ANATOMICAL AND CLINICAL RELEVANCE OF SIRAVYADHA IN RELATION WITH MARMAS OF UPPER LIMB

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ABSTRACT

The science of Ayurveda is well recognized system of medicine which have unique specialty in the field of Shalyathanthra. The concepts of Ayurveda Shareera evolved 3000yrs ago. Because of generation gap concepts appear to be misinterpreted or not fully developed. At this junction it is our moral duty to take up such studies to understand the concepts clearly and to pass on knowledge to younger generation. It is one of the Para surgical procedure denoting letting of blood outside the body. Different modalities of Rakthamokshana are adopted according to Dosha avastha and Athura avastha. Siravyadha is one of the types of Rakthamokshana by Sasthravacharana. So as to explain its significance a stanza of Su.Sha 8/23 is sufficient. Acharya Sushrutha has given same importance of Dosha to Raktha also, where in many places he has classified many diseases as Rakthaja also. Siravyadha is often recommended as Shodhana chikitsa for such diseases. In the Sushruta Samhita Sharirastana 8th Chapter particular anatomical sites especially the Marma sthanas are recommended as anatomical landmarks for Siravyadhana in Particular diseases. So this study helps to explore the Anatomical & Clinical relevance of Siravyadha on the basis of available literatures. So a creative and logical approach has been done to locate Siras for Siravyadha in Particular disease with Pathophysiological interpretation. So it can be concluded that Siravyadha is effective modality of treatment in many diseases. So the study taken up here is "Anatomical and Clinical Relevance of Siravyadha in Relation with Marmas of Upper Limb".

Key words: Sira, Siravyadha, Rakthamokshana, Marma.

INTRODUCTION

As Basti is an important therapy of Ayurvedic medicine, similarly Rakthamokshana at specific points are most effective treatment of Ayurvedic surgery. The knowledge of Marma, Siras and vessels are essential for understanding the concept of Siravyadha. Marmas are the vital points in the body which prove to be fatal when subjected to trauma. Detail knowledge of Marma is important from surgical point of view; surgical procedures like Agnikarma, Ksharakarma, Raktamokshana, etc., are used as a part of the surgery. While conducting these surgical procedures, the knowledge of Marma sthana is required. In trauma condition the knowledge of trauma site, structures involving and deformity identification is necessary. So in treatment and surgical procedures Marma study is important.

Marmas are the Sannipatha (conglomeration) of Mamsa, Sira, Snayu, Asthi & Sandhi. So Siras are the important structure involved in the formation of marma1. There are 22 Urdhwasakhagatha marmas. i.e., 11 in each Limb.

They are Kshipra, Thalahrudaya, Kurcha, kurchasira, Manibandha, Indrabasthi,
Kurpara, Ani, Bahvi, Lohithaksha, Kakshadhara.

The blood vessels which possess Sarana Karma (Flowing) are called as Siras. The life of the living being exists in the umbilicus; (vice versa) umbilicus subsists on life. The umbilicus is surrounded by veins (Siras) from all sides just as the centre of a wheel is surrounded all around by spokes. There are 700 Siras in the body as per the classics & they are classified on the basis of Dosha, Adhishtana, Vedhya and Avedhya.

There are 700 Siras in the body as per the classics & they are classified on the basis of Dosha, Adhishtana, Vedhya and Avedhya. Siras are Avedhya. Though all the Brihatrayees made considerable remarks on Vedhya and Avedhya Siras, Susruta has clearly mentioned the Vedhya siras especially in connection with the diseases which are cured by Siravedha. However, the Vedhya siras are the vessels which are prohibited for Siravyadh. Susruta has mentioned 98 Siras throughout the body which are not fit for venesection. Any trauma to these structures may lead to deformity or death.

Acharya Susruta has mentioned 100 Siras in each extremity among which four are considered as Avedhya siras those are 1 Jaladhara, 2 Bahvi and 1 Lohitaksha. In this way there are 16 Avedhya siras are present in the extremities.

