

REVIEWER'S REPORT

Manuscript No.: IJAR-56908

Title: Vedanadhyaya of Kashyapa Samhita: A Ayurvedic Perspective on Pain and Its Correlation with Contemporary Science

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity		√		
Significance			√	

Reviewer's ID: JPR-094

Detailed Reviewer's Report

REVIEWER'S REPORT

1. Overall Evaluation

The manuscript presents a **narrative review** attempting to correlate Ayurvedic concepts of **Vedana** with modern pain science. The topic is relevant to integrative medicine; however, the manuscript requires **major revision** before it can be considered for publication.

☐ **2. Strengths**

- * ☒ **Relevant and interdisciplinary topic** (Ayurveda + modern neuroscience)
- * ☒ **Good attempt to correlate Vata Dosha with neural mechanisms**
- * ☒ **Logical structure** (Introduction → Concept → Correlation → Clinical relevance)
- * ☒ **Inclusion of tables and flowcharts** improves readability
- * ☒ **Highlights holistic and biopsychosocial approach to pain**

☐ **3. Weaknesses**

- * ☐ **Lack of novelty** – concept already widely discussed in literature

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- * ☐ ****No clear methodology**** (not defined as systematic or narrative review)
- * ☐ ****Superficial correlations**** without strong scientific evidence
- * ☐ ****Insufficient recent references**** (few updated citations post-2020)
- * ☐ ****Overgeneralization**** (e.g., direct mapping of Dosha to neurophysiology)
- * ☐ ****Language and grammar issues**** (minor but noticeable)
- * ☐ ****Redundancy in tables and explanations****
- * ☐ **Limited **critical analysis**** (mostly descriptive)

****4. Key Points****

- * Ayurveda describes ***Vedana*** as a ****multidimensional phenomenon**** involving Dosha, Manas, and Dhatu
- * Strong emphasis on ****Vata Dosha as primary factor in pain****
- * Modern pain mechanisms include:

- * Nociception
- * Neuropathic pain
- * Central sensitization
- * Attempted correlations:

- * Vata ↔ neural transmission
- * Vedana types ↔ pain classification
- * Manas ↔ biopsychosocial model
- * Clinical relevance:

- * Holistic pain management
- * Personalized therapy (Dosha-based)

☐ ****5. Significance****

- * Moderately significant for:

- * Ayurvedic scholars
- * Integrative medicine researchers
- * Limited impact for:

- * High-impact biomedical journals (due to lack of experimental data)

Contribution:

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- * Reinforces **traditional knowledge in modern context**
- * Encourages **integrative pain management approaches**

6. Major Issues (Need Revision)

1. **Define Review Type**

* Specify whether it is:

- * Narrative review
- * Systematic review (preferred for publication)

2. **Improve Scientific Depth**

* Add:

- * Molecular mechanisms
- * Neurochemical pathways
- * Evidence-based correlations

3. **Strengthen References**

- * Include **recent (last 5 years) journal articles**
- * Use indexed sources (Scopus/PubMed)

4. **Avoid Over-Simplification**

* Do not directly equate:

- * Vata = nervous system
- * Provide **justified interpretation**

5. **Language Editing**

- * Improve grammar, sentence flow, and academic tone

7. Minor Issues

- * Typographical errors (e.g., "Propioception" → **Proprioception**)
- * Repetition in tables

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- * Formatting inconsistencies
- * Flowcharts can be improved visually

8. Final Recommendation

****MAJOR REVISION REQUIRED****

Reviewer's Comment to Author

The manuscript addresses an important integrative topic but remains largely descriptive. To enhance its publication potential, the author should incorporate recent scientific evidence, deepen analytical discussion, and clearly define the review methodology. Strengthening originality and critical interpretation will significantly improve the manuscript's quality.

****REVIEWER REPORT – MAJOR REVISION (LINE-BY-LINE JUSTIFICATION)****

****Overall Justification for Major Revision****

The manuscript requires ****major revision**** due to:

- * Lack of ****methodological clarity****
- * ****Superficial scientific correlation****
- * ****Limited novelty****
- * ****Outdated and insufficient references****
- * ****Language, formatting, and structural issues****

****LINE-BY-LINE ISSUES & JUSTIFICATION****

****TITLE (Line 1–2)****

****Issue:****

- * “A Ayurvedic Perspective” → grammatical error (*An Ayurvedic*)
- * Title is ****generic and not novel****

