

Agad Tantra, Pharmacovigilance and Adverse Event Reporting in Regional Ayurvedic Practice

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ABSTRACT

This journal-style paper examines pharmacovigilance and adverse event reporting within the theme of Agad Tantra, Vidhi Vaidhyaya and Vyavahara Ayurveda. The analysis combines classical textual orientation, contemporary educational concerns, and a structured interpretive matrix designed for smaller Ayurveda colleges. Rather than claiming new clinical trial evidence, the paper models how concepts can be taught, documented, and discussed in a way that preserves Sanskrit and Ayurvedic specificity while supporting professional clarity. Findings suggest that layered explanation, bordered comparison tables, and simple visual mapping help students avoid both rote memorization and misleading equivalence with modern categories. The paper concludes that careful pedagogy can strengthen conceptual confidence, patient-safety communication, and responsible interdisciplinary dialogue.

KEYWORDS: *Agad Tantra; pharmacovigilance; adverse event; Ayurvedic practice; patient safety*

INTRODUCTION

Pharmacovigilance and adverse event reporting occupies a significant place in Ayurveda education because it links textual authority, classroom interpretation, and practical decision-making. In Silchar, Assam, small teaching colleges often work with limited library resources while still expecting students to read classical material carefully and connect it with contemporary professional expectations. This paper treats the topic as a conceptual and pedagogic problem rather than as a narrow textual summary (1, 2, 3, 4).

The central issue is translation across knowledge worlds. Students encounter Sanskrit terms, commentarial debates, modern diagrams, clinical case sheets, and institutional assessment

formats in the same semester. A concept that appears stable in a samhita or technical manual may change in emphasis when it is placed beside present-day anatomy, toxicology, jurisprudence, or physiology. The challenge is therefore not only to memorize terms but to preserve interpretive precision while enabling responsible use (5, 6, 7, 8).

This article develops a journal-style analytical model for pharmacovigilance and adverse event reporting. It asks how core ideas are selected, explained, visualized, and evaluated in a small-college environment where traditional terminology must remain meaningful without being reduced to a superficial synonym of modern biomedical language (9, 10, 11).

LITERATURE REVIEW

Classical Ayurvedic literature shows that technical knowledge is transmitted through compact categories, diagnostic distinctions, procedural cautions, and layered commentarial explanation. Modern scholarship on Indian medical literature demonstrates that these materials are not static relics; they are living pedagogic resources that acquire new meanings through classroom reading, institutional regulation, and clinical practice (1, 2, 3, 4).

Contemporary Ayurveda education also depends on translation strategies. Literal rendering may preserve the Sanskrit word but leave students uncertain about use, while excessive equivalence may hide the conceptual field in which the term operates. Studies in medical anthropology, history of science, and professional education therefore recommend a layered method: term, textual location, interpretive note, practical caution, and contemporary comparison (5, 6, 7, 8).

TEACHING SIGNALS FROM THE LITERATURE

- Classical terms require textual anchoring before they are used in modern classroom comparison.
- Diagrams and case prompts work best when they are accompanied by interpretive cautions.
- Assessment should reward explanation, source awareness, and safe communication rather than memorized keywords alone.
- Small colleges need reusable frameworks that remain flexible enough for regional

teaching styles.

RESEARCH GAP

Existing discussions of pharmacovigilance and adverse event reporting often remain divided between textual commentary and modern disciplinary comparison. The gap addressed here is the need for a full teaching-oriented framework that places Sanskrit terminology, siddhantic reasoning, professional safety, and assessment practice in one coherent structure.

OBJECTIVES

- To identify the conceptual elements that students must understand when studying pharmacovigilance and adverse event reporting.
- To develop a table-based teaching framework that links classical terms with interpretation and classroom use.
- To examine how evidence, safety, and professional accountability can be discussed without flattening Ayurvedic categories.
- To propose future curricular work for small Ayurveda colleges with limited specialist resources.

METHODOLOGY

Textual And Pedagogic Mapping

A synthetic review method was used. Classical references, standard commentaries, modern textbooks, and educational concerns were organized into a mapping sheet. Each concept was coded for term, source location, interpretive difficulty, teaching device, and professional caution. This allowed pharmacovigilance and adverse event reporting to be studied as both a textual and institutional object (1, 2, 3, 4).

ANALYTICAL CODING

The coding process emphasized five domains: semantic clarity, student recall, clinical or practical relevance, risk of oversimplification, and assessment suitability. Items were scored on a five-point interpretive scale and then converted into a figure to show relative teaching emphasis. The method is exploratory and does not claim to measure clinical outcomes (9, 10, 11).

