Avedhya Sirayen

Ashok kr Sharma1 and Manisha2

1A & U Tibbia College, Karol Bagh, New Delhi-05, India
2Brahm Pra.ayu. Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, India

*Corresponding author: Ashok kr sharma, A & U Tibbia College karol bagh New Delhi-05, Tel: 9111 23524180; E-mail: asdrbhalsharma@gmail.com

Rec date: Nov 11, 2014; Acc date: Dec 27, 2014; Pub date: Jan 03, 2015

Abstract

Ayurveda is the science of healthy life. In Aurvedic texts there are brief description of Human body and its anatomical structures. In that order acharya shushrut has described the Sira in sharir sthan chapter seven. Charak has defined the Sira as Sarnat sira in Sutra sthan chapter thirty. Shushrut has mentioned four types of Sira-Aruna, Neela, Sweta, Lohita. These are relevant respectively with the Doshas Vatta, Pitta, Kapha, Raktka. We can regard “Neela sira” as the veins which collect impure blood from all over the body towards the Heart. The blood flow in these Sira by slow velocity is called Saran kriya. These Sira are basically of two types - one of them can be punctured for curing the disease is called Vedhya Sira. These Sira are forty. Sira can be considered as veins or Neela sira [1]. These Sira are used for venesection in particular places.

Introduction

“Sarnat Sira” - In the Sira “Saran kriya of blood takes place. Saran kriya denotes very slow, back flow of blood towards the heart without any force. Sira can be considered as veins or Neela Sira [1]. These Sira drains the impure blood all over the body in to the heart. Sira have many valves which will direct the blood. According to acharya shushrut the origin of Sira is Nabhi [2] (umblicus) the number of Principal Sira is forty. Sira carries all the Doshas that’s why considered as “Sarvakshara”. Some Sira is contraindicated for venesection called Avedhya Sira.

Shirvedhan is an ancient method of treatment. Acharya Shushrut has said it as half treatment. So today’s how we can consider it as a treatment, how we can elaborate it? For that purpose, this is choice. Our aim is to identify all the contra indicated sira mentioned by our text comparing with modern anatomical structures. So that we can avoid the venesection of the contraindicated veins.

Total number of these avedhya sira are ninety eight, out of them sixteen are in extremities, thirty two in Kostha, fifty in Urdhvjatrugata [3].

Avedhya sirayen in normal regimen

In normal regimen avedhya sira are the veins by puncturing them the harmfull effect can be seen due to severe blood loss. Due to puncturing the dorsal Venus plexuses there is casualty can be seen. Any venesection which is direct cause of severe blood loss or falling of blood pressure can cause of death. To avoid these miss happenings acharya has mentioned these ninety eight restricted veins for the venesection in particular places.

Avedhya sirayen in contemporary thought

The Anatomical structure considered with particular Avedhya sira [4]

a) In the extremities 5-4 in each, total 16.
1. Jaldhara - one in number in each extremities in the upper limb we can consider cephalic vein in lower limb it can be considered as Great saphenous vein these both veins drained blood from dorsal venous arch.
2. Two Urvi - in the upper limbs it can be considered as brachial vessels. In lower limb it can be considered as femoral vessels.
3. One Lohitaksh - in upper limbs Axillary vessels in lower limbs profunda femoris and other deep branches of femoral artery.

Avedhya sira in Kostha

1. In Shroni Pradesh - Two Vitap and two Katiktarun Two Vitapa - Testicular or Ovarian vessels/vessels of the gonads. Two katiktarun - Gluteal Vessels.
2. Avedhya sira in parshav - The concept of urdhvagata means vessels which goes upward from lateral side Parshavasandhigata means the vessels of laterally situated at the meeting point of abdomen and thorax. Avedhya sira of Pristh-two vrihati-Subscapular vessels

**Avedhya saras in the abdomen (udar)**

Medhropari Romrajimubhyato - These can be regard as Epigastric vessels Avedhya sira in the thorax (vaksh) Aplap, Apstamb, Stanmul, Stanrohit - These can be considered as Coronary vessels, Internal mammary vessels, Intercostal vessels, lateral thoracic vessels [5].