### Table 1: ROGANUSARA SIRAVEDHA STHANA

<table>
<thead>
<tr>
<th>S.No</th>
<th>Roga</th>
<th>Site of Siravyadha</th>
<th>Marma Sthana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pleehodara (Enlargement of spleen)</td>
<td>Vama Kurpara Sandhisthita Sira (left sided medial cubital vein) or Sira present in between left Kanishtika and Anamika Angulas (Left dorsal venous arch)</td>
<td>Kurpara marma</td>
</tr>
<tr>
<td>2.</td>
<td>Yakrutothara (Enlargement of Liver), Kasa (cough), Shwasa (Breathlessness/Dyspnoea)</td>
<td>Dakshina Kurpara Sandhisthita Sira (Right sided medial cubital vein) or Sira present in between right and Kanishtika and Anamika Angulas (Right dorsal venous arch)</td>
<td>Kurpara marma</td>
</tr>
<tr>
<td>3.</td>
<td>Vishwachi (Brachial plexus neuritis)</td>
<td>Four Angula above the Kurpara Sandhi (Elbow joint)</td>
<td>Kurpara Marma</td>
</tr>
<tr>
<td>4.</td>
<td>Apachi (Lymphadenitis)</td>
<td>Two Angula below from Indrabasti Marma</td>
<td>Indrabasti</td>
</tr>
</tbody>
</table>

**ANATOMICAL & CLINICAL RELEVANCE OF VYDHANA STHANA**

- In ‘Pleehodara’, there is enlargement of spleen; the spleen is heavy and firm. By bloodletting left sided medial cubital vein, the reticuloendothelial cell of spleen rapidly remove debris, bacteria, and parasites. Usually reserved blood is ejected into the general circulation. The fragile RBCs are washed off. Splenic vein is drained effectively. The classical anatomical Surface landmark for this Siravyadh is Kurpara marma.

- In ‘Yakrutothara’, enlargement of Liver, by blood letting in right sided medial cubital vein reserved blood in the liver is ejected into the general circulation, to cause decongestion. Epinephrine and nor-epinephrine hormones are released, mobilizing fatty acids deposited in the liver. Hepatocellular enzymatic activity is improved. Fresh RBCs are produced to utilize the ferritin. By all these affects the enlargement of liver can be reduced. So the said site is considered. For this Siravyadh Surface landmark is Kurpara marma.

- In ‘Kasa’ cough as a defense mechanism of body. When blood letting is done in right sided medial cubital vein, the venous pressure in the right atrium may be decreased resolving pulmonary
Shwasa' th's breathlessness. By blood
Apachi'- textbook, Vol.I, 3rd
injury to Kakshadhara marmas occur. Kshipra, Kurcha,
hypovolemic shock and later death will
will lead to haemorrage which causes
blood vessels passes. Injury to these vessels
situated in the area where the majority of
section because these two
Sira
diseases caused by
one measures described in the treatment of
letting of blood outside the body, which is
Sushrutha
Raktam
DISCUSSION

'Shwasas' condition may be
considered as breathlessness. By blood
letting in right medial cubital vein, the
congestion of lung and liver is
decreased. So the verdict of Acharya
Sushrutha can be accepted and the
Surface landmark is Kurpara Marma.3,5

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Surface landmark is Kurpara Marma.3,5

- In Vishwachi, i.e., Brachial plexus
neuritis. By blood letting 4 Angula above
from Kurpara Sandhi i.e. Cephalic vein, the
pain precipitating factors like lactic
acids are reduced. Blood supply to
brachial plexus is improved, where
there is aerobic metabolism in the part.
There is provision to release of hormone
serotonin, which reduces pain neuritis.
For this Siravyadha Surface landmark is
Kshipra marma.3,5

- In 'Apachi' which is an inflammatory
condition of lymph nodes called
lymphadenitis. By blood letting venous
drainage is improved, automatically
lymphatic drainage is improved, resolving in inflammation of lymph
nodes by increased blood flow, scattered
WBCs, removal of waste products. So the
Sira two Angula below from Indrabasti
Marma is selected.7

CONCLUSION

By Studying the Anatomical & Clinical
Importance of Siras, we came to know
that Siravyadha is a beneficial
treatment for above mentioned
diseases.

The concept of Marma is also an
important classical anatomical
landmarks for the Siravyadha. The
knowledge of Marmasthana is required
to carrying the Siravyadha.

REFERENCES
1. Sushruta Samhita of Acharya Sushruta
Professor K. R. Srikanthamurthy:
134.
2. Ashtanga Hrudaya of Srimadavaghbata,
Hindi Text, Dr. Brahmanand Tripathi:
Edited With Nirmala Hindi Commentry,
Choukhambha Sanskrit Pratishthana,
of medical Physiology, 9th edition,
Pennsylvania, USA; W.B. Saunders
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and company, Independence Square

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