STUDY OF AVEDHYA SIRA WITH SPECIAL REFERENCE TO LOHITAKSHA

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ABSTRACT –

Sushrutacharya is the pioneer of Ayurved Rachana Sharir and Ayurvedic Shalya Tantra. He has mentioned various concepts in Rachana Sharir in the Sushrut samhita sharirasthan. In 7th adhyaya of the sharirasthan, he has given the meticulous information regarding the Siras of the human body. In the same adhyaya the Acharya has named some Avedhya Siras which should not be punctured during the treatment aspect. The Lohitaksha sira is one of them. So, it is essential to know the details of this lohitaksha sira which is present in shakhapradesh (Both extremities). So, for this purpose, this study is to clarify the perception of Lohitaksha sira with the help of modern anatomy. Lohitaksha is also a marma which is vital spot in the human body. So, lohitaksha sira can be called as marmashrit sira.

KEY WORDS –

Avedhya Sira, Lohitaksha sira, Marmashrit sira.

INTRODUCTION -

In Ayurved, Sushrutaacharya has explained the consideration of Avedhyasiras in the 7th adhyaya i.e. Siravarnavibhaktishariropakrama. Also in 8th adhyaya of the sharirasthan i.e. Siravyadhavidhishariropakrama aadhyaa, explained siravyadha means puncturing the siras for treatment purpose. Explaining this point, Sushrutaacharya told to avoid some siras from puncturing. In that, the Acharya has mentioned lohitaksha sira in shakhapradesh. So, it is vital to know the concept of this sira because it should not be punctured during the treatment according to Sushrutacharya. So, it is necessary to know the structures which can be correlated with this lohitaksha sira according to modern anatomy.1

Concept Of Lohitaksha Marma –

Marmas are the indispensable spots in human body, any injury to them will cause the various symptoms like pain, blood loss, deformity etc. They are 107 in number and classified according to their structure (Rachana), region (Shadang), measurement (Pariman) and injury effect (Parinam).
Lohitaksha marma is present below the hip joint and in the middle part of thigh region in lower extremity and below the shoulder joint and middle part of the arm in the upper extremity. Its injury mainly produces blood loss and means wasting of limb and hemiplegia.

Notion Of Lohitaksha Sira —

Saranaat sira means running, moving etc. means movement. Any part or structure in our body which does the sravan karya is nothing but sira. The siras which should not be punctured are called as avedhya siras. Sushrutacharya mentioned 98 avedhya siras in Sushruta sharirstha 7th aadhyay. The lohitaksha sira is one of them. Its distribution is as follows

<table>
<thead>
<tr>
<th>Location of Sira</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shakha</td>
<td>16</td>
</tr>
<tr>
<td>Koshta</td>
<td>32</td>
</tr>
<tr>
<td>Jatruurdhwa</td>
<td>50</td>
</tr>
</tbody>
</table>

According to Sushrut Sharirsthan 7th Adhyay Shlok no.21, In the shloka, Sushrutachraya have mentioned 4 lohitaksha siras and which are present in the upper and lower extremities. Here, considering the lohitaksha sira in extremities, the structures (veins) which are present deep, can be correlated with femoral vein and axillary vein as these are one of the most important veins of both the extremities.

MATERIAL AND METHODOLOGY – MATERIAL-

Literary Study –
  1. Avedhya sira and marma literature available from texts.

Cadaveric study –
  1. Cadaver – 1 male cadaver.
  2. Instruments – Dissection kit.

METHODOLOGY –

i. Literary study of lohitaksha avedhya sira and marma was done using all the concerned text books.

ii. Dissection of selected male cadaver was done with the help of dissection instruments of related lohitaksha (femoral triangle and axilla) at the dissection hall of Dr. J. J. Magdum Ayurved Medical College, Jaysingpur, Maharashtra, India.

iii. From the basis of literary study, identification of lohitaksha was identified on the cadaver.

iv. Detailed dissection was done concerned with lohitaksha marma and sira.

v. With the help of neat and detailed dissection, related structures of lohitaksha sira were identified in both the extremities.

vi. Concerned observations were correlated with the hypothesis about the marmashrit avedhya sira.
of lohitaksha in both the extremities.

