**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, Rkhta. 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 type – 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 the it leads to harmful results. There are several examples of disease those are cured by that Venue-puncture 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 Sira\(^1\), 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 origen of Sira is Nabhi\(^2\)(umblicus) the number of Principal Sira is forty. Sira carries all the Doshas that’s why
considered as “Sarva –vaha”. Some Siraa is contra- indicated for venesection called Avedhya Siraa.

Siravedhan is an ancient method of treatment. Acharya Sushruta has said it as half treatment .so today’s how we can consider it as a treatment method, how we can elaborate it for that purpose this is choose. Our aim is to identify all the contra indicated Siraa 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 siraa** - 700 in number out of these 602 Vedhya Siraa ,98 Avedhya Siraa, in humen 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 Siraa is to be puncture. Sushruta regards Siravedhan as “Chikitsard” means half treatment .Sushruta has compaired it as Basti in Kaya chikitsa .

**Avedhya sirayen** –in these Siraa, Sira Vedhan should not conducted. due to the puncturing of them harmful results can be seen in our body. these Avedhya Siraa contains specific anatomical structure will be discussed one by one. Total number of these avedhya siraa are ninety eight, out of them sixteen are in extramities , thirty two in Kostha , fifty in Urdhvjatrugata.

**Avedhya Sirayen in normal Regimen**- in normal regimen avedhya siraa 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 Sirayen in contemporary thought**-

**The Anatomical structure considered with particular Avedhya siraa**

**A) In the extramities** - 4 in each , total 16.
1. Jaldhara- one in number in each extremities ; in the upper limb we can consider cephalic vein and in 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 profunda femoris and other deep branches of femoral artery.

**B) Avedhya siraa in kostha**-

1. Shroni Pradesh- two Vitap and two Katiktarun;
   Two Vitapa- Testicular or Ovarian vessels/vessels of the gonads.
   Two katiktarun- Gluteal Vessels.
2. Avedhya siraa in parshav- the concept of urdhavgata means vessels which goes upward from lateral side Parshavsandhigata means the vessels of laterally situated at the meeting point of abdomen and thorax.
3. Avedhya siraa of pristh- 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) - Apalap, 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

Vidhur- Post Auricular arteries and veins

Avedhya sira in hanu-

Sandhidhamanyau- Internal maxillary vessels.

Avedhya sira in toungue(jivyah)- Rasvahve, Vagvahve, these can be regard as Profunda linguae vessels.

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

Talugat avedhya sira- mriddavuddheshe(soft palate)

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

Avedhya sira of ear(karan)- Sabdvahini;

Posterior Auricular and tympanic vessels.

Avedhya sira of Nose & Eyes (netra nasagastatu)-

Kesanugataschyha- 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 (sankh sandhigata)-

Superficial temporal vessels

Avedhya sira of head (murdha)-

Utkshep-parital branch of superficial temporal

Simant & Adhipati- Occipital &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 saphenous vein which is also a 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 glutus muscles.

6. Vrihiti 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, Apstham, Stanmul, Stanrohit- these can be considerd 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. Sandhidhamanyau- Internal maxillary vessels by puncturing them it lead to Manyastambh due to the lack of blood in the Hanu.

10. Rasvaha,Vagvaha 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 considred 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. Shabdvaahini - 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 vessels 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.

REFERENCES:


Source of support: Nil, Conflict of interest: None Declared