STUDY OF AVEDHYA SIRAS WITH SPECIAL REFERENCE TO BRIHATI

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***Abstract*: Aacharya Sushrut established novel opinion of Rachana Sharir (Anatomy- Framework) and Shalya Tantra (Surgery). He has explained various discernment in Rachana Sharir in the Sushrut Sharirsthan. In 7th adhyaya of the Sharirsthan, he has given the in depth information on the topic of the Siras of the human body (Sharir). In the similar adhyaya the Acharya Sushrut has named some Avedhya Siras which must not be punctured during the treatment phase. The Brihati sira is one of them. So, it is very imperative to know the fine points of this Brihati sira which is present in prishtha pradesha (back region), on either side of vertebral coloumn. So, for this reason, this swot up is to make things easier to insight of Brihati with the aid of existing structure. Brihati is also a marma which is key spot in the human body. So, Brihati sira can be called as Marmashrit sira.**

***Keywords*: Avedhya Sira, Brihati sira, Marmashrit sira.**

INTRODUCTION

Sushrutaacharya has mentioned the contemplation of Avedhya siras in the 7th adhyaya i.e. Siravarnavibhaktishariropakrama. Also in 8th adhyaya of the Sharirsthan i.e. Siravyadhavidhishariropakrama adhya, mentioned Siravyadha means puncture the siras for treatment intention. Clearing up this point, Sushrutaacharya told to evade some siras from puncturing. In that, the Acharya has mentioned Brihati sira in prishtha pradesha. So, it is crucial to be well-known with the theory of this sira because it should not be punctured during the treatment according to Sushrutacharya. So, it is obligatory to know the structures which can be simultaneous with the Brihati sira according to modern-day structure.[1]

PERCEPTION OF BRIHATI MARMA

Marmas are the elementary spots in human body, any damage to them can cause the group of symptoms like pain, blood loss, deformity etc. They are 107 in quantity and classified according to their structure (Rachana), region (Shadang), measurement (Pariman) and injury effect (Parinam).

Name of Marma	Sankhya	A/c to Shadanga	A/c to Rachana	A/c to Parinam	A/c to Pariman
Brihati	2	Prishtha- pradesh	Sira	Kalantarpranahara	1/2 angula

[2&3]Brihati marma is present at back region, on either side of vertebral coloumn, at the level of stanamoola. Its injury mainly produces haemorrhage or blood loss, paleness of the body and finally if not treated properly may lead to death.

CONCEPT OF BRIHATI SIRA –

Saranaat sira means running and moving means movement. Any part or structure in human body which does the sravan karya is not anything but sira. The siras which must not be punctured are called as Avedhya siras. Sushrutacharya mentioned 98 avedhya siras in Sushruta Sharirsthan 7th adhyay. The Brihati sira is one of them. Allocation of avedhya siras is as follows[1&4]

Location of Sira	Number
Shakha (Extremities)	16
Koshta (Thorax and Abdomen)	32
Jatruurdhwa (Above the Clavicular region)	50

According to Sushrut Sharirsthan 7th Adhyay Shlok no.27,
In this shloka, Sushrutachraya have explained 2 Brihati siras and which are at back region, on either side of vertebral coloumn, at the level of stanamoola or scapular region. Taking into contemplation the Brihati sira, the structures, can be correlated with subscapular vessels.

SUBSCAPULAR ARTERY -

The largest branch of the axillary, it usually arises at the distal (inferior) border of the subscapularis which it follows to the inferior scapular angle, where it anastomosis with the lateral thoracic and intercostal arteries and the deep branch of the transverse cervical. It supplies adjacent muscles and the thoracic wall. It is accompanied distally by the nerve to the latissimus dorsi; about 4 cm from its origin it divides into the circumflex scapular artery and the thoracodorsal artery. The circumflex scapular artery, the larger of the two, curves backwards around the lateral scapular border, traversing a triangular space between subscapularis above and teres major below and the long head of the triceps laterally. It enters the infraspinous fossa under the teres minor and then divides. One branch (infrascapular) enters the subscapular fossa deep to the subscapularis, anastomosing with the suprascapular and dorsal scapular arteries (or deep branch of the transverse cervical); the other continues along the lateral scapular border between the teres major and minor and, dorsal to the inferior angle, anastomosis with the deep branch of the transverse cervical artery. Small branches supply the posterior part of the deltoid and the long head of the triceps, anastomosing with an ascending branch of the arteria profunda brachii. The other terminal branch of the subscapular artery, the thoracodorsal artery, follows the lateral margin of the scapula, posterior to the lateral thoracic, between the latissimus dorsi and serratus anterior. It supplies these two muscles and teres major and intercostals, anastomosing with intercostal arteries.[4]

SUBSCAPULAR VEIN -

Vein formed by the confluence of the thoracodorsal and circumflex scapular veins and accompanying the subscapularartery to dra in into the axillary vein.