**OBSERVATIONS** –

The concept of *sira* as per modern anatomy we can take as Vein. As, according to Charakasamhita sutrasthana Adhyaya 30 Shloka no.12, Charakacharyya have told the difference between *Sira* and *Dhamani*. 

*Spandanyukt* i.e. having pulsation is *dhamani* and *spandanrahit* is *sira* i.e. without pulsation. The other factors which differentiate the *sira* and *dhamani* are *Laxanbhinnata* (emergence), *Moolsankhyabhinnata* (numbers), *Karmabhinnata* (functions) etc.

Blood vessels consist of artery and vein are the important aspects of circulatory system which transports the blood in the body. These are most important in every medical emergency i.e. in any disease or in its treatment aspect. The traumatic, haemorrhagic, road traffic accidents etc deaths are common in all over the world. Most of the medical emergency begins with severe blood loss.

**Axillary Vein** -

The axillary vein is the continuation of the basillic vein. The axillary vein is joined by the venae comitantes of the brachial artery a little above the lower border of the teres major muscle. It lies on the medial side of the axillary artery. At the outer border of the 1st rib it becomes the subclavian vein. In addition to the tributaries corresponding to the branches of the axillary artery, it receives the cephalic vein in its upper part. There is no axillary sheath around the vein, which is free to expand during times of increased blood flow. Occasionally a muscular band called the axillary arch overlies the vein. It may compress the vein and cause spontaneous thrombosis.

So, lohitaksha *sira* can be correlated with the axillary vein in the upper extremity.

Injury to these two veins can lead to the various diseases and it can be also critical to life because of their structure, function and their associations with the other veins in their regions.

**Femoral vein in femoral triangle** –

It begins as an upward continuation of the popliteal vein at the lower end of the adductor canal and ends by becoming continuous with the external iliac vein behind the inguinal ligament, medial to the femoral artery. It receives the great saphanous vein, veins accompanying the three deep branches of the femoral artery in the femoral triangle i.e. profunda, deep external pudendal and muscular, the lateral and medial circumflex femoral veins, the descending genicular and the muscular veins in the adductor canal.

So, lohitaksha *sira* can be correlated with the femoral vein in the lower extremity.

Photo-1- Axillary vein
DISCUSSION –

Lohitaksha is mentioned by Sushrutacharya in Siravarnavibhaktishariropakrama aadhyaya of Sushrutasharirsthan and not in Dhamanivyakaranasharir adhyaya of the same. Lohitaksha is the sira and it is avedhya sira.

According to Ayurved, Saranaat sira and Dhmaanaat dhamanyaha, i.e. Going and running, these words are associated with sira as Saranaat sira. Also, wheezing or gasping and blowing words are relates with dhamani as Dhmaanaat dhamanyaha.

Also, veins do not have pulse and arteries are having pulse. So, sira means the vein and Siravyadha means puncturing the siras i.e. venesection.

So, here lohitaksha sira is the vein which is present in upper & lower extremities i.e. Axillary and femoral vein respectively. These veins should not be punctured because of their structural and functional importance.

CONCLUSION –

By considering the above said facts and reasons it can said that, marmashrita sira i.e. lohitaksha sira in this case should not be punctured and it is stated in the 7th adhyaya of Sushrutasharirsthan and it is not mentioned in dhamanivyakaranasharir adhyaya. Here, it can be taken as femoral vein in femoral triangle in lower extremity and axillary vein in the upper extremity as avedhya sira compared to femoral artery and axillary artery even though location wise they are closer to each other but vein injury effect is not easy to deal, it can be concluded that it is avedhya sira.

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