the treatment of mild,

moderate and severe pain based on the assessment of pain also acting as prevention and management of *Vedana*.

CONCLUSION

This study highlights the comprehensive understanding of *Vedana* (pain) in *Ayurveda*, particularly in the fields of *Stree Roga* (Gynaecology) and *Prasuti Tantra* (Obstetrics). Integrating *Ayurvedic* knowledge with modern pain science creates a holistic framework for better managing and understanding pain in women's health, ensuring improved outcomes and patient care.

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