Photo 1- Subscapular Vessels[5]

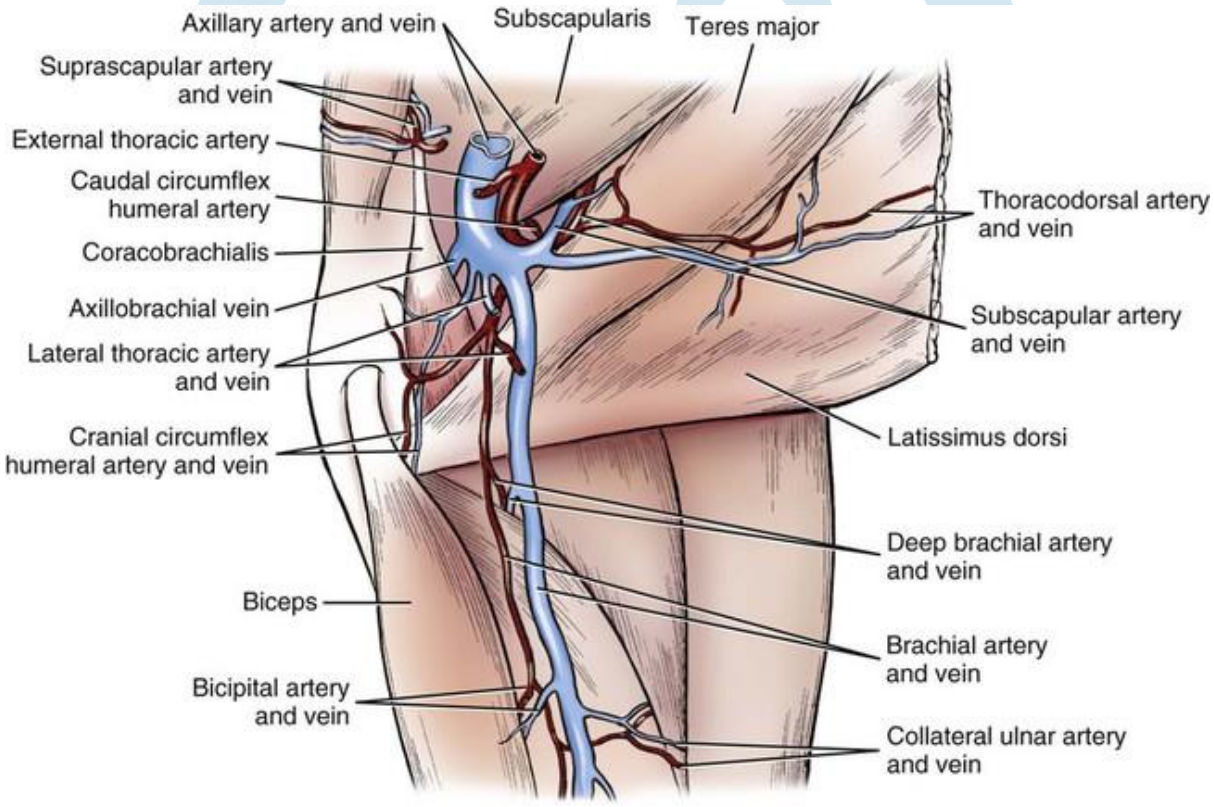


Photo 2- Subscapular artery[5]