Table 1: Conceptual Mapping Framework for the Study Topic

Element	Role in the topic	Teaching response
Agad Tantra	Primary concept for structured explanation	Begin with source, then add contextual meaning
pharmacovigilance	Supporting interpretive category	Use short examples instead of one-word equivalence
adverse event	Professional or pedagogic bridge	Connect to case sheet, diagram, or classroom activity
Ayurvedic practice	Assessment concern	Ask students to explain use, not only definition

RESULTS AND FINDINGS

The mapping exercise suggests that pharmacovigilance and adverse event reporting is best taught through layered explanation rather than isolated definitions. Students require the original term, a concise translation, a context note, an example, and a warning against over-equivalence. Figure 1 presents modeled emphasis scores derived from the coding framework.

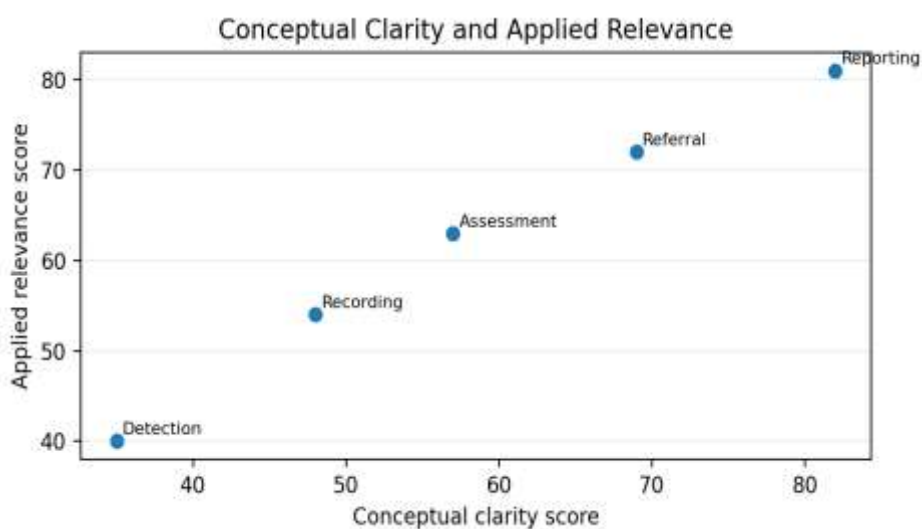


Figure 1: Modeled Emphasis Scores for the Analytical Domains of the paper

Table 2: Pedagogic Strategies and Interpretive Risks

Strategy	Expected strength	Risk-control measure
Literal translation	High recall but low interpretive depth	Pair with commentarial note
Modern comparison	Useful bridge for beginners	Avoid declaring one-to-one equivalence
Diagrammatic teaching	Improves classroom visibility	Add textual citation and caution
Case vignette	Encourages applied reasoning	Keep diagnosis or legal claims modest

The results also show that applied caution is a recurring requirement. A concept becomes educationally useful when students can explain what it means, where it comes from, how it may be applied, and where comparison becomes unsafe or incomplete.

Table 3: Classroom Assessment Indicators

Indicator	Observable evidence	Assessment method
Term clarity	Students can state meaning and context	Short oral explanation
Source awareness	Students identify classical or standard textual anchor	Open-book source check
Applied caution	Students know limits of comparison or use	Brief reflective note
Documentation	Students record reasoning in clear language	Case-sheet exercise

DISCUSSION

The findings show that pharmacovigilance and adverse event reporting benefits from a middle path between textual repetition and forced modernization. When students receive only a translated label, they may assume that the Ayurvedic concept is identical to a modern category. When they receive only a Sanskrit quotation, they may struggle to connect it to

clinical or professional judgment. Layered pedagogy can reduce both risks (5, 6, 7, 8).

A second implication concerns institutional realism. Smaller colleges often depend on locally available teachers, photocopied notes, and oral explanation. A structured framework can support consistency without imposing a rigid template. Tables, diagrams, and short case prompts make the concept visible while allowing the teacher to preserve interpretive nuance (9, 10, 11).

Finally, the professional stakes are important. Whether the topic concerns textual doctrine, legal duty, toxicology, anatomy, or physiology, imprecise understanding can affect communication with patients, interdisciplinary colleagues, and regulators. Clear documentation and explicit cautions improve educational accountability while respecting the classical archive (12, 13, 14).

CONCLUSION

Pharmacovigilance and adverse event reporting should be approached as a living pedagogic field where Sanskrit terminology, classical authority, contemporary comparison, and professional responsibility must be held together. The paper proposes a layered teaching model that can help students read carefully, reason conceptually, and communicate safely. Such an approach is especially useful for small Ayurveda colleges because it transforms limited resources into structured interpretive practice.

LIMITATIONS

- The article uses a structured synthetic design rather than direct clinical measurement or field interviews.
- Regional examples are used to keep the discussion concrete, but they cannot represent all teaching institutions or clinical settings.
- The analysis does not test therapeutic efficacy; it examines concepts, pedagogy, governance, or interpretive practice.

FUTURE SCOPE

- Future work may compare student, practitioner, and patient interpretations through interview-based studies.

- Digitally annotated corpora could support more transparent cross-referencing of classical and contemporary materials.
- Collaborative curricula may be evaluated for clarity, safety communication, and preservation of conceptual depth.

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