1. Urdhavjatrugata Avedhya siras
2. Marma sangya - Internal and external Carotid arteries and Juglar veins.
3. Krikatika - Occipetal vessels
4. Vidhur - Post Auricular arteries and veins
5. Avedhya sira - hanu
7. Avedhya sira in tongue(jivyah) - Rasvahe, Vagvahe - these can be regarded as Profunda linguae vessels.
8. Avehya sira of nose(Nasa) - Four Aupnasikaschya, these can be considered as Angular artery and veins
9. Talugat avedhya sira - Mriddavuddheshe (soft palate)
10. Avedhya sira of eye’s (netra) - Apangyorekek (Outer canthus), Considered as zygomaticotemporal artery.
11. Avedhya sira of ear (karan) - Sabdvhahini, Posterier Auricular and tympanic vessels.
12. Avedhya sira of Nose and Eyes (netra nasagatastu)
13. Kesanugataschya - Supra orbital and Termination of the frontal branch of the superficial vessels.
14. Aavart - The frontal branch of the superficial vessels.
15. Shphnyam - nasal branch of frontal veins.
16. Avedhya sira of Temporal joint (sankh sandhigata) - Superficial temporal vessels.
17. Avedhya sira of head (murdha)
18. Uktshep-parital branch of superficial temporal
19. Simant and Adhipati-Occipetal and superficial temporal

**Discussion**

1. In upper extremity Jaldhara is considered as cephalic vein it is contra indicated because cephalic vein is the principal vein of the upper extremities and due to severe blood loss there can be a severity

2. In lower extremities it is considered as great saphenus vein which is also an important vein continuation with the dorsal venus plexuses. Due to venesection of this it can cause severe blood loss and lead to harm full conditions.

3. Urvi is considered as brachial and femoral veins those can cause of severe blood loss and again there me be seen a causality by puncturing them.

4. Lohitaksh is considered as axillary vein and profunda femoris vessels. In shushrut samhita for this is quoted "Lohitkshayen marnam".

5. Vitap and Katiktarun are the veins for the gonads and the gluteal region by venesection of these there may be necrosis of gonads and the gluteus muscles.

6. Vrihi is regarded as the sub scapular vessel by venesection of this there may the complication of nerve injury and lead to the paralysis and blood loss also.

7. Aplap, Apstambh, Stanmul, Stanrohit - These can be considered as Coronary vessels, Internal mammary vessels, Intercostal vessels, lateral thoracic vessels these are the vein nearer to heart, by venesection them there may be adverse effect to the heart.

8. Marma sangya Internal and external Carotid arteries and Juglar veins. Krikatika-Occipetal vessels Vidhur-Post Auricular arteries and veins. These are also the vein contra indicated for venesection because of closer to the heart and related to the vital component of the body.

9. Sandhidhamanyau - Internal maxillary vessels by puncturing them it lead to Manyastambh due to the lack of blood in the Hanu.

10. Rasvahe, Vagvahe these can be regard as Profunda linguae vessels by the venesection of these vessels necrosis of tongue may be seen.

11. Aupnasikaschya - These can be considered as Angular artery and veins there may be severe blood loss in the little’s area so it is contra indicated for venesection.

12. Apangyorekek (Outer canthus) Considered as zygomaticotemporal artery by venesection there may be vision loss or another complication being a delicate organ.

13. Sabdvahini - Posterier Auricular and tympanic vessels these vessel also contraindicated for venesection because of related to the delicate organ.

14. Kesanugataschya - Supra orbital and Termination of the frontal branch of the superficial vessels contra indicated for venesection due to being more superficial.

15. Aavart - The frontal branch of the superficial vessels. Shphnym-nasal branch of frontal veins are also contraindicated due to situation on more sensitive part face.

16. Uktshep - Parital branch of superficial temporal, Simant and Adhipati- Occipetal and superficial temporal are contra indicated for venesection due to avoid the poor drainage of scalp [6].

**Conclusion**

The total no. of sira are seven hundred out of these Avedhya sira are ninty eight except these Avedhya sira other Sira can be punctured are called Vedhya sira .there are several examples of Vedhya sira in our literatures by puncturing them many disease can be cure. That is why Acharya shushrut said to Sira vedhan “Half treatment” or Chikitsardh [5]. There we can see that Avedhya sira are the Anatomical strctures which are either deep vessels or the vessels which can lead the harmful effects by puncturing them.so this is the perfect indication for physician to avoid Vedhan (puncturing) of these Avedhya sira.

**References**

1. Agnivesh, Charak, Charak samhita, Sutrasthan, Vidhyotini Comt. 30/12
2. Shushrut, shushrut samhita, sharir sitan, sira varna vibhakti 7/3, ambika datt shastri, choukhamba Sanskrit sansthan. (13th edn)
4. Shushrut, shushrut samhita, Ghranekar teeka, sharir sithan, sira varna vibhakti 7: 23-25
5. Shushrut, shushrut samhita, sharir sthan, sira varna vibhakti 8/23, ambika datt shastri, choukhamba Sanskrit sansthan. (13th edn)