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****Justification:****

*** Needs correction and **more specific framing****

**ABSTRACT (Lines 3–19)**

Lines 4–7

****Issue:****

*** “fundamental clinical entity” → vague, no supporting reference**

****Justification:****

*** Requires **precision and citation support****

Lines 8–10

****Issue:****

*** “critically analyze” → but no methodology provided**

****Justification:****

*** Misleading claim → must define **review type (systematic/narrative)****

Lines 11–14

****Issue:****

*** Correlation stated as fact without evidence**

****Justification:****

*** Needs **qualified statements + references****

Lines 15–18

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****Issue:****

* “highlights similarities” → overly generalized

****Justification:****

* Should include ****specific findings or conclusions****

**KEYWORDS (Lines 21–23)**

****Issue:****

* Too broad; lacks indexing-specific keywords

****Justification:****

* Add terms like:

* ***Central sensitization***

* ***Integrative medicine***

* ***Pain pathways***

**INTRODUCTION (Lines 25–42)**

Lines 26–28

****Issue:****

* Generic statement (textbook-level)

****Justification:****

* Needs ****recent epidemiological data or statistics****

Lines 29–32

****Issue:****

* Ayurveda explanation simplified

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****Justification:****

*** Requires **deeper scholarly interpretation****

Lines 33–36

****Issue:****

*** No direct citation from primary Sanskrit source**

****Justification:****

*** Must include **original verse/reference****

Lines 39–42

****Issue:****

*** Weak justification for study**

****Justification:****

*** Add **clear research gap****

**CONCEPT OF VEDANA (Lines 43–47)**

****Issue:****

*** “subjective experience” → modern interpretation imposed**

****Justification:****

*** Needs **textual evidence from Kashyapa Samhita****

**NIDANA (Lines 48–54)**

****Issue:****

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*** Bullet points without depth**

****Justification:****

*** Expand with **classical explanation + modern linkage****

**TABLE: TYPES OF VEDANA (Lines 60–61)**

****Issues:****

*** Table repeated heading**

*** Oversimplified correlation (e.g., Vataja = neuropathic)**

****Justification:****

*** Scientifically **overgeneralized mapping****

*** Needs **justification with references****

**SAMPRAPTI (Lines 62–78)**

Lines 65–76 (Flowchart)

****Issue:****

*** Very basic, lacks depth**

****Justification:****

*** Add **mechanistic explanation****

Line 77–78

****Issue:****

*** “abnormal neural transmission” → no evidence**

****Justification:****

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*** Requires **scientific citation****

**MODERN PERSPECTIVE (Lines 83–102)**

****Issue:****

*** Standard textbook description**

****Justification:****

*** Lacks **recent advances (e.g., neuroinflammation, glial cells)****

**PROPRIOCEPTION SECTION (Lines 104–122)**

Line 104

****Issue:****

*** Spelling error: “Propioception”**

Lines 109–114

****Issue:****

*** No references provided**

****Justification:****

*** Needs **supporting citations****

Lines 119–122

****Issue:****

*** Vata correlation speculative**

****Justification:****

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*** Needs **strong scientific backing or cautious wording****

**CORRELATION SECTION (Lines 125–137)**

Lines 126–130

****Issue:****

*** Direct equivalence (Vata = neural transmission)**

****Justification:****

*** Oversimplified → academically weak**

Table (Line 130)

****Issue:****

*** Repetition and oversimplification**

Lines 135–137

****Issue:****

*** Central sensitization linked without evidence**

****Justification:****

*** Needs **recent high-impact references****

**CLINICAL IMPLICATIONS (Lines 138–145)**

****Issue:****

*** Claims therapeutic effectiveness without evidence**

****Justification:****

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*** Must include:**

*** Clinical trials**

*** Evidence-based studies**

**DISCUSSION (Lines 147–160)**

Lines 148–152

****Issue:****

*** Descriptive, not analytical**

Lines 153–156

****Issue:****

*** Weak comparison**

Lines 157–160

****Issue:****

*** Lacks critical evaluation**

****Justification:****

*** Needs:**

*** Strengths vs limitations**

*** Contradictions between systems**

**CONCLUSION (Lines 161–166)**

****Issue:****

*** Overstated claims (“remarkably consistent”)**

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****Justification:****

*** Should be **balanced and evidence-based****

**REFERENCES (Lines 190–205)**

****Major Issues:****

*** Mostly **textbooks****

*** Limited **recent research articles****

*** Lack of **indexed journal references****

****Justification:****

*** Add:**

*** PubMed/Scopus articles (last 5 years)**

*** DOI-based citations**

**FINAL JUSTIFICATION SUMMARY**

Issue Category	Severity	
-----	-----	
Methodology Missing	High	
Scientific Depth	High	
Novelty	Moderate	
References	High	
Language/Grammar	Moderate	
Data/Evidence	High	

**FINAL DECISION**

****MAJOR REVISION REQUIRED****

**Reviewer Final Comment**

The manuscript addresses an important integrative topic; however, it remains largely descriptive with insufficient scientific depth and methodological clarity.

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Substantial revision is required to improve academic rigor, include recent evidence, and avoid oversimplified correlations.