REVIEW ON CONTRA-INDICATED VEINS FOR VEIN PUNCTURE (AVEDHYA SIRA) IN AYURVEDA

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ABSTRACT
Ayurveda is the science of healthy life. In Ayurveda texts there are brief description of body & it’s Anatomical structures. In that order Acharya Sushruta has described the Sira in sharir sthana chapter seven. Charaka has defined the Sira as “Sarnat sira” in Sutra sthan chapter thirty. Sushruta has mentioned four type of Sira –Aruna , Neela, Sweta , Lohita . These are relevant respectively with the Dosha Vatta, Pitta, Kapha, Rakta. 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 are called Vedhya sira , 602 in number. Another type of Siras are Avedhya siras, 98 in number, which are strictly prohibited for puncturing, if by mistake or by stupidity of the Chikitsak these are punctured it leads to harmful results. There are several examples of disease those are cured by that Venuesection or Sira Vedhan process like Gradharasi, Vishvachi, Unmad , Apasmar etc. In this paper Avedhya Sira are very well discussed W.S.R. to the anatomical structures involved in modern medical science. These are divided in three regions Shakhagat-16, Kosthgat-32, and Urdhavjatrugat-50.

Key words: Sira, Avedhya, Raktamokshana, Bloodletting, Vein puncture, Venesection.

INTRODUCTION: Sarnat Sira1 denotes back flow of blood towards the heart without any force. Sira can be considered as veins or Neela sira. These Sira drains impure blood all over the body in to the heart. Sira have many valves for guard the blood direction. According to acharya Sushruta the origin of Sira is Nabhi2 (umblicus). The number of Principal Sira is forty. Sira carries all the Doshas that’s why considered as “Sarva-vaha”. Some Sira is contra- indicated for venesection called Avedhy. Siravedhan is ancient method of treatment. Acharya Sushruta has said it as half treatment. So today how we can consider it as a treatment method, how we can elaborate it for that purpose this subject is choose. 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 contra-indicated veins.

Total number of the sira3 - 700 in number out of these 602 Vedhya sira ,98 Avedhya sira, in human body.

Sira vedhan- Siravedhan is a type of Rakt–mokshan, in this process deeply rooted doshas in impure blood are removed in order to treat the disease, in a specific disease a specific Sira is to be puncture. Sushrut are gards Siravedhan as “Chikit-
sard” means half treatment. Sushruta has compared it as Basti in Kaya chikits.

**Avedhya siras** – In these Sira, Sira Vedhan should not conduct. Due to the puncturing of them harmful results can be seen in our body. These Avedhya sira contains specific anatomical structure will be discussed one by one. Total numbers of these avedhya sira are ninety eight, out of them Sixteen(16) are in extremities, thirty two(32) in Kostha, fifty(50) in Urdhvajatrugata ⁴.

**Avedhya Siras in normal Regimen**- In normal regimen avedhya sira are the veins by puncturing them the harm full 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 Siras in contemporary thought**-

The Anatomical structure considered with particular Avedhya sira ⁵ –

**A)** In the extremities- 4 in each , total 16.
1. Jaldhara- one in number in each extremities; in the upper limb we can consider cephalic vein in and lower limb it can be considered as great saphenous vein. These both veins drained blood from dorsal venus 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 profound femoris and other deep branches of femoral artery.

**B)** Avedhya sira in kostha-
1. Shrnuti Pradeshh- 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 go upward from lateral side Parshav sandhigata means the vessels of laterally situated at the meeting point of abdomen and thorax.
3. Avedhya sira of pristha- Two Vrihati - Subscapular vessels.
4. Avedhya siras in the abdomen (udar) - Medhropari Romrajimubhyato -These can be regard as epigastric vessels.

**C)** Avedhya sira in the thorax (vaksh)⁶ - Aparalap, Apsthamb, Stanmul ,Stanrohit- these can be considered as Coronary vessels, Internal mammary vessels, Intercostal vessels, lateral thoracic vessels.

**Urdhavjatrugata Avedhya siras**-

Marma sangya- Internal and external Carotid arteries & Juglar veins.

Krikatika -Occipetal vessels Vidhr- Post Auricular arteries and veins

Avedhya sira in hanu-Sandhidhamayau- Internal maxillary vessels.

Avedhya sira in toung (jivyah) - Rasvahe, Vagvahe, these can be regard as Profunda linguae vessels.

Avehya sira of nose (Nasa)- four Aupnasikaschya; these can be consider as Angular artery & veins

Talugat avedhya sira- mriddavudheshe(soft palate)

Avedhya sira of eye’s (netra) - Apangyorekek (Outer canthus); Considered as zygomaticotemporal artery.

Avedhya sira of ear (karan) – Sabdvahini ;Posterior Auricular and tympanic vessels.

Avedhya sira of Nose & Eyes (netranasagatastuu)- Kesanugataschya- Supra orbital & Termination of the frontal branch of the superficial vessels.

Aavart- The frontal branch of the superficial vessels.

Sthapanyam- Nasal branch of frontal veins Avedhya sira of temporal joint (sankhsandhtigata)- Superficial temporal vessels

Avedhya sira of head (murdha)-Utkshepparital branch of superficial temporal Simant & Adhipati- Occipital &superficial temporal
DISCUSSION:
1. In upper extremity jaldhara is considered as cephalic vein it is contraindicated 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 saphenous 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 Sushruta 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, Apsthamb, 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 & 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. Sandhidhamanayau- Internal maxillary vessels by puncturing them it lead to Manyastambh due to the lack of blood in the Hanu.
10. Rasvaha,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 & veins there may be severe blood loss in the little’s area so it is contra indicated for venesection.
12. Apanga (Outer canthus) considered as zygomaticotemporal artery by venesection there may be vision loss or another complication being a delicate organ.
13. Shabdvahini - Posterior Auricular and tympanic vessels these vessels also contraindicated for venesection because of related to the delicate organ.
14. Kesanugataschya- Supra orbital & 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. Sthapani- nasal branch of frontal veins are also contra indicated due to situation on more sensitive part face.
16. Utkshep- parital branch of superficial temporal, Simant & Adhipati-Occipetal & superficial temporal are contra indicated for venesection due to avoid the poor drainage of scalp.

CONCLUSION:
Avedhya sira are the Anatomical structures which are either deep vessels or the vessles which can lead the harmful effects by puncturing them. So these are the perfect guidelines for physician to avoid Vedhan (puncturing )of these Avedhya sira.

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