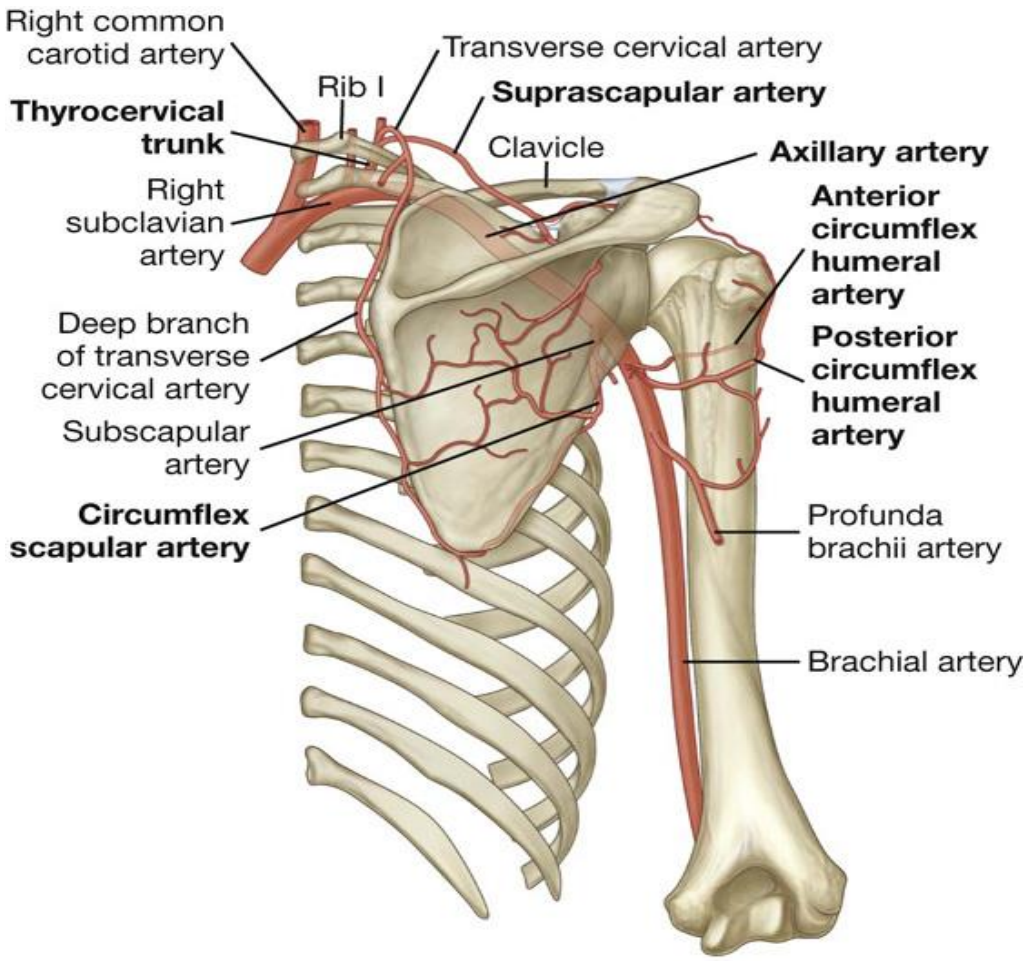
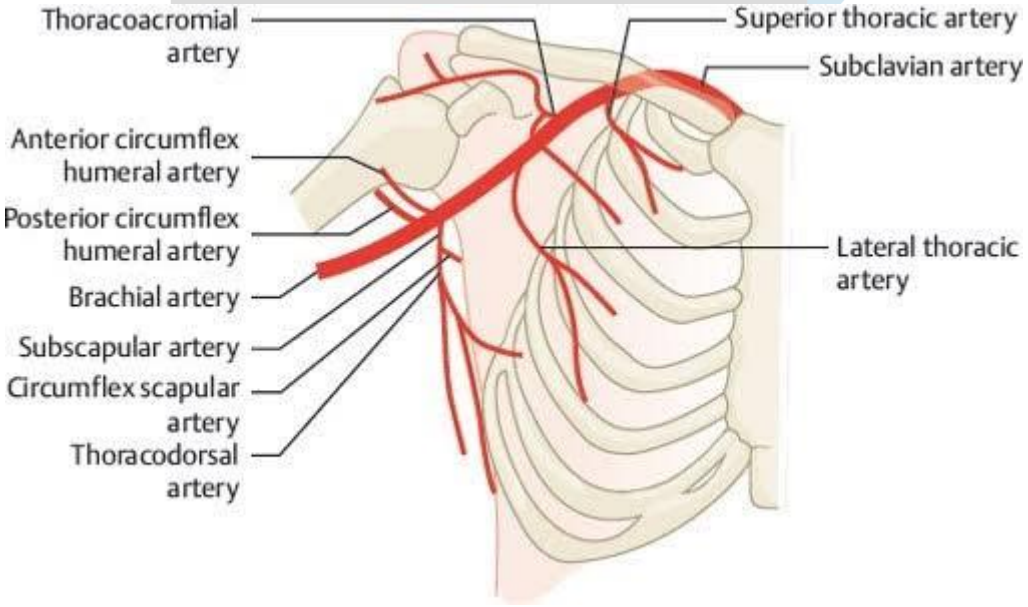


Photo 3- Subscapular artery[5]



DISCUSSION –

Brihati is described by Sushrutacharya in Siravarnavibhaktishariropakrama adhyaya of Sushrutasharirsthan. Brihati is the sira and it is avedhya sira.

According to Ayurved, Saranaat sira and Dhmaanaat dhamanyaha, i.e.

Going and running, these words are linked with sira as Saranaat sira. Also, puffing and blowing words are correlated with dhamani as Dhmaanaat Dhamanya.

Also, veins do not include pulse and arteries are having pulse. So, sira means the vein and Siravyadha means puncturing the siras i.e. venesection. Blood vessels comprises artery and vein are the significant aspects of circulatory system which convey the blood in the body. These are most important in every curative crisis i.e. in any disease or in its treatment aspect. The traumatic, haemorrhagic, road traffic accident etc deaths are common. The majority of the medical emergency begins with scrupulous blood loss.
But, here Brihati sira can be taken as subscapular vessels as these are vessels are intimately associated so can be taken as Brihati avedhya siras. Also, Sushrutacharya told number of Brihati avedhya siras are as 02. This vessel should not be punctured because of its structural and functional importance.

CONCLUSION –
By considering the above supposed particulars and reason it can said that, Marmashrita sira i.e. Brihati sira must not be punctured and it is told in the 7th adhyaya of Sushrutasharirsthan. Here, it can be taken as subscapular vessels, it can be concluded that these are avedhya sira.

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